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EDITORIAL

March 2018 was a hectic month for PHRN staff which, together with five other organizations, was holding the “International Conference on Critical Public Health Consequences of the Double Burden of Malnutrition and the Changing Food Environment in South and South East Asia” from the 28th to the 30th. The other five organizations were Jan Swasthya Abhiyan (JSA), Peoples Health Movement (PHM), World Public Health Nutrition Association (WPHNA, Narottam Seksaria Foundation (NSF), International Food Policy Research Institute (IFPRI) and Breastfeeding Promotion Network of India (BPNI).

The Conference, which brought together over 300 researchers, academics, journalists, students, health professionals and activists from Afghanistan, Australia, Bangladesh, Brazil, India, Malaysia, Mexico, Nepal, South Africa and Thailand, sought to understand the food system that was contributing to the double burden of malnutrition, especially in South and Southeast Asia, the remedies being offered currently by both professionals and activists, as well as to bring together various streams linked to nutrition to develop synergetic strategies for action.

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INTERNATIONAL CONFERENCE ON CRITICAL PUBLIC HEALTH CONSEQUENCES OF THE DOUBLE BURDEN OF MALNUTRITION AND THE CHANGING FOOD ENVIRONMENT IN SOUTH AND SOUTH EAST ASIA

Background to the Conference

Countries in South and South East Asia have some of the highest levels of undernutrition. Simultaneously, the region is seeing a rapid transition to a new situation where it faces a ‘double burden of malnutrition’ whereby gains related to reduction in under-nutrition, are being undermined by an increase in overweight and obesity.

Concomitant with both is a high degree of morbidity and mortality from communicable diseases such as TB, malaria, pneumonia and diarrhea associated with under-nutrition; and non-communicable diseases (NCDs) like diabetes, hypertension, cardiac disease and strokes, associated with obesity. Thus, for example, the South East

Asia region has the highest rate of mortality from NCDs among all WHO regions (62% of all mortality, affecting 8.5 million people) and the second highest (after the African region) for communicable diseases. Complicating both undernutrition and 'overnutrition' is the widespread incidence of micronutrient deficiencies, which has come to be characterized as the 'third' burden of malnutrition faced by a large section of the population.

There are common roots underlying both under and 'overnutrition' in the globalized world. These include the impact on food

systems of current agricultural practices, and practices related to food production, manufacture, distribution, trade and commerce practices; as well as to the power differentials between those who are most affected and those who benefit most from the current food system. The global trade regimes under the aegis of the World Trade Organization (WTO) and the Free Trade Agreements (FTAs) have a profound impact on agricultural practices, as well as on food and nutrition security and food sovereignty. The unregulated penetration of food and beverage companies and the aggressive

marketing of processed and ultra processed foods severely compound the problem of malnutrition. Mega agribusiness conglomerates and transnational food and beverage corporations are also implicated in environmental degradation and climate change. There is growing evidence linking undernutrition in childhood with increased risk of obesity and non-communicable diseases in later life. The aggressive marketing of breastmilk substitutes has also led to a dramatic reduction in infants who are being exclusively breastfed in the region.

CONFERENCE STATEMENT

Five plenary sessions and 13 workshops provided a platform for the sharing of global campaigns, studies, and experiences, including specific country experiences from Brazil, Afghanistan, Thailand, Bangladesh, Nepal, Mexico, South Africa, Malaysia, and India.

The workshops discussed issues related to agricultural crises, women's labour, livelihood and nutrition, law, policies, programmes at national and global levels, conflicts of interest, culture and indigenous knowledge, scientific evidence on undernutrition, obesity, non-communicable diseases (NCDs), nutrition and the market, management of acute malnutrition along with the role community mobilisation, and networking among campaigns at local, national and international levels. The role and responsibility of the state and public policy in addressing these structural

factors was emphasized.

The high level of undernutrition in many countries of South and South East Asia along with rapid transition to obesity resulting in the 'double burden of malnutrition' in the region was discussed. The substantial morbidity and mortality from communicable diseases such as tuberculosis (TB), malaria, pneumonia, and diarrhoea usually associated with under-nutrition; and NCDs like diabetes, hypertension, cardiac disease, and strokes, associated with obesity were raised as major public health concerns. In India, the disease profile of NCDs is somewhat different, with one-third of diabetics actually having low body mass index (BMI) and with haemorrhagic stroke (possibly caused by hypertension) now being the highest cause of death among the poorest quintile of the population. These pathways are not well understood.

