PHRN

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FROM THE ED'S DESK

While the country was getting back to normal, the month of March started witnessing a rise in the COVID-19 cases leading to rapid surge from mid-April to end of May. The beginning of this quarter celebrated the World Health Day on 7th April keeping our nursing fraternity and care givers at the centre, recognising their persistent dedication and unwavering work of healthcare workers in their fight against the COVID-19 pandemic. The second wave of COVID-19 brought a halt to lives of people in general and increased stress for the health care workers as the country witnessed huge demand-supply gap with the increase caseloads on the one hand and scarcity of supplies on the other, adversely affecting the overall delivery of health services. The community spread was nothing short of devastation where people had lost their loved ones, children lost their parents, many people experienced loss of livelihood, to list a few. In a short span of time, life changed for many of us.

This draws our attention to the inefficiencies of government systems, more specifically, the challenges in the public health domain. The reason for disaster was mainly due to lack of preparedness, the unavailability of health infrastructure - beds, medicines, oxygen and other supplies - and a huge gap in human resource. The system failed to manage cases resulting in fatalities everywhere. Rural areas were much worse. The frontline workers in the community were not adequate capacitated to identify COVID-19 symptoms, lack of provision of protective gears for the workers, and testing opportunities were abysmal. As witnessed in our intervention areas, there has been a fear related to testing as people were apprehensive that if they are tested positive, they would be hospitalised and would never return home. Given the housing conditions in the rural areas, the idea of home isolation does seem practical. But the panchayats and district administrations have not allocated enough resource to create isolation facilities at the Gram Panchayat (GP)/village level.

The overall condition during this phase was wretched. The third wave is predicted in the coming months. However, we hope that we are better prepared to deal with it as a collective.

This phase also saw launch of COVID-19 vaccination programme for 18-44 years. This is an opportunity for people in this age group to access this preventive measure. The reach of vaccine services in the rural area and urban slums is still inadequate. One of the key limitations is registration through COWIN app which requires some bit of knowledge of technology and literacy, and also access to digital services, thereby restricting registration of people. The government should ensure that the vaccines are available and each and every one is vaccinated at the earliest.

Most of our team members contracted COVID-19 during this phase but now everyone is recovering. We are extremely sad about the demise of our auditor Mr K K Samantray. He was associated with us for more than two years now. It is a huge loss for the organisation. We wish strength to his family and friends to deal with this loss.

At PHRN, the team in the field has been engaged in working with frontline workers and crèche workers to build their understanding on the second wave of COVID-19. We have also conducted surveys to identify the situation at

IN THIS ISSUE

the household-level - symptoms and vaccination. The team in a few districts have been working closely with the district administration to support their effort in managing COVID-19 pandemics. Dr. Vandana Prasad, Technical Advisor – PHRN has been associated with many organisations and networks to support efforts in combatting COVID-19. My heartfelt thanks to the entire team and colleagues for their continued engagement. We are thankful to all our donor partners for supporting us in this journey.

On behalf of PHRN, I wish all the readers good health

NEWS FROM THE SECRETARIAT

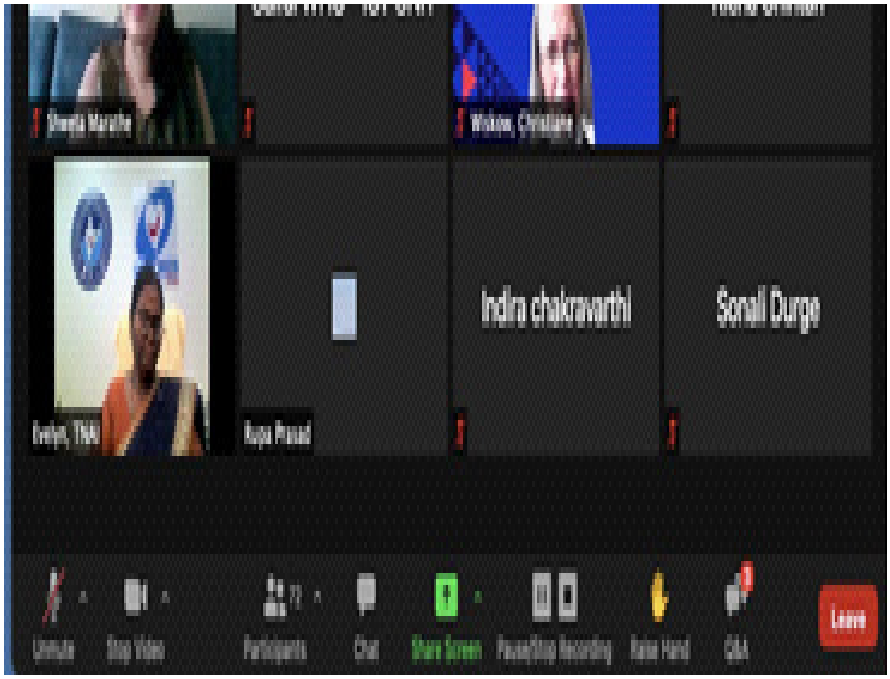
Rupa Prasad

Building a Fairer, Healthier World: Equity in Nursing Work

On the occasion of World Health Day 2021, World Health Organisation-India, Public Services International, Public Health Resource Network, and Jan Swasthya Abhiyan-Delhi co-organised a webinar entitled "Building a Fairer, Healthier World: Equity in Nursing Work".

The year 2021 has been designated as the International Year of Health and Care Workers by WHO to recognise the persistent dedication and unwavering work of healthcare workers in their fight against the COVID-19 pandemic. The theme of World Health Day 2021 centred on equity with the slogan Building a fairer, healthier world to address inequalities faced by frontline health workers in achieving decent work. In this context a panel discussion was organised based on the findings of a field-based research that was conducted during the pandemic on the pre-existing working and employment conditions experienced by nurses in Delhi's private healthcare facilities. The evidence helped in discussing several axes in inequities faced by nurses, such as disparities in working conditions between the public and private sector, between those on permanent and contractual conditions of employment, or the disparities that play out within the healthcare profession along gender lines and along professional hierarchies.

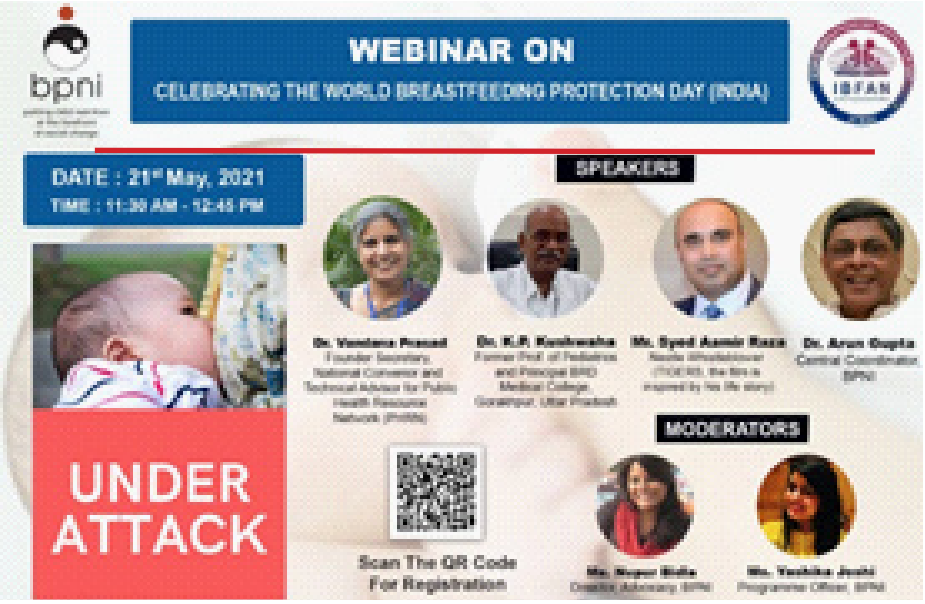
The panel discussion was moderated by Dilip Mairembam, Health Systems, WHO India and the key presenters were Susana Barria, Public Services International (PSI) & Study Group, Ipsha Chand, Public Health Resource Network (PHRN) & Study Group and Shweta Marathe, Support for Advocacy and Training to Health Initiatives - Centre for Enquiry into Health and Allied Themes (SATHI-CEHAT). The panel was represented by Christiane Wiskow, Senior Health Services Specialist, International Labour Organisation (ILO) Geneva, Anna Torriente, Senior International Labour Standards Specialist, ILO Geneva, Sanjay Nagral, Director of Department of Surgical Gastroenterology, Jaslok Hospital, Mumbai, Roy George, President, Trained Nurses Association of India (TNAI), Swati Rane, Independent nurse- researcher and JSA-Mumbai. The open discussion was facilitated by Vandana Prasad, Technical Advisor, PHRN & Study Group.



Roundtable Discussion on Medical Services

For Rajasthan, providing quality medical services over a vast, often sparsely populated, geographical area is a major challenge. Even though public health services have rendered yeoman's service during this pandemic, in the long run, with the advent of telemedicine and remote consultations, it is necessary to rethink the way in which public health services are made available to the people. With this notion, it was felt important important to critically analyze the factors that keeps the delivery of services weak and how a quantum change can transform this for the better."

With this context, the Chief Minister's Rajasthan Economic Transformation Advisory Council (CMRETAC), Government of Rajasthan, organised a roundtable discussion to collate critical inputs and insights in the process of putting together policy recommendations for the state on nine critical areas including medical services. Dr. Vandana Prasad was invited as an expert to talk on the issues related to health service delivery and demand side issues resulting in low uptake of the health services



Celebrating the World Breastfeeding Protection Day

Dr. Vandana Prasad was invited as a key speaker to the webinar entitled Celebrating the World Breastfeeding Protection Day organised by Breastfeeding Promotion Network of India (BPNI). The webinar was organised on 21st May 2021. It is crucial to protect our women and children from the onslaught of bad marketing of baby foods. While India has a good law to provide protection to breastfeeding, it needs action for enforcement. Dr. Prasad spoke on why it is important to protect breastfeeding from commercial influence

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Dr Vandana Prasad's interview on black fungus

An interview to CNA: Dr Vandana Prasad talks about black fungus and the public health challenges associated with it. The interview is available on YouTube: India's Rajasthan state declares black fungus an epidemic.

