



PHRN NEWSLETTER

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FROM THE ED'S DESK

The year 2020 is witnessing extreme highs and lows due to the COVID-19 health crisis having an impact on the overall health and wellbeing of the population. In the past few months, the second wave of the COVID-19 pandemic appears to have started, leading to India taking the second position in the world in terms of total recorded coronavirus cases. In the past one month, the new spike in cases has pushed the daily count of COVID-19 caseload to over 90,000. The worst affected states are Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Uttar Pradesh, Delhi among others. With the increase in the cases, the COVID-19 infection is also now spreading in the rural part of the country. Community transmission has made the situation alarming. It is well established that India has a weak healthcare system that is largely concentrated in big urban centers, and in private hands. The reach and effectiveness of healthcare services have always been an area of concern in our country, especially in rural and remote areas. In this situation, the other essential healthcare services also need equal attention. The load on the system and demand for health services for coronavirus treatment is immensely high leading to inadequate healthcare services for other diseases. It is important to maintain and focus on essential healthcare services, especially for the most vulnerable populations, such as children, older persons, people living with chronic conditions, and others. Due to the closure of the Anganwadi Centres since March 2020,

the nutritional and health care services have come to a standstill. This will have an adverse impact on the nutritional and status of our children, pregnant women, and lactating mothers.

The working condition of health workers in the country has always been challenging. On 17th September every year, the World Patient Safety Day is observed and this year the theme was Health Worker Safety: A priority for patient safety. The working conditions of nurses and other health workers have been unraveled due to the pandemic. Their contributions to public health are under-valued, especially in the light of challenging conditions under which they work and provide medical and healthcare needs. PHRN in collaboration with JSA Delhi, PSI, WHO India office, and ILO organized an online panel discussion on 17th September to gain clarity on the occupational safety and health problems of nurses other than those due to COVID-19, and to initiate a dialogue with relevant stakeholders on the existing legislation and regulations.

When the entire nation is grappling with the pandemic, and international and national level collaborations are needed, the passage of the Foreign Contribution (Regulation) Amendment Bill, 2020 in parliament has threatened the existence of the NGOs. Imposing stiff conditions on working expenditure for large organizations and by stopping the transfer of funds to smaller organization hinders collaborations and discourages their existence.

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NEWS FROM THE SECRETARIAT

Webinar- COVID 19 Pandemic: facilitating certainty in uncertain times in Odisha

Rupa Prasad

Public Health Resource Network (PHRN) organized a webinar on 16th July on 'COVID-19 Pandemic: facilitating certainty in uncertain times in Odisha'. The event was organized to understand the health system preparedness to manage COVID-19 pandemic and the Odisha government response to the crisis. The webinar focused on drawing attention to protecting the right to essential health services at the time of the pandemic. The discussion also focused on how the civil society organization supported the state government and provided relief and rebuilt support to the marginalized community at the time COVID-19 pandemics in Odisha. In addition to these, the webinar also provided a platform to learn from the efforts taken by other states to contain the spread of the virus.

The webinar saw almost 115 participants, from Odisha and other

parts of the country, joining in to listen to presentations from various stakeholders including government representatives, civil society organizations, and other experts. The experts included Dr. Vandana Prasad, Technical Advisor - PHRS, Dr. Sanghamitra Pati, Director at Regional Medical Research Centre, Orissa, Dr. Madan Pradhan, Public Health Specialist, Govt. of Odisha/ State Convenor PHRS, Mr. Ankur Agrawal – Programme Manager, APPI, Mr. Shahnawaz Khan from PHRS, Mr. Uni Daniel - Aid et Action, Smt. Dinjo Jakasika - Sarpanch, Dr. Ravikant Singh - Doctors For You and Dr. B. Ekbal - Member, State Planning Board, Kerala.

With active participation from eminent government administrators and field level functionaries, the webinar provided insights on the role of a collaboration between civil societies and government. Besides discussions on people's participation during the public health crisis and solutions for addressing the crisis, migration was another important issue that was closely addressed by the speakers.

Purabi Chatterjee, Pursuing Masters in Development



Despite being online, my supervisors provided much-needed structure and guidance to ensure that I had a smooth, productive experience interning with PHRN. They ensured that apart from performing the task I was assigned, I'd also learn about the working of the organisation and the domain of public health work. Being invited for PHRN Webinars on topics ranging from Breastfeeding Awareness to COVID-19 enriched the internship experience. Interning with PHRN reinforced my interest in public health and has inspired me to select public health courses for my final year of study.

Interns speak....