The importance of understanding the politics and political economy of hunger, undernutrition as well as

obesity was highlighted throughout the Conference. Socioeconomic inequalities based on income, region, caste and gender resulting in an uneven burden of malnutrition and disease, with the most marginalised being most affected, emerged as a common theme throughout the Conference.

The Conference recognised that both undernutrition and obesity have common underlying roots in our globalized world. These primarily relate to the impact on food systems (from farm to fork); on current agricultural practices, and practices related to food production, manufacture, distribution, trade, and commercial practices.

It was also made evident that the global trade regime under the aegis of the World Trade Organization (WTO) and increasingly impacted by Free Trade Agreements (FTAs) has had a profound impact on agricultural practices and food trade in different parts of the world, as well as on food and nutrition security, food habits, and food sovereignty.

RECOMMENDATIONS

General Concerns and Call for Action

The Conference calls upon claim holders to organize and mobilize to demand from governments across the world to broaden the purview of nutrition policy to bring in a multisectoral approach that simultaneously addresses immediate, as well as basic, causes of malnutrition. Interventions for addressing the double burden of malnutrition must be rooted in an approach that ensures equitable food systems.

The Conference expresses concern that, across the region, local foods are being taken over by processed and ultra-processed foods reducing food diversity and also the nutrient quality of the food. This process is being witnessed across the spectrum in public programmes aimed at tackling malnutrition (e.g. Ready-to-use therapeutic food for severe acute malnourishment, packaged foods as supplementary nutrition) on one end and the spread of ultra-processed foods sold in the markets by global food companies and large corporations on the other. To counter these trends, governments must introduce health-oriented fiscal policies and strong advertising and marketing regulations.

Experiences around the world show that public policies that are oriented towards the poor contribute to more equitable income and resource distribution, and that decline in absolute poverty and universal access to social services are central to achieve improvements in undernutrition. Social determinants of nutrition including access to sustainable livelihoods as well as basic public services are critical in improving nutrition outcomes. Demands for greater equality and universalisation of public services must, therefore, become part of all efforts.

Protecting and promoting

decentralised community control over food systems is a must for the creation of food and nutritional security. Apart from provisioning more nutritious foods, it would also foster deeper understanding of the importance of diverse diets and nutrition.

Systems for monitoring by the community and mechanisms for increased accountability and transparency need to be actively pursued by civil society organisations and social movements. Greater decentralisation is required for democratisation of food systems and deepened understanding of the importance of diverse diets and nutrition.

The move towards privatisation of health and nutrition services needs to be resisted and there must be an emphasis on both public funding and public provisioning.

Dietary Diversity and Nutrition

Public programmes for procurement and distribution of food must be designed in a manner where they encourage local production and consumption of locally available diverse foods such as millets, vegetables, fruits, eggs, and meat.

Policies towards making foods such as millets, fruits, vegetables, pulses, nuts and seeds more available and affordable for all must be put in place. Efforts must be made to ensure that such foods (cooked and raw) must be easily available and accessible at all places including the home, school, street, and workplaces.

Micronutrient deficiencies must be primarily addressed through ensuring adequate access to good quality food and dietary diversity.

We believe that the dilution of the link between food and nutrition by the medicalisation and commodification of food needs to be continuously resisted.

We raise caution on the introduction of genetic modification technology in food in the name of improving

food and nutrition security and emphasise that any interventions that have been known to impact health negatively, need to be resisted.

In the context of infectious diseases, comprehensive management of the disease must include treatment, supplementary food and financial support along with sufficient investments made on interventions for prevention.

Conflict of Interest (CoI) and Commercialisation

The Conference recognises that the increasing trend towards corporate and private philanthropic funding, public-private partnerships and multi-stakeholder initiatives raises complex issues and concerns in relation to nutrition governance and CoI. The PPPs promoted by international agencies such as the UN and WHO to tackle the global burden of NCDs have led to distortion of the definition of CoI and that has damaging consequences.

The Conference demands guidelines and legal measures to prohibit participation of food corporates and their front organisations in public policy making and programme implementation to avoid conflict of interest. National measures that give effect to the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions must be effectively implemented, monitored and enforced to protect breastfeeding from commercial influence of baby food manufacturers by effective implementation. Vigilance and stern oversight/action on this are asked from progressive movement partners.