Consultation with doctors organised by Child Rights and You

The second wave of COVID-19 brought in a lot of misunderstanding and factually incorrect information regarding the coronavirus and the available vaccines in India. For this reason, CRY felt that it is important to discuss such issues and thus organised a short session with doctors to help the audience understand the technical aspects and address their concerns. The session also helped understanding what needs to be done to protect ourselves against the virus and why it is important to take the vaccines. Dr. Vandana Prasad spoke on Maternal and Child Care of COVID-19 affected people. The discussion focused on points to be kept in mind when the mother or child is COVID-19 positive and when to contact the hospital for institutional care.

NEWS FROM ODISHA

Exposure visits of crèche workers to health institutions and kitchen gardens

Pramita Sathpathy

a. Exposure visit of crèche workers to NRC and DEIC

On 15th March 2021, 12 crèche workers (CWs) of Koraput block and the district team visited the Nutritional Rehabilitation Centre (NRC) and the District Early Intervention Centre (DEIC) to learn about the functioning of NRC and DEIC, its setup and services, the admission criteria, and so on. The CWs were from the crèches of Goudaguda, Manbar, Padmapur, chapsil, Nighamanigud and Parajalimika villages of Koraput Sadar Block. The visit was planned by the PHRS team coordinating with the NRC counsellor and the DEIC manager.

At the NRC, the counsellor, Mrs Rajkumari Pattanaik, showed the team all the facilities like the ward, kitchen room, office, measuring instruments, records etc. She explained the symptoms of malnutrition, NRC admission criteria and the actions taken when a child get enrolled to the NRC, cooking process, the payment process, etc. She also showed some pictures related to health and nutrition to the CWs, who also observed two mothers of NRC enrolled children to get a clear idea about services at NRC.

CWs' visit to DEIC - Koraput

CWs' visit to NRC - Koraput

when a child get enrolled to the NRC, cooking process, the payment process, etc. She also showed some pictures related to health and nutrition to the CWs, who also observed two mothers of NRC enrolled children to get a clear idea about services at NRC.

Then the team visited the DEIC, Koraput, where they saw learnt about the different sections from the physiotherapist, Dr. Satyabrat Mohapatra. There are no facilities for staying at DEIC; only therapeutic services are provided in a periodical manner to children with delayed development. An interactive session among the participants and the doctor was held there and the team also observed two cases to whom therapeutic service was given.

The CWs felt the visits were a wonderful experience and would help them in motivating the community/mothers to avail the referral services. After the return from the visit, a discussion session was held at the PHRS office – Koraput to understand the CW's reflection from the visit. The CWs were quite happy by getting knowledge from the visit and shared it was a wonderful experience from them and shared, it will help them for motivating community/mothers for making them avail referral services. The departments' cooperation in organising this event was exceptional and they also appreciated the initiative taken by the PHRS team.

b. Intra-district Exposure visit organised by PHRS district team in Koraput district

Pramita Satpathy

To meet the micronutrient deficiency among children, the CWs with support from the crèche committee (CC) mothers and technical guidance from PHRS district team have promoted a kitchen garden in Goudaguda village of Koraput sadar block. A remarkable contribution has been made by two CWs, Bhanumati Gouda and Mani Gouda, to promote kitchen gardens in a 700 sq ft area, who have done fencing, soil treatment, seed bed preparation, transplantation. They have grown spinach and other green leafy vegetables, radish, brinjal, beans, pumpkin, ivy gourd, drumstick, and papaya in the kitchen garden.

An intra district exposure visit of 10 CWs from Padmapur, Parajalimika, Chapsil, Nighamaniguda and Manbar villages of Koraput sadar block to Goudaguda was organised. The purpose of this visit was to sensitise the CWs on the importance of initiating Kitchen gardens at crèche level and how to develop an ideal kitchen garden. The visiting CWs learnt from their co-travelloers in Goudaguda, and have committed themselves to initiate the process in their villages.

Crèche workers who visited Goudaguda were very happy after witnessing the contribution of crèche workers and

CW's visit to Goudaguda kitchen garden

Interaction with CWs after exposure visit

mothers for initiating kitchen garden. They learnt from their co travellers and were excited to initiate the process at their villages.

Visit of MLA-Umerkote to the crèches of Jharigaon block

Pramita Sathpathy

Since the inception of crèches, various departmental officials, people's representatives have been visiting crèches at different points in time. On 2nd March 2021 the MLA - Umerkote, Mr. Prakash Ch. Majhi, visited Turunji and Mandiaguda village of Jharigaon block.. At the request of the CC mothers, he visited the crèche and observed all the activities. He learnt about the activities are being undertaken at crèche from the mothers and CWs of Turunji village. The CC mothers requested the construction of a crèche house as the space is not enough for the children to play; the crèches are being run in private houses and sometimes they face problems.

Prior to the visit he was aware of the functioning of crèches in his constituency and was planning to visit them. The villagers from Dhadra also had given an application for the construction of crèche house from MP-MLA lad fund.

During his visit to Mandiaguda the MLA met with PHRS block coordinator (BC), Mr. Suryakant Nayak. The BC explained the crèche objective, activities at crèche like feeding three times a day, resting, ECCD activities, monthly anthropometry, etc. for ensuring growth and development of children under three.

The MLA then thanked the CWs and CC mothers for ensuring smooth running of the crèche, and praised the initiative by PHRS-APPI in the Nabarangpur district. He assured to provide finances from MLA lad fund for the construction of community halls in Turunji, Dhodra, and Mandiaguda where crèches will be run.

PHRS joined hands with district administration Nabarangpur to prevent spread of coronavirus.

Pramita Satpathy

The 2nd wave of COVID-19 is more dangerous than the first, and has brought the entire world to its knees. To prevent the rampant spread of the coronavirus towards the community, the district administration Nabarangpur is working jointly with the civil society organisations. A coordination meeting was organised under the chairmanship of the Collector-cum-District Magistrate Shri Ajit Kumar Mishra with all the civil society organisations working in different blocks of Nabarangpur district. The focus of the meeting was to create mass awareness among both rural and urban communities on preventive measures, testing, and vaccination. In the meeting, Shri Mishra highlighted the CSOs' strong ability towards community mobilisation and said that this was a resource that the district administration wished to utilise at this

Installation of handwashing station at the entrance of the village – Banuasahi of Papadahandi block

Community awareness by crèche worker in Kantamala villages on COVID-19 preventing measures through wall painting

Community awareness by crèche worker in Khaliguda on COVID-19 preventing measures through flex

and block administration to provide services like creating mass awareness among community on COVID-19, and about preventive measures, testing and vaccination. Counselling will be carried out through home visits and at testing and vaccination sites by the supporting health team and FLWs. A proposal has been given to the district administration mentioning the coverage area and the activities. In 30 crèche intervention villages of Papadahandi and Jharigaon block, community level orientation has been done in small groups on the COVID-19 protocol. The CWs have supported medical team and FLWs for motivating community during the testing and vaccination, creating awareness about preventive measures such as wearing masks, handwashing practices, social distancing and avoiding crowd places. Different IEC materials and activities are used to create awareness among community. Apart from this, positive counselling services through home visits also has been going on to the survivor families and the families who are scared of testing and vaccination. In Mandiguda and Turuji crèche, CWs have sewed mask and distributed to all the crèche enrolled children's families. Our team at community level also has ensured every household in these villages keeps a bucket of water and soap at their doorstep to improve handwashing practices before entering the house from outside.

Mask distribution by crèche worker in Mandiguda

Awareness creation by crèche worker in Dangariguda vaccination site

Coordinated efforts to take out the child from the grasp of adversities – a case study

Pramita Sathpathy

Background

Ajit Majhi, a child from the village Banigaon in the block Lanjigarh of Kalahandi district, is the eighth child of his parents. The financial situation of the family has been uncertain; the family depends on the Public Distribution System (PDS) ration (35kg rice per month) and whatever little they manage to produce themselves. Sometimes the father collects firewood from the jungle and sells it in the nearby market. They have Mahatma Gandhi National. Rural Employment Guarantee Act (MGNREGA) job cards but hardly get work. The condition of the house is poor, and the hygiene is further compromised by the presence of cow and poultry sheds in the vicinity. Ajit was born on 22nd Feb 2019 and his birth weight was 3.5kg. When he was 16 months old, his mother died, and subsequently his 14-year old sister has been looking after him.

Enrolment in crèche

Ajit was enrolled in Banigaon crèche when he was 11 months old. At the time of admission, he was very severely malnourished (WAZ=-5.01, HAZ= -4.44, WHZ=-3.98, MUAC=11.2, Red). As per crèche protocols, he was provided with all necessary care and nutrition including special nutrition care. The CWs used to feed him at their home most of the time. Efforts were also made at crèche to engage him in different developmental activities. We coordinated with the frontline workers (FLWs) to counsel and motivate the family to take him to the NRC, in spite of the family's initial resistance.

History of illness

According to the CWs and some CC mothers, Ajit's mother used to consume alcohol during the pregnancy and lactation period. As she was in a drunken state most of the time, she was

not able to feed and care for the child or take steps to ensure hygiene. It was observed that the child constantly fell ill. The PHRS team and FLWs took several measures to treat his illness; he has received all the vaccines required for his age.

The situation was already grim, but it got harrowing when the child's mother died in the month of July 2020 when he was 16 months old. She was having cough and was a suspected case of TB. Her husband earlier suffered from TB and was undergoing treatment for the same. After discussions with the team, the ASHA made a requisition for a mobile van to take the mother to the Community Health Centre (CHC), Lanjigarh for sputum testing. However, the mother did not go. She was in drunken state whole day and was not taking any food. She was always asleep. On 1st July she was discovered dead.

In mid-July, Ajit suffered from fever with chills and rigors for which he was taken to CHC, Lanjigarh, by his father with support from CWs and PHRS block coordinator, Mr. Rajesh Kumar Behera. There he tested positive for malaria and received treatment. His nutritional status got worse during this period. So, after consulting with the ASHA and the ANM, his father brought a milk powder (Lactodex) for feeding him. This was expensive. CWs kept visiting him and continued with the feeding at the crèche. They followed up for feeding at night as well.