The internship program has been a continuous effort to provide an orientation to our vision and approach, and practical exposure to students from various fields and institutions. This year we had two students from Azim Premji University coming to PHRS for the internship. The interns were supervised by Ms. Rupa Prasad and Dr. Indira Chakravarthi.

Lovely Zogta, Pursuing Masters in Development

Working with PHRS was an opportunity to be introduced to the public health domain and its multidisciplinary aspects. The time spent here exposed me to the current state of public health in the country. PHRS acted as a gateway to let me know of modus operandi of NGOs at the ground level and their



organisational structure for the smooth functioning of the delivery of services. I find Public Health Resource Network (PHRN) working as an independent entity a novel idea to increase the reach and scope of work of a network.

Online Panel Discussion on Occupational Safety and Health of Nurses in India, 17th September 3-5 PM

Dr. Indira Chakravorthi

World Patient Safety Day (WPSD) is observed on 17th September. For WPSD 2020 Health Worker Safety: A Priority for Patient Safety was the theme adopted by World Health Organization (WHO), to draw attention to the inter-relationship between health worker safety and patient safety, and to emphasize the need for a safe working environment for health workers as a prerequisite for ensuring patient safety. The year 2020 is also the International Year of Nurses and Mid-wives, being observed to highlight their under-

valued contributions in public health and the challenging conditions under which they work and provide medical and healthcare.

While some of the problems that nurses and other health-workers face today may be specific to the COVID-19 pandemic, there are many pre-existing issues that need attention, that have worsened due to the pandemic. To draw attention to such problems other than those due to nCOVID-19, PHRS Delhi, Jan Swasthya Abhiyan Delhi, Public Services International (PSI), WHO India Office, and International Labour Organization (ILO) Delhi, jointly organised an ONLINE PANEL DISCUSSION on Occupational Safety and Health of Nurses in India on 17th September.

The objectives of this discussion were two-fold: (i) to gain clarity on the occupational safety and health problems of nurses other than those due to COVID-19, and (ii) to initiate a

dialogue with relevant stakeholders on the existing legislations and regulations. The discussion accordingly took place in two sessions.

The first session, moderated by Dr. Vandana Prasad and Ms. Rupa Prasad, covered the occupational problems faced by nurses in private and public hospitals and international experiences, for which the panellists were: TC Jibin, United Nurses Association (UNA) National Secretary; Manisha Gupta, All India Government Nurses Federation (AIGNF); James Buchan, Editor-in-Chief Human Resources for Health, WHO senior consultant; and Srinath Reddy, National Human Rights Commission (NHRC) Special Committee on COVID-19.

The panelists in the second session, moderated by Susana Barria, were: Himanshu Bhushan, Advisor & Head, PHA Division, National Health System Resource Centre (NHSRC); Tsuyoshi Kawakami, Senior Specialist on

Occupational Safety & Health, Decent Work Technical Support Team (DWT) for South Asia, International Labour Organization (ILO); Arati Verma, FICCI Health Services Committee & Vice President-Quality, Max Healthcare; and Kate Lappin, Public Services International (PSI).

Indira Chakravarthi (PHRS) and Hilde de Graeve (Team Leader Health Systems WHO-India) introduced the themes of Occupational Health and Safety of nurses and Importance of Healthcare worker safety for patient safety, respectively; Richa Chintan moderated the Question & Answer session, while Ipsha Chaand gave the closing remarks and vote of thanks.

There were more than 200 participants at the online event, which was also livestreamed on the Facebook page of Public Services International. A recording and transcription of this discussion is also available with PHRS Delhi.

NEWS FROM ODISHA

Celebration of World Breastfeeding Week (1st-7th Aug, 2020)

Pramita Satpathy and Swati Das
Photo Credits: District Teams

World Breastfeeding Week (WBW) is a global campaign to raise awareness and stimulate action on themes related to breastfeeding. The theme of the World Breastfeeding Week 2020 is “support breastfeeding for a healthier planet.” Focus this year was to create awareness on the importance of breastfeeding.

Since 2018 PHRS has been organising “World Breastfeeding Week” every year in the crèche intervention villages across all the five southern districts of Odisha - Rayagada, Kalahandi, Koraput, Nabarangpur and Malkangiri. This year, WBW was celebrated in 108 crèches and involved field level workers. Despite the COVID-19 restrictions on travel, movement, social gatherings, meetings, training, etc., our field teams had taken the challenge

to celebrate the event in respective villages through an innovative manner, taking care to maintain prescribed norms. For initiating the discussion and creating awareness among the mothers on the importance of breastfeeding, PLA picture cards were displayed by the crèche workers with proper social

distancing. Our team’s focus was to cover all the pregnant women, lactating mother, and mothers of children under three in our intervention areas. To make it more meaningful door to door visits by the CWs and the FLWs such as ASHAs, AWWs of health and ICDS were undertaken.