The long-term effects of ultra-processed foods on obesity and NCDs is a rising concern. At the same time, evidence on association of mortality with and relative efficacy of Ready-to-Use Therapeutic Foods (RUTF); which share many characteristics of ultra processed foods, as compared with different food interventions

for the treatment of severe acute malnourishment (SAM) is weak. In this context, the Conference recommends that interventions for addressing SAM be based on the use of home/community based diverse foods along with improved care arrangements. Vigilance and stern oversight/action on this are asked from progressive movement partners.

Effective legal measures need to be put in place to regulate promotion of ultra-processed foods to children, to levy extra taxes on high fats, high sugar and salt food items and mandatory front of pack nutrition labelling that allows consumers to check labels, thus, avoiding the increasing use of these unhealthy foods causing overweight and obesity.

Community's rights over resources

Laws and policies related to land must be amended to protect the land resources of small and marginal farmers and the agricultural livelihood options of landless labourers and prevent the transfer of agricultural and forest land to corporations. It must be ensured that farmers are not locked into unfair agreements with corporations that violate farmers' right to independently decide on crops to be grown.

Public investments in agriculture must be enhanced towards micro-irrigation and judicious usage of water, promoting resilience to climate change, reviving traditional seeds and crops,

decentralised storage and procurement, with remunerative prices for small and marginal farmers for all food crops.

Investments in public food programs, including community-based management of acute malnutrition, must be strengthened through decentralized, production, processing and distribution procurement of local diverse foods which supports rural livelihoods.

Community rights over forest resources must be protected and minimum support price for forest produce must be ensured. Civil society must continue its efforts to mobilize communities to take up this role.

The commodification of water and its illegal appropriation by private enterprise, and, in particular, Big Soda is an area of priority for social mobilization to actively oppose this trend.

Women's labour and rights

The knowledge, as well as unpaid and underpaid labour of women farmers in South Asia, with respect to production, gathering, raising, and processing of food and care, is critical to food environments which have nutrition rich, ecologically sensitive, diverse foods at the household, community, and national level.

Women's social, economic and biological roles have to be recognized as being central to food and nutrition security and nutrition policies have to be looked at through the lens of empowering women and communities to retain and strengthen control over their resources and food environments.

Women's nutrition has to be a priority across the life cycle and not just only be womb centric (only considered a priority during her reproductive years). Addressing gender discrimination (intersecting with class, caste, ethnicity, marital status, disability) in food, education, mobility, access to resources and bodily integrity is critical to sustainable nutritional security.

Comprehensive maternity entitlements and quality child care services are public goods and nutrition security must be ensured with public investments in universal, unconditional entitlements to all women and children.

Evidence use and nutrition policy

There is need for increased political

momentum, through the use of rigorous processes of collecting, synthesizing and reporting evidence to ensure that policy recommendations on nutrition and health are informed by the best available research evidence. The use of systematic reviews and evidence and gap maps (EGMs) in nutrition related aspects specific to India could help identify research gaps, inform design of new studies, and provide guidance where evidence is not available, for relevant policy-making in the country.

However, there is also a danger in privileging certain methodological approaches such as RCTs in research, as is the trend in nutrition and public health fields. In this process, practitioner-led and operational research tends to be side-lined. An evidence-based approach, in any circumstance, must not undermine human rights-based approaches to food and nutrition on grounds of inadequacy of 'evidence'. Systems must be evolved where rigorous research based on diverse methods as well as experiential knowledge are given due credit. .

Movements

Given the commonality of the problems faced across South and South East Asia, and the potential for learning from each other, there is an urgent need to re-initiate the South Asia Right to Food and Nutrition Movement. The Conference suggests the setting up of a small working group for this purpose

The Conference gives a call to all participants to join the World Public Health and Nutrition Association (WPHNA) and collaborate globally especially on conflict-of-interest issues.

The conference gives a call for closer co-ordination between social movements working on food, health, nutrition and land, forests, water, women's rights, trade unions, informal workers to extend the reach of the discourse on the right to food and nutrition.

The Conference reiterates the need for a human rights approach to food and nutrition, an approach which recognizes fundamental rights of people and puts people not profits at the center of all policies and interventions.

Specific recommendations for India

The following are the specific recommendations related to public policy in India that were discussed at the Conference. The various campaigns and movements including the Right to Food campaign, Jan Swasthya Abhiyan, Mahila Kisan Adhikar Manch (MAKAM), Alliance against Conflict of Interest that participated in the Conference endorsed these demands. They have been taking up many of these in their activities and will continue to do so. All the Conference participants (individuals and organisations) agree to work towards achieving these through their research, advocacy, and campaign activities.