On 5th October 2020, Pramita Sathpathy from the Programme Management Unit (PMU) team along with District Crèche Programme Management Unit (DCPMU) team, Mr. Mukesh Kumar Behera and Rajesh visited his house to interact with the father and the sibling. They learnt that Ajit spent most of his time with his elder sister. She took care of him and at the same time, she did other household chores like cooking, serving food, feeding the child, and taking care of other children. It was probable that the smoke during cooking was affecting Ajit. The team advised them to replace formula milk with cow's milk if possible. Meanwhile, his nutritional status was far from normal: according to the anthropometric readings of Oct 2020, WAZ= -5.5, HAZ= -4.81 and WHZ= -4.98). The team also noticed that Ajit needed support standing and walking at almost 19 months of age. There was a need to send him to NRC again and also to the DEIC. But his father was not in the position to send the child to NRC with his grown-up daughter as all the family members were dependent on her. Ajit was also treating her elder sister as his mother.

Our team coordinated with Rashtriya Bal Surksha Karyakram (RBSK) Project Manager, Kalahandi, for a joint visit. On 8th October 2020, RBSK-Mobile Health Team (MHT)

When our team asked Ajit's elder sister about the care of Ajit, her eyes filled with tears. With great sorrow she replied, " I will take care of Ajit like a mother as much as I can. Further it is God's wish."

health check-up, prescribed medicines, and counselled the father for a visit to NRC. His father was still not in the position to agree for the visit. PHRS team also coordinated with the District Child Protection Officer (DCPO) and the Child Welfare Committee (CWC) Chairman regarding sponsorship for Ajit as his father was not able to meet his nutritional requirements. He was being kept at crèche even when the crèches were not functional during lockdown period. CWs were looking after him and ensuring spe kept at crèche even when the crèches were not functional during lockdown period. CWs were looking after him and ensuring special nutrition care. He was virtually presented in front of the CWC at Biswanathpur, Lanjigarh during an Orphan Camp for the provision of the sponsorship. Later relevant documents like RBSK referral card, Mother and Child Protection (MCP) card, Aadhar card and ration card (Antyodaya) were submitted to the CWC staff at the DCPO office, Kalahandi. After the team from CWC verified his eligibility for monetary support it was decided that his family would be provided with Rs. 2000/- per month for six months for his care and nutrition.

On 24th December 2020, Ajit was admitted to NRC, Bhawanipatna, through the coordination of MHT and RBSK. The crèche committee also confirmed that Padmini Majhi, a crèche worker, supported going to the NRC with his elder sister and staying there for 15 days. A malaria test of the child was also done at DHH Kalahandi and the report came out to be positive again. The child was found making a grunting sound. Treatment was provided at NRC. As his mother was suspected to be suffering from tuberculosis before her death, a Mantoux test was done as a sputum test was not possible. During the period of stay at NRC, he was also taken to DEIC.

Progress during stay at NRC: Bhawanitpatna

He was admitted to NRC on 24 December 2000 and discharged on 7th January 2021. His weight increased from 6.26kg to 7.20kg' his height remained stagnant at 75cm (l),his mid-upper arm circumference (MUAC) improved from 11 cm. to 12.2cm.

On 5th February 2021, Pramita Satapathy from PMU and Mukesh Behera and Rajesh Behera from DCPMU once again visited Ajit at home. It was found that the child was falling ill repeatedly. PHRS team had a discussion with the Vedanta medical team-Lanjigarh for the health check-up of the child and it was done. Dr Vandana Prasad talked with Ajit's parent in the presence of the PHRS district team through video conference. She recommended further investigations. The issue was raised at the district level convergence meeting organised by RBSK, Kalahandi on 25th March 2021. The medical team agreed to do the necessary check-ups and tests.

Chest X-ray and blood investigations are yet to be done.

Impact

After returning from NRC and DEIC, Ajit started walking with the help of a tricycle which was provided by the crèche committee as well as the tricycle made by his father. Now he is trying to run with-out support. His anthropometric status is gradually improving. But he still keeps falling ill.

Response from Crèche Committee

Everybody in the village was worried about Ajit's health after the death of his mother. Though it was the COVID-19 lockdown period, the CWs were requested to keep the child at the crèche and to pay additional attention to special nutritional care and ECCD; the CC mothers had faith in the contribution of CWs. CC mothers and CWs who had visited NRC and DEIC during the Participatory Learning Approach (PLA) training in Kalahandi in February 2020, highlighted the services that are available at NRC and successfully motivated the family to take the child to the NRC. However, the family stayed there only for six days. There was some improvement in the weight (130 gm) and MUAC (.1cm) during the period of stay in NRC.

Again, on 5th October, after the visit of PHRS team to the family, a community meeting was held to discuss Ajit's health. Though his need for facility-level services was recognised, the father was not ready to take the child to NRC due to the family situation. The CC mothers convinced the father that one of them would help them go to the NRC and stay there till discharge. They counselled the father on the importance of care and treatment for Ajit in this critical situation.

Ajit has been entrapped in the storm

of adversities which have adversely affected his growth and development However, the family, community, FLWs, concerned departments and committees, our team, especially the CWs, have never lessened their efforts to meet the challenge of improving Ajit's health. And we are hopeful that together we will support him to have a healthy and happy childhood, free from the curse of malnutrition.

Planned strategy by Raikana Crèche Committee to promote quality and excellence in early childhood education.

Pramita Sathpathy

Providing early stimulation and care is one of the key components of the crèche initiative. Since the beginning of this intervention, PHRS has focused on beatifying crèches for providing a learning atmosphere for the children. During the 1st phase COVID-19 lockdown period all crèches were closed and the CWs were engaged to improve their skill in making early childhood care and development (ECCD) materials, and crèche beautification. Across the districts, it has been done in all crèches through community participation, and in some crèches, it has been done in a well-defined manner. Raikona village of Rayagada district is one of them.

In the 2nd wave of COVID-19 lockdown again all the crèches have remained closed from February 2021. PHRS team had guided all the CWs to start beautification work where it was not done and motivate mothers to keep themselves engaged with children by doing some ECCD activities at home. Referring to observations from the previous lockdown period, a CC meeting was conducted in Raikona crèche village of Rayagada district in the presence of AHSA, AWW, HW(F), and PHRS team to discuss how early stimulation and care practices impact the overall development of children and support to build their career in the future and the significant role of parents in this. The participants also discussed how beautification of the crèche provided a joyful environment to the children. And this was the right time to initiate this as the crèche remains closed.

After few days, the CC mothers and CWs again discussed this matter and decided to utilise the crèche closure time to beautify the crèche. They talked to the village committee for some monetary contribution. Mothers decided to contribute some money from their SHG savings; CWs too contributed some money. Then they requested a painter from a nearby village to paint colourful and attractive pictures on all the walls of the crèche. The walls are now decorated with pictures of different animals, birds, locally available fruits, vegetables and flowers; there are even some cartoons and story-based pictures. Joining hands together the community could raise and spend around Rs. 5000/- for crèche beautification. Apart from that the CC mothers also have supported the CWs for making play and decorative items for the crèche.

The crèche is now a centre of attraction for mothers as well as other villagers. They are recommending to the AWW to bring the Anganwadi children to the crèche to show them the beautiful paintings. Also, mothers also take

children who are demanding or crying or while feeding to the crèche to calm them. Both the CC mothers and the CWs are eagerly waiting for the crèche to open, as they believe that the beautification will improve the learning environment, particularly during the transition period before the children go to the AWC or formal school. On the request of the villagers, the gram panchayat also has started constructing boundary wall for providing safe surrounding for crèche children.

PHRN in the webinar "Odisha Alochana Chakra" (OCA)-(ODISHA DIALOUGE) on COVID-19

Satya Patnaik

On 15th may-2021 6.30-8.00 pm, PHRN joined in a webinar on "if the worst has yet to come, how do we brace for it?" organised by "Odisha Alochana Chakra" (OAC)- (ODISHA DIALOUGE).

The speakers/moderators of the webinar were, Prof Dr Bidhu Mohanty, Retd Oncologist, AIIMS, New Delhi and founding member Odisha Alochana chakra (OAC), Dr Vandana Prasad, Advisor, Public Health Resource Network, Ms Rupa Prasad, ED, PHRS New Delhi, , Mr Pradeep Brahma, livelihood and Rural health manager, Deepika Puruseth, COVID-19 survivor, Khirodini Dhurua, sarpanch and quarantine centre manager, Mr Gourang Mohapatra, state convenor, Jan Swasthy Abhiyan (JSA), Odisha chapter.

On behalf of PHRN Mr. Satya Patnaik, PHRN Odisha gave a brief presentation on the ground level issues and challenges during COVID-19 and made some recommendations to overcome those challenges.

The broad recommendations to overcome those challenges were as follows:

- A comprehensive micro-plan should be prepared at the CHC level to ensure coverage of testing and vaccination for 18-44 and above 45 age group (looking into the availability of vaccine).
- Necessity of a Massive awareness generation programme through different IEC materials to eliminate the myths and misconceptions among people regarding testing, vaccination etc.
- Besides a long-term capacity building mechanism (GO-NGO partnership) should be developed and institutionally moved, under the guidance of a technical support groups/consortium civil society organisations to support the public health system in areas of awareness generation, capacity building, testing, quarantine/TMC management, vaccination, referral services etc.
- Along with the vaccination certificate issued by the ministry some key messages on post vaccination follow up should be sent (auto generated message) to the people in regional language who get vaccinated.
- It is suggested that after getting the 1st vaccine a detail schedule of the 2nd vaccine with date, time , slot, venue should also be communicated to the person concern. This will also help in crowd management at the vaccination site.
- Use of flexi funds of NHM and other schemes and programmes of various department for developing an additional technical support system through collaborations/ consortiums.
- Keeping in mind the 3rd wave COVID-19 infection, community-centric intervention should be initiated and for that health sub-centres should be upgraded and strengthened.
- Proper follow up of persons with home quarantine by the public health system.

Responding to the questions of Prof Mohanty, Dr Vandana Prasad gave some suggestions to overcome the challenges of the COVID-19 2nd wave and a possible third wave. Though she appreciated Odisha's vast public health system and its functions, she advised to strengthen the health system. She highlighted the role of CSOs in managing the pandemic in Delhi and the NCR. She also expressed her concern about community transmission, infectivity and the percentage of mortality.