- Implement Forest Rights Act effectively and amend the draft Compensatory Afforestation Fund (CAF) rules and the Draft Forest Policy to comply with the Forest Rights Act and Panchayat (Extension to Scheduled Areas) Act (PESA).
- Amend the Land Acquisition, Rehabilitation and Resettlement Act, 2013 to protect the land resources of small and marginal farmers and the agricultural livelihood options of landless labourers.
- Expand the foods distributed under the Public Distribution System (PDS) to include pulses, millets and edible oils.
- Make procurement from local farmers, for at least a percentage of the ingredients, mandatory in the mid-day meal and ICDS programmes (as is the case in Brazil).
- Improve the infrastructure and

other support services to make fruits and vegetables affordable and accessible across the country during all seasons.

- Include animal- based proteins such as eggs and fruits and vegetables in school and anganwadi meals. Ensure that these meals are locally-made by community groups and include local and diverse foods as per community's choice.
- Introduce a regulatory policy for the sale and advertising of ultra-processed foods.
- Conduct further research and initiate discussions around health-oriented fiscal policies such as the fat tax in Kerala.
- Introduce stringent front of the pack labelling norms for all foods.
- Ban junk food and sugary beverages in schools and in the vicinity around schools.
- Provide minimum support prices (MSPs) at remunerative levels for a wide range of crops including pulses, millets and oilseeds. Make arrangements for procurement of these

crops through decentralised procurement centres, and timely payment systems.

- Introduce community kitchens/ canteens across the country in urban areas where affordable, fresh and healthy meals are available.
- Revisit the national nutrition mission from a food system (from farm to fork) approach.
- Mainstream crèches for children under three years within the ICDS.
- Implement universal maternity entitlements as per the NFSA.
- Withdraw all notifications directing mandatory linking of Aadhaar with welfare programmes (PDS, NREGA, social security pensions, midday meals, anganwadi services, maternity entitlements, etc.).
- Implement the Infant Milk Substitutes, Feeding Bottles and Infant Foods (regulation of production, supply and distribution) Act, 1992 and amendment Act 2003 (IMS Act).



NEWS FROM ODISHA

Pramita Sathpathy

Joining hands together broke down stereotype practice

The community kitchen garden at Bheja of Mukundpur cluster is one of the eye-catching initiatives taken by SHG members of the village, where there are 33 households.. Bheja, a predominantly tribal village, is surrounded by plain land on one side and hilly area on the other. The villagers basically depend on forest produce for maintaining their livelihood. They cultivate spices/cereals like, varieties of millets, maize and nuts on slopes and. Vegetable cultivation was not practised.

After MM3, the villagers realized that all kinds of foods, especially protective foods like vegetables, were not available throughout the year. After participating in MM4, they analysed the situation and found out the lean period. They decided to start a kitchen garden at the community level first before starting at the level of households. For this, they identified a place which is in front of the village. Solar water

supply is there in the village. They purchased seeds from nearby market, cleaned the 15 cent piece of ground and sowed different vegetables like brinjal, tomato, chillies, varieties of leafy vegetables, ridge gourd, carrot, radish etc. At present

33 households are benefitting from this. They have distributed responsibilities among themselves for watering, cleaning periodically. All the households participate in harvesting the vegetables. They share the harvest equally among themselves. This initiative has excited the village and has also become an example for other villages. The kitchen garden initiative in Bheja has been successful because of the contributions of CVs Bhangiri Kandagari, Palai Kadraka and Singiri Kandagari.

Self reflection and changing practices



Totaguda is a tribal village of Suri panchayat of Kolnara block consisting of 35 households. The change vector, Basanti Habika is one of the active health and nutrition volunteer of this process and is able to conduct meetings independently. At one such meeting, the SHG members took some decisions including the use of iron kadhai. But later, they felt that making curry in iron utensils would change both the colour and the smell of the curry.

A few days later Rashmita, the mentor and I visited the village to follow up the action points and strategies planned in the meeting by the members. There we discussed about cooking in iron utensils. None of the households except one had an iron kadahi at home but they are using it only for making sweet. All the members felt that the cooking other foods in the utensil would change the colour and the smell of the food. We discussed the relevance of iron utensils in human life (basically on women and children). Two didis, Roji and Basanti, agreed to discuss this in the next SHG meeting, after first purchasing these kadhais, which they did the next day. They also bargained with the shopkeeper for more pieces.





In the community meeting the change vectors and some SHG members discussed about the food diversity (MM3). They focused on tri-coloured food, use of iron kadhai for preparing food and lemon/jaggery in food, which can increase the iron level in human body. They highlighted that in these areas most of the women have iron deficiency symptoms. Since the meeting, till present, 10 households have purchased iron kadhais and are using it.

Prevention of early marriage

This is a story of villager K. Dengasargi of Dumuriguda panchayat, Kolnara block after conducting meeting MM 1. Both the change vectors of the village, Basanti and Lalita, are very active.

During meeting 1, at village level they invited all the women of different age groups also from both the SHG and non-SHG members and highlighted the happenings in the life of Salai (Soni), the main character in MM 1. After the meeting, all the mothers realised that the story is their story. There is an adolescent girl named Ranu Kutruka, daughter of Sahadev and Elai Kutruka, who was also present at the meeting. A few days before she had married a

boy of the same village in whom she had been interested. During the meeting, the CVs, ASHA didi, AWWs and mothers asked her how she is feeling after listening to the story. She understood the significance of her act but remained silent.

All the SHG members took the decision to orient parents of adolescent girls about not to marry their daughters at early age. At night, they called a meeting to discuss and went the Ranu's house. They discussed with both Ranu and her boyfriend as well as the parents. They could relate it very closely with Salai's story and women's life. They talked to them about the life cycle of women and the problems at each stage. The group members counselled the family to wait till Ranu becomes 18 years old at least.

The girl also internalised the message and decided to go back to her parental house. Now she is staying with her parents, who are planning to marry her after she reaches 18 years of age. The CVs and all the women SHG members are to be applauded for taking this courageous initiative for change and the girl has become an example for others for building a healthy society.

NEWS FROM JHARKHAND

Changed behaviour in spite of systems failure

Sunil Thakur

There are lots of changes among the community that we can see. But we can see only those changes which the community can do by itself. If the change is dependent upon systems that have failed, people become disappointed. As long as there were meetings on module 1,2 and 3, we saw a lot of changes among the community but now it is very difficult to see the changes among the community on the basis of meetings on micro module 4-5-6 because of the failure of systems. We (Federation, PRADAN, and PHRN) have to do much more work on public systems.

In spite of the difficulties, the following stories exhibit that change is still possible as witnessed by the following mentors.

Chandan Kumar Thakur

There is a VO (Village Organisation) named Champa Gram Sangathan in Fatka. The VO was conducting its monthly meeting on 5.4.2018. Chandan was present there. The discussions on the main agenda -agriculture, livelihood, kitchen garden, kechua khad, etc. – were followed by talks on health and nutrition. Change vectors (Sita Dumdung, Seteng Horo, Sumi Guria, Soni Bodra and Sushma Guria) explained their health meetings and changes among the community. They also raised the issues of kurkure and chips. They said that these things are very harmful for the health of their

children and we must stop selling them in the village. All members of this VO agreed on this issue. The VO President, Basanti Tilming and secretary, Bahamani Bodra issued a notice that no shopkeeper of the village will sell kurkure and chips. In this notice, it was mentioned that the shopkeepers can sell their stocks but after that they will not bring these things in the village for selling. Those who will not accept this order, their shops will be closed permanently. It was even mentioned in the notice that no person will buy kurkure and chips for their children during the visits to other markets.

Chandan also helped Pushpa Guria, of hamlet- Targia, Village- Fatka, Panchayat- Fatka, who was present at all four health meetings in her hamlet. After MM-4, she had decided that she would deliver her baby in the hospital. Targia is situated at the end of the block Torpa. There is no road for transportation in this hamlet and mobile phones do not work in this area. Pushpa had prepared everything but on the day of delivery, she was not able to call the Sahiya, whose phone was not working on that day. Another

person of this hamlet came to Fatka village to make a call to the mentor, Chandan, for immediate help. Chandan called the ambulance but Pushpa had already delivered her baby at home before the ambulance reached. However, she decided to go to the hospital, Torpa Referral Hospital, for immunization for the baby. People were saying that this was the first time an ambulance came to this hamlet. Now, after this incident, most women of this hamlet are ready to deliver their babies in the hospital. Earlier people in the village did not understand much about immunization as a good practice; they were not even willing to provide polio drops to their children. Even that is changing now.