Her recommendations incude mitigation of the 1st wave and preparedness for the third wave, need of three basic things during hospitalisation such as oxygen, steroids, anti-qualience under medical supervision and the availability of oximeters at the GP/HSC level.

Odisha Alochana Chakra (OAC) is now a PHRN network member in Odisha. OAC is an intellectual dialogue platform consisting of eminent scientists, legal luminaries, academicians, researchers, media advisors, civil society organisations, political leaders and experts from various national and international development/donor organisations. The objective of this platform is to initiate and facilitate critical thinking pertaining to the overall development of Odisha and to bring policy reforms/changes to ensure socio-economic justice for the underprivileged.

Capacity building to improve the health and nutrition status of women/adolescents from the underprivileged community of Puri district, Odisha.

Satya Patnaik

The GAIL-Gas supported CSR project "Capacity Building to improve the health and nutrition status of Women/ Adolescents from the underprivileged community of Puri district, Odisha" is in its fifth month. In spite of the prevalence of the COVID-19 pandemic

GAIL Gas Ltd-A subsidiary of GAIL India-Ltd-is A government of India enterprise has its base in Puri, Odisha

situation our programme facilitators, change vectors (CVs) including the PHRS national and state team members, and PMU members from Rayagada have contributed to the achievements of the programme.

The CV orientation programme for initial five modules was done in small groups of 3-4 CVs with proper social distancing and taking all COVID-19 precautions. Similarly, the Participatory Learning Approach (PLA) meeting cycles supposed to be conducted at the cluster/SHG level in bigger groups had to be conducted in similar manner.

One of the major activities that are going on in the community is home visit and counselling by the programme facilitators (PFs). During the counselling, the facilitators explain the need of food diversity, IYCF practices, (with focus on "Surakhya Ghar"), early marriage, childcare practices, gender issues and the life cycle etc.

One more important activity that the PFs have started doing is mobilising the AWWs, ASHAs and bringing them to a common platform for discussion about the community level issues and challenges that women SHGs members and adolescents are facing in accessing the public health and ICDS services. Additionally, PFs are visiting the AWCs to understand the quality and frequency of services the AWCs are providing to the community. They also see the growth charts of the children maintained by the AWW before COVID-19. Sometimes they talk to the mothers from the community to make them understand the growth status of their children in the growth chart.

Because of this intervention and the active participation of the community in the programme, the Medical Officers in-charge and the Urban Primary Health Centres (UPHCs) have started functioning well. Dr Tarai, an young doctor in Baliapanda UPHC has been quite supportive. Similarly, in Penthakata slum, the public access to the UPHC has also increased. The municipal corporation health officials also appreciate the intervention but advice to strictly follow the COVID-19 restrictions while visiting the community.

During this quarter, the PFs were also engaged with the community in responding to the COVID-19 pandemic. Besides mass awareness they had supported the FLWs and UPHC team in facilitating testing, vaccination, etc. During the interaction with the community the PFs identified some basic issues and challenges that the community is facing in testing, home isolation, quarantine, vaccination, household level food insecurity, acute livelihood issues and the unhygienic conditions in the slums.

Looking into the ability and interest of the programme facilitators in getting engaged in the COVID-19 response and the advice of our executive director Ms. Rupa Prasad, a special COVID-19 orientation was organised on virtual mode in which Dr Madan Mohan Pradhan one of the founding member of PHRN and the additional director of H&FW, in the Govt of Odisha joined as a resource person. Other participants included Ms. Swati Das, Ms. Pramita Satapathy, Mr. Shahnawaz of PHRN Odisha, and the deputy general manager (DGM) of GAIL-Gas Ltd, Puri.

Update on Odisha PVTG Nutrition Improvement Programme (OPNIP)

Swati Das with inputs from District Teams

On 1st April, 2021, OPNIP interventions were inaugurated in the three districts of Rayagada, Kalahandi and Malkangiri. Crèches, and maternal spot feeding centres in 22 villages across the 3 districts started functioning from under the OPNIP fold. However, as the second wave of COVID-19 hit the country and the state, a rise in the number of cases led to the WCD Dept.,

Crèche worker providing dry ration at Rodang village of Bissamcuttack, Rayagada.

Crèche Worker conducting COVID-19 Symptoms Survey, Malkangiri

Dry ration being provided to mother of crèche child at Khambesi village of Bissamcuttack, Rayagada.

District Coordinator with MPA team conducting screening

Crèche workers accompanying frontline workers in sensitising community on COVID-19 in Malkangir

GoO instructing closure of AWCs from mid April. Crèches and spot feeding centres also followed suit, and all centre activities including serving hot cooked meal have been suspended for the time being. Following these directives, dry ration distribution at the crèche as well as at the MSFC/SFCs have been ongoing. District teams of the three OPNIP districts (Rayagada, Kalahandi and Malkangiri) in coordination with the respective MPA teams have been ensuring that all eligible crèche children as well as pregnant and lactating women receive the monthly rations as per guidelines. Crèche workers and members of the Mothers' Group have also been supporting the distribution.

Further, in all the three districts, PHRS teams actively participated in promoting community awareness on COVID-19, alongwith the MPA teams. In Malkangiri, on communication made by BDO of Khairput, Shri. Hrudaranjan Sahoo, team members of PHRS, FNGO and BDA, OPELIP worked together at Mudulipada GP to create awareness on the effect of the second wave COVID-19 among the PVTG community of

Mudulipada panchayat. Subsequently, a plan was made to cover the 17 villages of Mudulipada.

The use of *Sachetna Rath* (Information Chariot) was also undertaken to sensitise the community on the second wave of COVID-19 as well as precautions to be taken up to prevent it. The use of the local Bonda dialect, in spreading these messages through miking and audio system was quite effective. The need to go in for testing and the importance of vaccination was also emphasised in the messages. In Kalahandi also the *Sachetna Rath* was used to bring in awareness on COVID-19 in the villages of Lanjigargh block.

With cases increasing, reports of many positive cases from the PVTG communities in Rayagada and Malkangiri surfaced. In Bissamcuttack, Rayagada alone, as many as 101 Dongri Kondhas tested positive sometime during the second week of May '21. The district administration swung into action to tackle the situation. Our teams also facilitated, as well as strengthened, the district administration's efforts for community surveillance, testing and also vaccination at various places. Block coordinators accompanied the FLWs/ surveillance teams, alongwith the members of the MPA teams for conducting screening in the villages with the use of pulse oximeters and thermal scanners. Door to door survey for symptom check was also conducted. Our crèche workers, armed with a simple checklist, visited each of the households in the crèche villages to conduct the survey and keep track of people having symptoms.

As previously done, crèche workers also demonstrated on the proper technique of handwashing, wearing masks etc. People were also sensitised about regular usage of mask, maintaining social distancing, avoiding crowded places.

In Rayagada, PHRS and MPA Chatikona team facilitated a testing camp at Gondili village of Kurli GP where 66 members came forward for testing on single day, out of which 46 were found positive. Persons found COVID-19 positive were counselled for home isolation and taking necessary precautions. People with severe symptoms were referred to COVID-19 Care Centre.

Distribution of masks, hand sanitisers took place alongwith dry rations for one time meals to COVID-19 patients for a period of 14 days was also done, by the respective MPAs. Counselling for taking the COVID-19 vaccine was also done at villages all the three districts.

Visit of Azim Premji Foundation team to the crèches in Bonda Hills

Shahnawaz Khan

A team from Azim Premji Foundation (APF) visited the Bonda hills in Malkangiri on 22nd June 2021. Mr

Hrishikesh Parthsarthy, Chief Strategy and Programme Officer and Mr Yogesh Ranganath, Head of Nutrition Programme, Odisha made visit to two of our crèche villages in Mudulipada GP. BDO, Khairput Mr Hrudayaranjan Sahoo was also present during the visit and appreciated the crèche programme. The visit saw a detailed discussion with the BDO on the ongoing Odisha Particularly Vulnerable Tribal Group (PVTG) Nutrition Improvement Programme including crèches, maternal spot feeding centres for pregnant women and lactating mothers and spot feeding centres for children. A detailed discussion on the challenges and way forward was also done. The Sarpanch of Mudulipada GP was also present and appreciated the efforts being made to combat malnutrition among the PVTG communities. She also put forward demands for more crèches in some of the remote villages. The visit was facilitated by the PHRS team and members of the Bonda Development Agency, Mudulipada. The visit saw a very warm welcome for the visitors from the community.

As a part of the visit an APF's partners meeting was organised at the premise of Asha Kiran Society in Lamtaput block of Koraput district on 23rd June 2021. The purpose of the meeting was to explore possibility of extending support to the district administration in achieving hundred percent vaccination on COVID-19 and use it as a tool to restrict the spread of the virus in case of next wave. The meeting was attended by organisations like SPREAD, Harsha Trusts, ASHA Kiran Society and PHRS. Shahnawaz Khan and Dilip Basantray represented PHRS during the meeting.

Consultation on Civil Society collaborations to address malnutrition

Satya Patnaik

A consultation on C*ivil society collaborations to address the issues of Malnutrition* and COVID-19 pandemic in Odisha was organised on 30th of June 2021 on a virtual platform. A total number of 27 Non-governmental organisations (NGO)/Civil Society Organisations (CSOs) and other network members of PHRN from Koraput, Kalahandi, Malkangiri, Nabarangpur and Rayagada had participated in the consultation.

The objective of this consultation was to strengthen and expand the CSO collaborations in all developmental interventions on health and nutrition initiated by the government, the UN bodies, funders and philanthropies, etc. with the technical resource support of PHRN in the state.

The consultation was conceptualised by Dr Vandana Prasad, Technical advisor, PHRS and one of the founder members of PHRN and was organised by PHRN Odisha team with the strategic guidance of Ms Rupa Prasad, Executive Director, PHRS, New Delhi.

In the consultation Dr Madan Mohan Pradhan, State conveno,r PHRN, had acted as the moderator and the presentation and discussions with the CSO partners were done by Mr Satya Patnaik, Pramita Satapathy, Swati Das and Shahnawaz of state Project Management Unit (PMU) and the project PMU at Rayagada in South Odisha.