Kunti Devi

Bahamani Devi, hamlet- Bagicha Toli, Village- Roro, Panchayat- Okra, is a member of Adarsh Mahila Mandal. She had listened to the discussion about the importance of Iron utensils but she did not buy it at that time. She went to Ranchi for 44 days residential agricultural training in the month of February. Before that, she had been suffering

from pain in the whole body for a long time. After one week, in that training, her body pain had gone and she was completely free from pain for the entire duration of the training. But after coming back, she began to feel pain again. She remembered that the vegetables were cooked in the iron utensils during the training. She shared her experience in the SHG group and all 18 members of that group decided that they would buy the iron utensils together. In the month of March, 42 members of 4 SHG groups purchased iron utensils.

Salomi Hemrom of Ambatoli hamlet, Okra village, Okra panchayat has two daughters. Her younger daughter used to eat kurkure and Lays the whole day. One day, she was seeing the module of health meeting. She saw the red cross in the picture of Lays and kurkure. She asked her mother about the red cross. Her mother explained to her in detail that this is not good for the health of the children. After that her daughter left eating kurkure and Lays and she started to convince her friends and other children of school that and kurkure are not good for health.



Herambi Gudiya of Bandhtoli hamlet, Okra village and panchayat, is a change vector. She became pregnant in September 2017 but she did not have any check up till 3 months of her pregnancy. She participated in health and nutrition training of CVs in November 2017. After that she convinced her husband about the importance of ANC and her husband helped her in all the check up and the ANC. She did not like to eat green vegetables and pulses before



the training but now she eats all these on a daily basis. Now she is very healthy and is going to deliver a baby in May.

Pramila Kumari

Jasinta Kongari of hamlet- Bandha Toli, Village- Urikel, Panchayat-Urikel. Jasinta Kongari had been suffering from weakness for a long time. She was very upset by dizziness, especially whenever she stood up. She had been also suffering from delayed menstruation, sometimes after one and a half month and sometimes after 2 months. But she said, since she started cooking vegetables in iron utensils everything is fine. Now there is no pain in her body, no weakness, no dizziness and now her menstruation is on its monthly schedule. She had bought iron utensils in February 2018; within one month of eating food cooked in them, she became very healthy and strong. She has started to convince other SHGs members in the VO's meeting about the importance of iron utensils. She has also set up her kitchen garden in the courtyard and helps other women to setup kitchen gardens. She grows spinach greens in her kitchen garden and cooks it in the iron utensils. She was saying

that before the setting up the kitchen garden, she was not able to eat green vegetables and leafy vegetables on regular basis. She and her husband collected fuel wood and used to go to sell it in near market. If they were successful in selling then they used to buy vegetables otherwise they would come home with the wood. But now she eats green vegetables daily.

Sushila Kumari

There is a VO named Sony Gram Sangathan in Ukrimari Panchayat. In the monthly meeting of this VO, members were talking about iron utensils that were bought by the 89 members of Asha Gram Sangathan in the month of January. It was a long discussion about its importance and benefits. The members of this VO asked lots of questions from our CVs, Shakuntala Devi and Kushmati Devi, who explained the benefits of using such utensils. After this, all 9 SHGs of this VO prepared to buy iron utensils and within one week of this meeting and discussion, 111 women out of 119 (members of all 9 groups) purchased iron utensils with TISSNY (for taking water from the pitcher). (photograph is attached)

Sanchariya Lakra

Salyani Guria, hamlet- Pakartoli, Village- Gopla, Panchayat- Husir. Salyani Guria is a change vector. She is 30 years old. Her husband is a seasonal labourer and migrates seasonally. She lives in the hamlet with her 7 year-old daughter. She had been suffering from back pain for a long time. After sitting too long, she could not stand straight. But after the training of health and nutrition, she improved her diet. She started eating tri-colour dishes. Now she has become free from back pain and she is able to do all types of work.

Some Positive Cases in Raidih, Gumla

Avikalp Mishra

During the last week of April as well as in the first week of May, I had conducted reflection meeting with change vectors on health and nutrition in their respective field areas of Raidih block. During our discussion with CVs, it was seen that many small initiatives of change have been started by CVs at their family level as well as the community level. I am sharing some of the positive changes from the field, as reported by mentors.

Field Area- Kanshir , Mentor:- Baleshwar Oraon

Vidhya Beck is a CV of Budhakona Hamlet of Jadi Village. She shared that before the training on health and nutrition, her perspective was not clear about her own health and nutrition. The training module of Health and Gender has created a major impact on her life. She has learned a lot from this module and has tried to implement in her family first. She says "Agar Hum Badlaw Didi Hoka Apne Jindagi Mein

Badlaw Nahi Layenge to Dusro Ke Jindagi Mein Badlaw Laane Ka Kaise Soch Sakte Hain”. She taught her 10 year- and 8 year-old children about division of household work. Now she told that this has initiated a major change in her life. Her children support her in each and every work of the house. Her 10 year old son has learnt how to cook food. CV has told me that by observing this her husband also started to support her in her household work like bringing water from outside etc. Finally CV told that in present time if she has to leave her house for some 2 day or 3 days training/work, her children as well as husband manage all household work and she is really happy for this.

**Field Area- Luru Upparkhatanga ,
Mentor:- Baleshwar Oraon**

Baijin Bakhla is a CV of Luru Village (Upparkhatanga Panchayat). She shared one incident of her village when she was transacting the 4th micro-module meeting in her hamlet. After completion of the meeting, she did home visit of some of the households which are not the member of SHGs. She observed that four women were pregnant in four different families. She asked their health status and told them to get registered at the Aaganwadi Kendra. After 3-4 days, she visited the Aaganwadi Kendra and asked the Aaganwadi Worker about new registrations. Aaganwadi worker told that there was no new registration at the center. CV again visited their homes and talked to them. She found that all the women were hesitating to move out from their home as they had just been married. Next day CV herself took all the four women to the Aaganwadi Kendra and registered their names. She advised them to

visit the Aaganwadi Kendra on a monthly basis for health checkup as well as for collecting supplementary nutrition packets.

**Field Area- Purnapani (Kondra),
Mentor:- Prasnath Das**

Manisha Devi is a CV of Purnapani Hamlet of Kondra Panchayat. She shared one incident of her own life when she transacted the 2nd micro-module of health meeting cycle. She explained the ill-effects of junk food like kurkure, Lays, samosa, chips, etc, on the children below five years of age. She told that she was totally unaware of this fact before getting training. Her own girl child was fond of eating such type of junk food on daily basis. Due to this, her child got seriously ill and she was unable to save her life (CV got emotional while sharing this incident). After getting trained in PB-1 Module of Health and Nutrition, the CV has started to pass on the message against junk food to the mothers of her hamlet. During the health meeting in her hamlet she took a pledge with all the other women of hamlet to abandon all such types of junk food and avoid giving them especially to children below 5 years of age.

**Field Area- Kemte, Mentor:-
Satyabhama Das**

Anita Ekka is a CV of Kemte Village (Kemte Panchayat). She shared an incident in her own family. She has a 2 year-old child who was most of the time affected by disease and diarrhea. When she transacted 2nd micromodule meeting of health and nutrition at hamlet level, she learned about the use of “Dabbu for taking clean water from pot/vessel”. She correlated this fact with her family level practices where every person used their hand to take out

water from the pot. After seeing the image of ddabbu in the flipchart of the micro-module, she decided to buy one. After the continuous use of dabbu for 4-5 months, she marked a drastic change at her family level. She told that her child who used to fall ill 3-4 times in a month is now absolutely fine and her health has also improved. The CV realized that contaminated water was the reason for poor health status of her child. She is now taking the message of the use of dabbu to the community.

**Field Area- Kemte, Mentor :-
Satyabhama Das**

There is a child whose name is Ashok Kumar, aged 2 years and 8 months. This child is under SAM category as observed by the ASHA worker of this village. CV along with the mentor observed this child during their home visit. According to the ASHA worker, the family of this child did not treat this as a problem. When CV and mentor interacted with the mother of this child, they got to know that the ill effects of her child’s health were completely unknown to her. The mother of the child thought that child will become all right after some time. So CV along with mentor explained to her about taking the child to MTC Center of Raidih CHC. The family of the child was not ready to accept this. The mother said that she did not have time to take her child for 15 days in MTC center. CV and mentors paid 3-4 visits to their home in order to convince the mother to take her child to MTC Center. After so much of interaction with the family members, one day mother was ready to take her child to MTC. She was assisted by the ASHA worker. After 20 days, CV along with mentor paid their visit to the same home and both of them were



surprised to see the drastic change in the health status of the child. The mother of the child was very happy and thanked both the mentor as well as the CV for their efforts. Now the weight of child has increased by 9 kg. ASHA worker of this hamlet says “Aap dono didi ne wo karke dikhla diya jisko ham akele ho kar nahi kar sake”.