During the consultation, the following points were discussed.

- Objectives of the consultation
- PHRN's twelve years journey: Perspective, achievements, tasks and dreams
- Decentralised responsive, equitable, affordable and accessible public health system based on the principle of "Health for All".
- Civil society organisations - An additional support structure for the government to make its developmental initiatives sustainable and community centric. CSOs-dedicated for innovations, model building, best practices and scientific social movements.
- PHRN in reduction of maternal and child under nutrition through its Nutrition specific intervention and sensitive interventions in Odisha and in other states
- Sharing of the issues and challenges that the CSOs have been facing in due course of implementation of some developmental projects either supported by a funder/donor or with a collaboration with the government.
- Collaborations with Govt (Dept of Women and Child Development (DWCD) and MS and ST-SC dept)
- Feedback from the CSOs on the issues and challenges in integration

of CSOs in the government programmes (Health and Nutrition focus)

Summary of the discussion

The CSOs have become an integral part of all developmental interventions in the state by the government and other donors with a focus on the COVID-19 pandemic.

There are a number of issues and challenges that the CSOs have been facing in working with the government which need to be adressed.

- For health and nutrition there is a greater need of massive capacity building of the CSOs to ensure professional deliveries and programme outcomes.
- More meaningful collaborations with the government in the reduction of undernutrition and making public health care equitable, affordable and accessible for all.
- Need of a strong leadership for massive collaborations which is expected from PHRN as far as heath and nutrition issues are concerned.
- PHRN along with some lead CSOs have to undertake a collective assessment of the exact training and capacity building needs of the CSOs in the PHRN network.
- There is an expectation among the CSOs that PHRN should facilitate the expansion of the CSO collaboration processes and establish the linkage between the CSOs and other government and non-government bodies such as the dept of Health and Family Welfare, DWCD, ST-SC dev Dept, OMBADC, DMFs, SOPAN and in other platforms in all upcoming programmes on health and nutrition.

Need of a civil society collaboration

CSOs have been playing a critical role in accelerating the pace of all developmental interventions as they are closer to the community and having greater access to understand their socio-economic conditions, are in a better position to work with them, understand them. Thus, CSOs can play a supportive role in making any developmental intervention a "sustainable" one.

The current intervention community-based management of malnutrition (our crèches in five districts of south Odisha and the AAM intervention of 2012-17 in four states have today become a successful and replicable model because of the larger participation of the CSOs at various level. Further CSOs have been awarded and appreciated by many govt and non-government both at the national and international level for their innovation, best-practices, model building, cost effective implementation processes, decentralised approach etc. Therefore, it is believed that a more meaningful CSO collaborations with our public systems working on health, nutrition and their allied areas can take us to the optimal level of our achievement.

NEWS FROM CHHATTISGARH

Updates

1. Dr. Sulakshana Nandi (Chhattisgarh State Convener) has been made an Associate Editor of the Human Resources for Health Journal which BMC publishes with WHO. The HRH journal welcomes manuscripts on all aspects of the planning, education, management and governance of human resources for health. Researchers, healthcare and public health professionals are welcome to submit their research in the journal. You can get in touch with Dr. Nandi for more details. Journal link - https://human-resources-health.biomedcentral.com

2. Participation in webinars: Dr. Sulakshana Nandi presented research on the Impact of Public-Private Partnerships through Publicly-Funded Insurance Schemes on Women in India, in the session on 'Corporate Capture of Development: Public-Private Partnerships and Global Resistance', at the parallel event at UN Commission on the Status on Women No.65 (CSW56), organised by DAWN, on 22 March 2021. https://www.youtube.com/watch?v=ELAsnQHeVHs

Publications

1. Nandi S. (2021). Case Study on the Impact of Public-Private Partnerships Through Publicly-Funded Insurance Schemes on Women in India, with Special Reference to Chhattisgarh State, In DAWN Informs on Public Private Partnerships and Women's Human Rights: Feminist Analysis from the Global South. Suva: Development Alternatives with Women for a New Era (DAWN) https://dawnnet.org/publication/dawn-informs-on-ppps/

2. Nandi S. (2021). Chhattisgarh took the right step towards vaccine equity – but the High Court blocked it with quotas. Scroll.in; May 09, 2021 https://scroll.in/article/994435/chhattisgarh-took-the-right-step-towards-vaccine-equity-but-the-high-court-laid-down-quotas

3. Nadimpally S., Sundararaman T., Nandi S., Venkatachalam D., Das N. and Cherian PL. (2021). Dear Dr Harsh Vardhan, a patient who reaches a government hospital must not be turned away. Scroll.in; Apr 23, 2021 https://scroll.in/article/993103/dear-dr-harsh-vardhan-a-patient-who-reaches-a-government-hospital-must-not-be-turned-away

Quoted in media articles

1. India is hiring nurses on hire-more-nurses-to-fight-COVID-19

2. West Bengal Outperformed States That Implemented PM's Health Insurance Scheme, On Key Indicators

https://www.indiaspend.com/health/west-bengal-outperformed-states-that-implemented-pms-health-insurance-scheme-on-key-indicators-741636

NEWS FROM JHARKHAND

TEJASWINI PROJECT,

Lives are changing through the Club

Sunil Kumar Thakur

16 years old Neetu Gond says, "I never had the courage to talk to my parents about my own life; only after joining Tejaswini club and participating in the first training, I got confident and now I am able to take decision about my own life".

Neetu Gond with Cluster Co-ordinator Resham

Neetu Gond lives in Khiroundhi village of Meharma block of Godda district. Her father is a daily wage earner and her mother is a homemaker. Neetu is the eldest of three siblings; one brother works in a poultry shop and the youngest brother studies in the third grade. 15 km far from the block headquarter Meharma. Khiroundhi village still has a tradition of child marriage. According to the National Family Health Survey-4, Godda district stands in the top in terms of child marriage in Jharkhand. 63.5 percent of girls in Godda district get married before 18 years. The figure for Jharkhand province is 37.9 percent while the figure for the country is 26.8 percent. Getting girls married before the age of eighteen not only deprives them of higher education but is also responsible for their poor health. When Neetu joined Tejaswini Club, she was fifteen years old and like other parents, her parents were also thinking about her marriage. But when Neetu got her first training at Tejaswini club, she came to know about the consequences of early marriage and decided to stop her marriage by talking to her parents. She decided to complete her higher education before getting married.

Neetu Gond at Tejaswini Club Khiroundhi

Tejaswini Project is an ambitious project of the Government of Jharkhand, committed to improve the socioeconomic status of adolescent girls and young women (aged 14-24) by empowering them. The project is being implemented successfully in 17 districts of Jharkhand; Indian Grameen Services and Public Health Resource Network are working as community service providers in six of them.

Neetu said, "It was only in the first training of Tejaswini Club that I came to know about the consequences of early marriage and went home to talk to my father. I said that I am not ready to get married and I want to continue my education even after matric. After passing BA, I will become self-independent girl and only then I will get married. But my father expressed his inability and said that he does not have much money for my education. I explained to them a lot and said that I will take the cost of my studies from giving tuition to other students. After much persuasion, my father agreed and said he is not able to send me to Bhagalpur or Kahalgaon for higher study because the poor condition of family but I can complete my education at the local level. This club has instilled confidence in me and taught that women can take decisions about their lives on their own".

Neetu Gond is not the only adolescent girl whose life is changing through the Tejaswini Club. Priti Kumari of Ithari Club states, "When the adolescent girls and young women were getting registered in the club, I could not register because at that time I had not completed 14 years of age but despite that I was still attending all the meetings of the club and during the first training I was came to know about the consequences of early marriage. My parents had fixed my marriage and I was going to be married in a few days. I got very upset. On my return home from the club, I protested against the

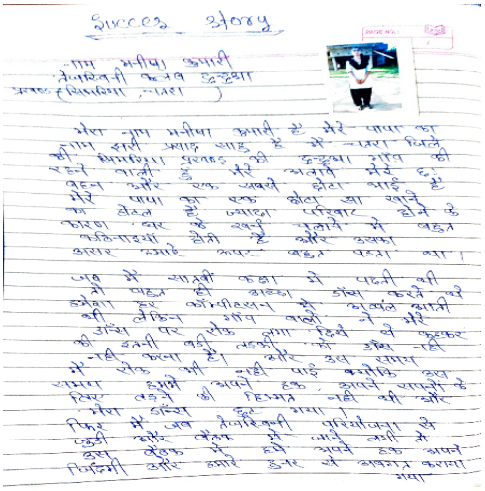
child marriage and determined that I would not marry before 18 years. I also told my parents that child marriage is a legal offense. My participation in the Tejaswini Club saved my life from being ruined".

There are 956 Tejaswini Club in Godda and almost 75000 adolescent girls and young women (AGYW) are members of these clubs. Clubs have provided an opportunity to these AGYW to meet outside their homes and discuss many things related to the lives of women. Some amount of money is also provided to the club from time to time and decision of where and for which purpose to spend this money is also taken by the members of the club. With all these activities, confidence is gradually being instilled in these adolescent girls which is helping them to take decisions about their lives as well.

तेजस्विनी ने मुझे गर्व से जीना सिखाया है – सिमरिया प्रखंड से मनीषा

Nayan Mazumdar , Block Co-ordinator , Simaria, Chatra

मैंने अपने जीवन में बहुत सारी कठिनाइयों का सामना किया है जैसे कि बचपन में मुझे कुछ भी बनने या करने की आज़ादी नहीं मिलती थी, कम उम्र में मेरी शादी भी तय की गई थी। पर तेजस्विनी परियोजना में शामिल होने से मुझे बहुत हिम्मत मिली। परियोजना में अनेक प्रकार के कौशल शिक्षा दी गई और साथ ही साथ अनेक प्रकार की सामाजिक गतिविधियां भी कराई जाती हैं। आज मुझमें आत्मविश्वास की कमी नहीं हैं, जिसके वजह से में क्लब में किये जाने वाली गतिविधियों का मंच संचालन करती हूँ और साथ ही एक अच्छी फुटबॉल खिलाड़ी भी बन पाई हूँ।



NUTRITION NEWS

FSSAI seeks mandatory fortification of rice, milk and oil

FSSAI seeks to increase fortification of rice, milk and oil with iron, vitamins A and D to address anemia and micro-nutrient deficiency in the country. The capacity for fortification of rice will be increased from 15,000 MT to 3.5 lakh MT by incentivising rice millers; the fortified rice will be distributed through the PDS system, as is already being done in Andhra Pradesh, Gujarat, Maharashtra, Tamil Nadu, Chhattisgarh and Uttar Pradesh. Niti Aayog has also suggested to incorporate this rice ICDS and Mid-day Meal (MDM) schemes.