**Field Area:- Ambatoli (Silam),
Mentor:- Binita Kumari**

Pramila Devi is a CV of Ambatoli hamlet of Silam panchayat. While she was transacting the 2nd micro-module meeting in her hamlet, she was very keen to discuss on the use of “Lohe ki Kadhai”. During the meeting, she explained the importance of cooking food in the iron vessel. She observed

that most of the women were not very interested and also some of the women were murmuring “Itna Mehnga Lohe ki Kadhai Kaun Kharidega”. Then CV decided to give some real stories based on the effect of Lohe ki Kadhai and one day she brought one of her relatives to the SHG meeting and asked her to explain the good effects of Lohe ki Kadhai. After hearing the words from that unknown woman, most of the women decided to buy Lohe ki Kadhai by taking loan from SHG. One day I personally visited to attend the health meeting and observed that most of the women of the SHG had a Lohe Ki Kadhai in their hands and were saying that “Ab Hm Didi Log Is Lohe Ki Kadhai Mein Hi Khana Bana Kar Kahiyenge”.

Reflections of mentors from Gola

Rajesh Sriwatswa

1. One day Kiran was doing preparation for MM4 with one of the CV Didi. CV Didi's daughter in law was also present and observed MM4 preparation. She is pregnant. After few days

that pregnant lady told Kiran that now she is consuming IFA tablets. Earlier she was just keeping it which she gets from AWC.

2. Mentors referred 5 ASHA who are so pleased to see MM4. They expressed that its very good that

these things are being discussed with all the women (especially complete ANC and danger signs during pregnancy), whereas they themselves are trying that too with pregnant women only. Moreover, due to lack of time and poor interest of pregnant women, most of the ASHAs are facing difficulty in discussing these important things. They told mentors that these MMs will help in bringing change which they also wish to happen as soon as possible.

3. Kiran, Sanju and Sushila were sharing that during MM4 many women cried while discussion on danger signs during pregnancy. The reason being they also went through similar experience. There are many stories, but I am sharing one for you – One woman shared her story. When she was pregnant (first time) and her husband was not at home. He was migrated to earn. She started bleeding. Due to shame she closed herself in a room. She had no idea about danger in it. She suffered with excess bleeding and finally aborted. She was wishing that if these were discussed earlier.

4. One of the CV is 4 months pregnant. She went through PB1 exercise in Oct'2017. She is the mother of a girl child. She lost one child due to miscarriage. This time when she became pregnant she is going through ANC and she is a regular visitor of AWC. Earlier she was also a follower of the family belief that “ANGANBADI JANE SE NAZAR LAG JATA HAI”. We pray for this CV Didi that all should go well for her. She should win over the myth of the

family. This will influence many families.

5. One woman told her experience of swelling of legs during pregnancy. At that time, she consulted a local traditional expert. She advised her to eat MADUA. That helped little only. She told “AGAR HAM JANTE AUR LOHE KI KADAHI ME PAKA KAR KHATE AUR SATH ME IRON KI GOLI BHI KHATE TO ACHCHA HOTA”.
6. These days CVs are telling the success stories in VO. In one such VO meeting (Auradih) one CV was telling that after eating food cooked in iron utensil for few months she did not require her spectacles anymore. Many of the members present in the meeting were knowing about this. One Krishi Mitra Didi was also present. She lives in different hamlet. She initiated this discussion in her hamlet and supported by CV of that hamlet. Now most of the women of that hamlet are cooking in iron utensils. .
7. On 3rd May there was a joint visit in which Gayan, TC of PRADAN team, was also

present. He asked about the benefits of health meeting, and many told about their experience. One elderly woman told “Hum bail bakri charate hai. Pahle hum thak jate the. Jab se lohe ka kadahi kharid kar paka rahe hai ab hum nahi thakte hai”. Many women in that hamlet had purchased “Lohe ki Kadahi”. They requested Gayan to take their picture and “whatsapp” it. Gayan told them to show increase in haemoglobin first then he will fulfill their request. They all agreed. One ASHA who was present there, came forward and assured that she will help in tracking with blood test. She came forward and facilitated a pledge (like what women do after every MM). The pledge was on eating food cooked in lohe ki kadahi and testing the haemoglobin count which should increase.

Mentors were telling that these days PRADAN executives are attending health meetings also. This is helping them a lot because PRADAN executives have of higher degree of recognition and acceptance within the community.

ABOUT PHRS

Public Health Research Society (PHRS) is a national level organization that has initiated the Public Health Resource Network (PHRN), a civil society initiative to support public health practitioners. PHRS provides leadership to the network as well as functions as its secretariat.

PHRN has several years of experience in the field of nutrition, working at the level of policy advocacy and capacity building. PHRN has also been involved in modelling and evaluating programmes to combat malnutrition.

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