Civil society organisations have raised serious concerns about the implications of mandatory fortification on health and livelihoods in India. Firstly, there is mixed evidence regarding the prevalence of micro-nutrient deficiencies, which often differ from state to state. Studies are revealing that anemia is being over-diagnosed. A study conducted by AIIMS, ICMR and the health ministry also shows that while iron deficiency is found in the richer class, anemia is not; among the poorer class, there is higher prevalence of anemia while iron deficiency is lower. The higher stores of iron are not being converted to haemoglobin, probably because of inflammation of the gut. The studies point out that fortification will not thus reduce the incidence of anemia.

Yet another study conducted by the National Institute of Nutrition, St Johns Bangalore and the Sitaram Bhartia Institute of Science and Research, New Delhi, based on latest CNNS (Comprehensive National Nutrition Survey 2018-19) data shows that vitamin A deficiencies in young children are no longer a public health problem. They warn that continuing with supplementation programmes can lead to hypervitaminosis. This would apply to mandatory fortification also, especially as milk is consumed by the richer classes, and rarely by the poor.

Studies also suggest that adding certain synthetic micronutrients in the absence of adequate calorie and protein consumption, may in fact be toxic and have adverse outcomes in undernourished populations. Furthermore, if a person is deprived of a variety of macro and micronutrients primarily due to lack of access to a varied diet, then replacing one or the other macro or micro nutrient is either of no beneficial value as nutrients are often dependent on each other for optimal functioning. For e.g. hemoglobin synthesis requires not just iron but good quality proteins and many other nutrients as well. Thus, the main approach should be on adequate calories from diverse diets as well as protein-based calorific intake which is best addressed through nutrient-dense animal based foods especially for the poorest.

Right to Food Campaign (RTFC) Demand Charter for Mitigating the Impact of COVID-19 and Preventing Future Economic, Health and Nutrition Crises

India is going through an unprecedented humanitarian crisis. The central government's failure to strengthen the country's health infrastructure, even after the first wave of COVID-19, has claimed lakhs of lives. The lockdowns imposed to curb the spread of the coronavirus, coupled with inadequate relief measures, has disrupted the lives and livelihoods of millions of workers in the informal sector, worsening their situation of food and economic insecurity. Instead of ensuring access to healthcare, nutrition, and basic income for all, the government is busy managing its public image by lodging cases against people questioning its policies, censoring social media posts on the country's ground realities, and launching "positivity" campaigns. Furthermore, there is no transparency in the process of government decision making, including the utilisation of aid provided by Indians and other countries.

To mitigate the devastating impacts of the ongoing COVID-19 pandemic, and prevent such a crisis from occurring again, people's campaigns make the following demands from the central government:

Healthcare

- Free and quality treatment (including hospital beds and oxygen) must be provided to all COVID-19 patients.
- Ensure access to effective testing, contact tracing and isolation facilities.
- Universal and free vaccination, with priority to the vulnerable groups.
- Exploitation and irrational care by the private sector must be strictly checked and punished.
- The working conditions of all frontline functionaries, such as health workers and crematorium workers, must be safe and humane and they must receive adequate and timely pay.

Food Security

- The public distribution system should be immediately universalised, at least for the next six months, to provide every person 5 kg of foodgrain, 1.5 kg of pulses and 800 gm of cooking oil.
- Anganwadis must make arrangements to deliver nutritious food (including eggs, pulses and oil) to young children and pregnant and lactating women.
- Cooked and nutritious meals must be provided in all urban centres.
- The amount of social security pensions must be enhanced to at least half the minimum wage and must be provided every month to all elderly, single women and persons with disabilities.

Income Security

- For the duration of the pandemic, the National Family Benefit Scheme should be universalised to compensate all families that lose a member.
- The annual guarantee of work under NREGA must be increased to at least 200 days. Wage rates under the programme must not be less than the statutory minimum wage for agriculture.
- An urban employment guarantee must be initiated immediately.

Accountability

- To ensure that services reach people in time, there should be transparency in government decision-making, utilisation of all disaster-related funds (including PM CARES and foreign aid) and the functioning of government schemes.
- Periodic audits must be conducted to verify the delivery of all entitlements.
- Grievance redress mechanisms, as provided in the National Food Security Act, should be fully functional and the mechanism must work on much shorter timelines.
- All helplines must address grievances and not function merely as post offices forwarding complaints.
- The State Food Commissions must be exceptionally proactive during this time of crisis.

Poorer Indian women lost more jobs, ate less amid the pandemic

Adapted from article by Malavika Kaur Makol , All India(c) 2021, Bloomberg, July 05, 2021 . Available at https://www.ndtv.com/india-news/poorer-indian-women-lost-more-jobs-ate-less-amid-the-pandemic-2479562

Women in India's low-income households lost jobs more often compared to men, cut back on their food intake as well as rest and provided more unpaid care work, according to a study by consulting firm Dalberg.

They are also taking longer to re-enter the workforce after the first wave of the COVID-19 pandemic last year, the study found. The report, which covered the March-October period last year, found about a tenth of the women surveyed saying they ate less or had run out of food while 16% had limited or no access to menstrual pads while more than 33% of the married women couldn't access contraceptives as the pandemic disrupted public health outreach programmes.

India saw a devastating second wave in the past few months resulting in the region battling the world's fastest-surging COVID-19 outbreak that overwhelmed its hospitals and crematoriums. While the study captures how the pandemic upended lives in India before the worst hit, it underscores how women's nutrition, health and employment is the first to suffer when household expenses need to be squeezed and probably the last to recover.

The study survey about 15,000 women and 2.300 men from low-income households in 10 Indian states. Some

of the findings are:

- Women made up just 24% of those working before the pandemic but accounted for 28% of all those who lost jobs, and 43% of those yet to recover their paid work
- About 47% of women, compared to 43% of men, reported an increase in chores and 41% of women versus 37% of men saw an increase in unpaid care work
- 27% women said they got rest less in the pandemic compared to 18% men
- Muslim as well as migrant women, and single, separated or divorced women were among the hardest hit.

One of the well-documented fallouts of a higher unpaid work burden is reduced participation in the formal work force and that will not be an easy trend to reverse. "We believe that this increase in women's household burden will make it difficult for them to re-enter the workforce, leading to economic consequences that may outlast the pandemic," the report said.

9.27 lakh severely acute malnourished children identified till November last year: RTI

Edited excerpts from PTI (as reported in The Hindu, June 06, 2021)

An estimated 9,27,606 'severe*ly acute malnourished' children from six months to six years were identified across the country by over 10 lakh Anganwadi centes till November last year, the Women and Child Development Ministry said in response to an RTI query from PTI. Of these, Uttar Pradesh accounted for 3,98,359 and Bihar 2,79,427, according to the figures shared by the ministry. Ladakh, reported no severely malnourished children. Except for Ladakh, none of the anganwadi centres in Lakshadweep, Nagaland, Manipur and Madhya Pradesh reported any data on the matter, according to the RTI reply.

Last year 9,27,606 children across all states and Union territories were identified as having SAM. The worry is that the numbers could not just be an underestimation but could also rise in view of the ongoing pandemic with fears that the third wave could impact children more than others.

While Uttar Pradesh and Bihar top the list for SAM children, they are also home to the highest number of children in the country. According to 2011 census data, Uttar Pradesh has 2,97,28,235 children aged 0-6 years while Bihar has 1,85,82,229.

Maternity entitlements

Adapted from the Right to Food Campaign Update

Budget allocations have been reduced drastically for the Pradhan Mantri Matru Vandana Yojana (PMMVY), while actual expenditures have been even lower. The Jaccha-Baccha Survey (JABS) found that in 2018-19 only around 22% of all pregnant women received any PMMVY money, and only around 14% received the full benefits.

The relief packages announced by the government did not mention maternity benefits. A number of reports inform that during the national lockdown, pregnant women found it difficult to access to regular ante-natal, delivery and postnatal care services. During this difficult time, enhanced maternity benefits which were paid in advance would have been very helpful.

The Right to Food Campaign conducted a survey of the implementation of PMMVY from March to June 2020 (including women who were either currently pregnant or had delivered after September 2019). Using a simple tool through Google Forms, 15 local campaigners conducted this survey assisted by field facilitators who were directly speaking to the women in the districts. The respondents were those were eligible women for PMMVY, who had first child or were pregnant for the first time. Questions covered the maternal status, access to health services and nutrition support as well as the benefits from PMMVY.

The surey was carried out in nine states reaching out to 55 districts. The total sample was of 1070 women all of who were eligible for the PMMVY benefit under the current norms of the scheme. About 40 percent were pregnant during the period of survey and the rest had delivered their first child in the same period.

Regarding support to essential nutrition through foodgrain provisions for pregnant and lactating women, the study found that out of total respondents, though 96 percent of them reported that they are registered beneficiaries at Anganwadi Centre, only 78 percent of registered beneficiaries were receiving supplementary nutrition in the month of March-June, 2020. With regard to cash entitlement of Rs. 5000/-, 82 percent women reported that they did have a bank account where cash transfer can be received. Despite the functioning Anganwadi and food distribution system, 80 percent of the total respondents did not get Pradhan Mantri Matru Vandana Yojana (PMMVY) entitlements at all. Of the 20 percent of those who were in the category of getting entitlements, barely a quarter of them received the full amount of Rs 5000.

The budget allocation for PMMVY has been constantly declining from 2017-18 onwards. The 2020-2021 budget allocated only Rs 2,500 crore for the PMMVY of which the Revised Estiates (RE) show Rs 1300 crores only, which indicates massive underspending and poor coverage. This is grossly underbudgeted and barely addresses 25%of pregnant women in the country. The closure of Anganwadi Centres led to a disruption of the Supplementary Nutrition Programme (SNP) and other services, which has implications for nutrition outcomes.

This year, 2021-22 all of this is subsumed under Umbrella ICDS, which has increased from 20,038 crores to only 20,105 crores. However, it should be noted that the PMMVY has been merged, along with three other scheme for protection and empowernment of women, under the new head *Samarthya.*

Four schemes under the erstwhile umbrella programme, Integrated Child Development Services (ICDS) have now been merged to form the new *Saksham Anganwadi*, or Mission POSHAN 2.0. The schemes are Anganwadi Services, POSHAN Abhiyan, Scheme for Adolescent Girls, and National Crèche Scheme. But merging of schemes is going to make it difficult to seek accountability for progress under each of the clubbed schemes. The allocation for *Samarthya*, when compared to the combined allocation for the four merged schemes in 2020-21 BE shows a reduction of 7 per cent. Disaggregated allocations for each of the four schemes are not provided for 2021-22.

NEW READINGS

READINGS ON NUTRITION

The thin end of the trend: Nutritional status of women from marginalised communities across four states of India

Adapted from a paper by Dr. Aditi Hegde and Dr. Vandana Prasad

Dr. Aditi Hegde and Dr. Vandana Prasad recently published a study on the nutritional status of marginalised women in four states – Chhattisgarh, West Bengal, Madhya Pradesh and Jharkhand. Malnutrition, especially among women, has dire consequences intergenerationally and across the life cycle. Despite many efforts, the burden of malnutrition has persisted in India. The aim was (a) to identify the point prevalence of undernutrition, as well as overweight and obesity, in the described geographic areas, and (b) to compare these findings with national-level data.

This cross-sectional study was conducted in select villages of Darbha (Chhattisgarh), Jhalda (West Bengal), Mohgaon and Samnapur (Madhya Pradesh), and Sonua and Kathikund (Jharkhand) between March 2016 and February 2017. The study found that overall, 40.64% of the participants were underweight. Upon categorising according to severity, 8.27% of all participants were severely thin, whereas the point prevalence of moderate and mild thinness was 10.08% and 22.29%, respectively. Overweight and obese women made up almost 4.1% of the population (3.69% and 0.4%, respectively). These are in stark contrast to the NFHS-4 findings where about 23% of Indian women were underweight, whereas 21% were overweight or obese.

Hegde and Prasad's paper highlights the fact that severe malnutrition persists in pockets of the country, with unacceptably high prevalence of severe thinness among marginalised communities, as well as evidence that these communities are likely to suffer from a double burden of malnutrition. Severe malnutrition needs to be specifically tracked through the larger National survey to adequately highlight severe persistent food insecurity. With the NFHS-5 underway, it is highly recommended that severe malnutrition data, disaggregated till block-level, be made available for planning of national schemes and programmes.

The study can be downloaded free from http://www.jhrr.org DOI: 10.4103/jhrr.jhrr_20_20

COVID-19 and the right to food

Adapted from the paper The COVID-19 Crisis and People's Right to Food by Jean Dreze and Anmol Somanchi

The prolonged national lockdown that began in late March 2020 threw millions of people out of work and sharply reduced earnings for those who remained employed in some fashion. With the collapse of purchasing power and continued restrictions in many areas, the economic crisis continued well after the national lockdown. In addition, there was a severe disruption of public services including nutrition-related services: midday meals, in particular, were discontinued as anganwadis and schools were closed in most states for the best of 2020. The provision of non-COVID-19 health services also declined sharply during and after the lockdown: according to the official Health Management Information System (HMIS), April-May 2020 coverage as a proportion of April-May 2019 coverage was only 80% for ante-natal care, 74% for child immunisation and 53% for outpatient attendance, with much lower figures in states like Bihar and Uttar Pradesh.

Food insecurity

Drastic employment and income declines in 2020 led to a surge in food insecurity. The different surveys are not strictly comparable, but they clearly point to severe food insecurity during the national lockdown. Even the least alarming estimate, by IDinsight, suggests that a large proportion (26%) of households were eating less than usual at that time. Once again, hardship lasted well beyond the national lockdown. The CSE-APU survey, for instance, found that the proportion of households eating less than before the lockdown was still as high as 60% in October-December 2020, compared with 77% during the lockdown.

The situation was predictably worse among disadvantaged groups. For instance, ActionAid reported that 35% of nearly 10,000 informal workers (mainly migrants) were eating less than two meals a day in May. Similarly, the "PRADAN+" survey covering informal-sector workers in rural areas of 13 states (mainly dairy and poultry workers) found that half of them were eating fewer meals than before. In Bihar, a survey of some 20,000 returning migrant workers found that close to 60 percent were unable to ensure two square meals a day for all members of the family in June 2020, with a similar proportion in July.

The decline of paid employment opportunities for women, it appears, was accompanied by an increase in the burden of domestic work, possibly because more family members were at home. On a more positive note, women appear to have benefited more than men from the expansion of NREGA employment in 2020, because they had fewer alternatives.

Singhal et al point out that food insecurity was especially high among Dalits In September-October 2020, two

thirds of the respondents in the Right to Food Campaign's "Hunger Watch" survey (adults from India's poorest households) said that they were eating less nutritious food at that time than before the lockdown.

The CMIE Surveys

The Consumer Pyramids Household Survey (CPHS), conducted by the Centre for Monitoring the Indian Economy periodically in successive four-months "waves" is based on an all-India representative sample of over 170,000 households.

Trends in per-capita income (PCI) at constant prices reveal that the poorest quartile earned nothing during the entire lockdown. Similarly, per-capita expenditure (PCE) declined by about 50% in each group during the national lockdown, followed by a gradual and partial recovery later in 2020.

Trends in expenditure on selected food items show that expenditure declines are relatively small for cereals (and also pulses – not shown), but expenditure on nutritious food items such as fruit, eggs, fish and meat declined dramatically in all groups. Compared with 2019 averages, CPI-deflated food expenditure in the bottom PCE quartile was just 51% for fruit, 58% for eggs and 38% for meat and fish during the national lockdown (April-May 2020). Recovery was possibly faster for food expenditure than for total expenditure, but even over a two-month period this is a nutritional catastrophe, bearing in mind that baseline consumption levels are very low in the first place.

Relief Measures: Too Little, Too Late

The surveys make it amply clear that public support played a critical role in sustaining poor people during and after the national lockdown. The PDS, in particular, reached a vast majority of the population. In five large-scale multi-state surveys, the proportion of households with a ration card (mainly NFSA cardholders) varied between 75% and 91%. Access to the PDS is likely to be higher than average among poor households. Conditional on having a ration card, the proportion of respondents who had received some foodgrain from the PDS during the reference period was higher than 80% in all the surveys except one (Gaon Connection), and higher than 90% in four surveys.

A significant minority of ration-card holders, however, had not received any foodgrain rations during the reference period. Further, PDS utilisation does not imply that the concerned households received their full entitlements. Aside from their normal NFSA entitlements (5 kg per person per month for Priority Households and 35 kg per month for Antyodaya households, the poorest of the poor), NFSA cardholders were supposed to get additional monthly rations of 5 kg per person, for free, from April to November 2020. About 30 million tonnes of wheat and rice were distributed in 2020 as additional PDS rations in this manner, under the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY). Four major surveys found that about 90% of sample households had received some free grain during the reference period but it is possible that many people received less than their due by way of free grain.

Finally, as far as the right to food is concerned, a few points stand out.

- First, there is overwhelming evidence that the national lockdown of April-May 2020 was associated with a tremendous food crisis. Large numbers of people struggled to feed their families, and food intake dipped in both qualitative and quantitative terms for a majority of the population. There was a particularly sharp decline in the consumption of nutritious food including non-vegetarian items.
- Second, there was some recovery from June 2020 onwards, when the lockdown was gradually relaxed, but hardship persisted well beyond that. Employment, income and nutrition levels were still much below pre-lockdown levels by the end of the year.
- Third, relief measures helped, but they were patchy and their effective reach is uncertain. A large majority of the population had access to the PDS in 2020 (with enhanced monthly rations for 8 months), and this played a critical role in averting the worst. But it is possible that some of the supplementary rations got diverted, initially at least, and a significant minority of poor households had no access to the PDS at all for lack of a ration card. Other relief measures such as NREGA and cash transfers also had a patchy coverage.

The COVID-19 crisis brings out once again that India needs a more reliable and comprehensive social security system. This lesson, however, was lost on the central government, judging from the Union Budget 2021-22. Just before that, incidentally, partial findings of NFHS-5 (mentioned earlier) were officially released, adding to other obvious signs of a need to expand and improve nutrition-related interventions. Instead, there were severe cuts in financial allocations for ICDS, maternity benefits and the Ministry of Women and Child Development. No provision was made for further relief measures in 2021 (even in the limited form of contingency funds), even as enormous sums continued to be allocated to business concessions in the name of an economic stimulus. The central government seemed to be in blissful denial of the continuing livelihood crisis and to count on a "V-shaped recovery".

A few weeks later, the second wave of COVID-19 hit the country with full force. The livelihood crisis may or may not be worse in 2021 than in 2020. There is no national lockdown this time, but there are local lockdowns of varying intensity and duration across the country. And in some respects, circumstances are more challenging today. People's reserves are depleted and many are in heavy debt. The number of infections and deaths is much larger than last year, forcing large numbers of households to contend with heavy health expenditure if not the loss of a breadwinner. With mass vaccination

making slow progress, hard times are likely to continue for many months. A second, stronger wave of relief measures is essential to avoid a repeat of last year's tragic humanitarian crisis.

This article can be downloaded from / https://osf.io/preprints/socarxiv/ybrmg

Does Food Price Subsidy Affect Dietary Diversity? Evidence from South India

Umanath Malaiarasan, R. Paramasivam, K. Thomas Felix, May 6, 2021

The present study has tried to address the impact of subsidised rice distribution through the public distribution system on dietary diversity and nutrition intake in the state of Tamil Nadu in India as the state is considered a pioneer in introducing a number of food security programmes in India. We used National Sample Survey Organisation's data for the years 2004-05 and 2011-12, and the propensity score matching technique to estimate the actual impact of the subsidy programme on food consumption patterns and nutrient intake, as the data-set used for analysis was subjected to non-randomisation and selection bias. The estimated results reveal that the subsidy on rice has significantly and positively impacted food consumption and nutritional intake across households, irrespective of income groups. The increased purchasing power of the poor due to the subsidy is limited to the staple food commodities—rice, millets, pulses and vegetables—whereas middle- and high-income households are more likely to consume high-value commodities such as fruits, processed food and livestock products, with a resultant higher gain in fat and calcium. Our study indicates that extending the price subsidy to nutritious foods, besides rice can help the poor diversify their diets towards healthy and nutrient-rich foods.

Available at https://doi.org/10.1177/0973801021990397

The malnutrition bazaar: the case of RUTF

Radha Holla

The large number of malnourished children around the globe furnish the food and pharmaceutical industries with an immense potential market for these fortified food packages. That the market for ready-to-use therapeutic foods (RUTFs) is rapidly expanding is primarily due to its endorsement by the WHO, the World Food Programme, the United Nations System Standing Committee on Nutrition[1] (UNSCN) and UNICEF for treating SAM (World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and UNICEF.. (2007).). Non state actors like Action Against Hunger (Action Contre La Faim) and Médecins Sans Frontières have also been working to introduce RUTF treatment in countries such as Ethiopia, Nigeria, Libya, Chad, Central African Republic, Malawi, Yemen, India and Pakistan. In addition, several of the new manufacturers use unethical marketing practices to increase their share of sales.

The long-term sustainable solution to reducing undernutrition has to be based on policies that manage conflict, inequity, gender imbalance, food sovereignty and security, infant and young child feeding, basic health services and provision of safe drinking water and sanitation.

Some black rice varieties have more protein, vitamins and antimicrobials than white rice

Study by Priyabata Roy, Debal Deb, Thalappil Pradeep, Subhra Talai-Mukhopadh, Anjan Kumar Sinha and Tanima Saha.

A study, titled Comparative analyses of the nutraceutical potentialities of selected Indian traditional black rice (Oryza sativa L.) landraces conducted by the authors aimed to explore the importance of some traditional black rice varieties with their nutraceutical properties. The beneficial properties of these varieties remain unknown to the majority of the population due to the inadequate data. Decorticated rice grains of four black rice varieties were evaluated and compared with two commonly consumed white rice varieties - Gobindabhog (traditional aromatic) and BPT 5204 (modern high yielding variety). The sugars and total lipid levels were similar in Gobindabhog and BPT 5204. The black rice varieties, however, had considerably greater protein, thiamin, riboflavin, pantothenic acid, pyridoxine, and antimicrobial activities compared to the two selected white rice varieties. The ICPMS analysis of black rice grains showed that the former also had higher levels of Mn, Fe, and Zn than the white rice varieties. However, BPT 5204 contained a greater amount of Cu than the black rice varieties. Total flavonoid and phenolic content, as well as antioxidant potentiality of black rice varieties were also considerably higher than those of the white rice varieties.

The paper is available at http://epubs.icar.org.in/ejournal/index.php/OIJR/article/view/112767

COVID-19 READINGS

Coming together to fill the gaps in an inequitable crisis: A story from the second wave of COVID-19 in India

Dr. Vandana Prasad, Posted on June 18, 2021 by BMJ GH Blogs

When will things get back to normal? A question we have asked since COVID-19 hit us in 2020. Who imagined it would last for more than a year, and return in waves as deadly as the second wave in India, which was nothing less than a nightmare. Practically every family was suffering, grieving, pleading; anxiously looking for hospital beds, oxygen, ambulances and basic help. There were many without access to technology who could not even reach out. This disquieting story arises from our participation in an informal collective that mushroomed as civil society's voluntary response to

the crisis surrounding us.

Sanjay is a migrant labourer from a small town in Madhya Pradesh (MP), India, whom we had helped reach home last year during the lockdown and subsequent migrant crisis. Exactly a year later, on 21st April, he contacted us as his younger brother Praveen developed COVID-19 symptoms and needed help. At home, they were unsure of how to monitor oxygen levels or even how to access an oximeter, unlike many other urban families who could. By the time we were informed, his condition deteriorated, and he was admitted to the local district hospital. Initially, we reached out to an official there to ensure decent treatment as the hospital was gravely under-resourced. They were short on oxygen and a single cylinder was shared between Praveen and another patient, leading to worsening of his condition. Sanjay had to travel four hours away just to search for a separate flowmeter and returned empty handed due to scarcity everywhere. After desperately searching for two days, he found one jumbo cylinder from a local supplier, for which we quickly raised money through Whatsapp groups. The hospital had barely any staff so we managed to find a doctor to advise through tele-consultation, but Praveen continued to deteriorate. There was no testing facility nearby and Sanjay had to take him to another town one hour away in a critical condition for a CT scan. Considering his condition, when the treating doctor asked Sanjay to somehow arrange for Remdesivir from the open market, he called us pleading for help; we tried to hold ourselves together while listening to his trembling voice. He was not a stranger; we could feel his despair and connect with his situation even from a distance.

Contrasting Realities: Those who could afford healthcare (here, an oximeter) while many from rural/low income population could not. The photo was captured by Sonam Chaturvedi (June, 2021) a visual representation of the rural-urban divide in accessing healthcare.

Our group did not find the demand for Remdesivir necessarily rational since treatment protocols at the time were developed on contradictory scientific grounds. However, we had to be mindful of the pressures placed upon the family. Sanjay was advised to contact the local administration and was finally able to source Remdesivir in another district hospital, but had to travel there on a daily basis and wait for long hours to collect a daily supply. On 30th April, he messaged to inform us that Praveen was much better and thanked the group profusely, even though we had extended support only from a distance. He had been the one desperately running from pillar to post, braving the risk of getting infected. Praveen was discharged on 8th May and started recovering at home.

Suddenly, around the 5th of June, Praveen developed headache and visual disturbances. The family, having heard about black fungal infection in the news, consulted a local doctor in a panic and immediately took him to a government hospital. Sanjay sent us his MRI reports, which confirmed Mucormycosis. However, by this time a strike of government hospital doctors had broken out across the state on account of rising violence against them, and there was no one available to treat Praveen. The group started to reach out to doctors and relief groups in other larger cities of MP, with no success. Fortunately, the doctor's strike ended the very next day and as we write, he is undergoing treatment at the same hospital, waiting for curative surgery.

Only a month ago, while helping the urban middle/upper class families, we had observed them navigate a crumbling system; struggling despite their relative privilege and social connections. We had facilitated admissions to expensive private hospitals, and assisted in the acquisition of various necessities and interventions like home-ICU setups, oxygen concentrators, home nurses, private ICU ambulances and stand-by oxygen cylinders. However, this experience gave us a fleeting insight into how much greater the challenges of access the rural and peri-urban Indian population is facing while combating COVID-19.

This story amplifies the severe inequity in access to healthcare that exists along so many axes in our country: the general urban-rural divide in health infrastructure, the differentials in financial resources, the digital divide, the lack of specialist care, the continuing unaffordable out-of-pocket expenditures even within the public health system and the lack of general information. What it only hints at is the massive underlying opportunity costs of the labour, time and energy that is expended in reaching even basic standards of health care by people already living with deprivation; where a single episode of ill-health might decimate a poor family's finances. We are trying to stand with the Praveens in their struggle for health care and have seen that the public health system would and does help if it could. Yet, even after 75 years post-independence, we ask ourselves – when will it get better?

**Original names have been changed.*

Informal collectives and access to healthcare during India's COVID-19

Neha Faruqui, VR Raman, Jeevika Shiv, Sonam Chaturvedi, Maitree Muzumdar, Vandana Prasad

India was hit by a disastrous second wave of the COVID-19 pandemic that surged since February 2021. The exact magnitude of cases and deaths during this second wave remains a contentious topic, as suggested by huge differences between internal reports of the government and external reports. However, there is no dispute that, although several curbing strategies including a harsh lockdown were introduced during the early days of the pandemic in March 2020, the country now finds itself again in the midst of a crisis. Compared with last year, this time the virus has shown a much higher transmissibility rate, possibly due to a combination of newer variants, coupled with poor regulation and adherence

to basic preventive public health measures. Mass gatherings in the form of massive election rallies and religious congregations were also permitted while cases had started increasing exponentially in numerous states of India, and vaccination rates continued to remain low.

Health systems in major cities were overwhelmed with cases even in the first wave, where some hospital wards were dedicated to COVID-19 care, non-COVID care was almost halted and healthcare workers were stretched thin. The second wave now saw a collapse of the system where not just wards but entire hospitals had to be used and expanded for exclusive COVID-19 care and still remained inadequate. In addition, we witnessed the conversion of maidans (open fields), gurdwaras (Sikh religious institutions) and other places into makeshift wards and hubs for accessing oxygen. The crisis revealed the pre-existing cracks in an underprepared health system where people were left to help themselves, gasping for oxygen or drugs and scrambling for hospital beds. However, as with any crisis, human beings rise to find possible ways to cope or are impelled to do so from sheer desperation. It is in this context that informal collectives of individuals and civil society organisations came together with a single aim: try to help as many people access timely and appropriate healthcare. We write from the perspective arising from the experiences of bridging the disconnect between patients and the system during an unprecedented crisis, based on observations and experiences of volunteering for one or more such collectives.

Most of these informal collectives supported health systems through improvised back-end processes. They adopted a multipronged approach covering an array of support initiatives, organised mainly through telephonic coordination for arranging access to medical services. While there are several such collectives across multiple states in India, and the assistance did cover multiple cities, we share some challenges and reflections, specifically in the context of the National Capital Region of Delhi—pooling experiences from involvement of the authors in many of them. The challenges have been categorised as home based management, referral and transportation, plugging in hospital healthcare gaps, using an integrated approach of response, and managing distress of patients, caregives and volunteers.

The collectives consisted of professionals from multiple backgrounds, such as medical, public health, law, arts and social work who committed their time, energy and often money and materials wholly voluntarily. Patients and families reached the collectives mostly through word of mouth, community networks and the participating volunteers connected with grassroots work.

The full editorial can be accessed at http://gh.bmj.com/cgi/content/full/bmjgh-2021-006731

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

Public Health Resource Network (PHRN) is a growing network of individuals and organisations 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 organisation 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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