Mothers' meetings

Meeting at Purunapani village of Kalahandi



Meeting at Tamili village of Koraput



Meeting at Ranginiguda village of Malkangiri

Meeting at Punjiguda village of Nabarangpur

Meeting at Rodang village of Rayagada



Meeting at Telgam village of Nabarangpur



A webinar titled “Understanding the Critical Components of Breastfeeding Support” was also organised on 6th Aug, 2020, as part of the WBW 2020 celebrations.

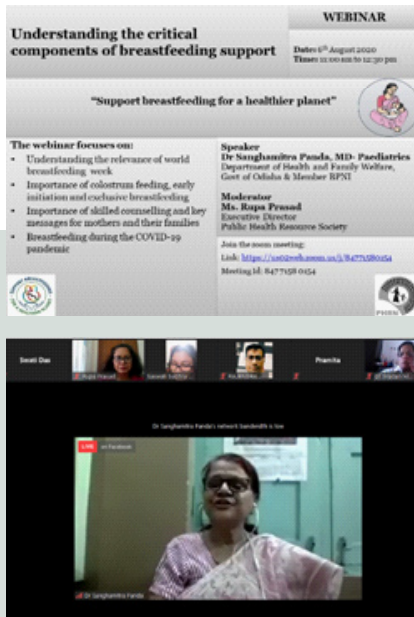
Panda responded to queries from the participants on the same.

Attended by over 70 participants, the session saw active involvement from students, community workers, researchers and academicians. This was reflected in the wide ranging questions and queries that came up during the Q/A session.

disease, knowledge and information surrounding it has been limited, evolving over time. With no certain patterns, no known cure and high infectivity rates, fears and concerns about the disease abound. Understanding the disease and its characteristics becomes critical.

In this regard, a webinar entitled “Unravelling the COVID 19 pandemic: Question & Answer session” was organised on 11th August 2020. Dr Vandana Prasad, Technical Advisor - PHRS and Dr Aditi Hegde, PHRN responded to queries and concerns put forward by the participants in a simple, lucid manner.

The session saw active participation by over a hundred participants from various fields across Odisha and Jharkhand. Frontline workers like AWWs, ANMs and crèche workers from some of our intervention districts also posed their concerns regarding COVID.



Webinars

Unravelling the COVID19 Pandemic: Q/A Session

Swati Priyambada Das

It has now been well over six months since the Coronavirus disease struck and emerged as a global pandemic. Spread over 215 countries and territories, with over 580,000 reported deaths globally, the disease has led to hitherto unprecedented disruptions in all spheres of human life. Being a new

Dr. Sanghamitra Panda, from the Dept. of Health & Family Welfare, Govt. of Odisha and Member, BPNI was the speaker. The session was moderated by Ms. Rupa Prasad, ED, PHRS while Odisha state Convenor, Dr. Madan Pradhan gave the opening remarks.

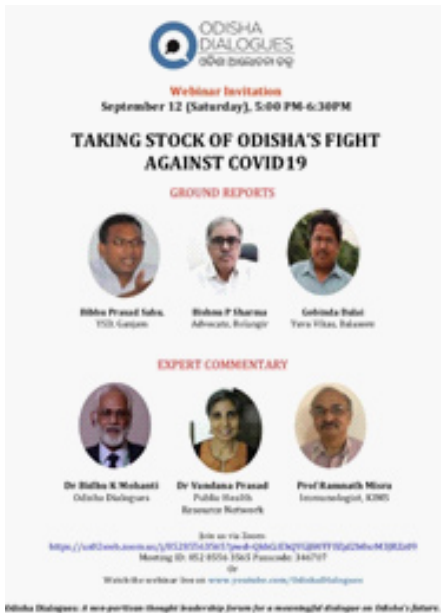
Based on this year’s theme “Support breastfeeding for a healthier planet” the focus of the webinar was to understand the relevance of the World Breastfeeding Week. The importance of key IYCF messages like early initiation and colostrum feeding was also explained by Dr Panda. Given the current situation, concerns regarding breastfeeding and the COVID Pandemic was another focus, and Dr.



Taking Stock of Odisha’s fight against COVID-19

Satya Narayan Patnaik

PHRN collaborated for organizing a webinar on “Taking Stock of Odisha’s fight against COVID-19” with “Odisha Alochana Chakra” (OAC) - Odisha Dialogue, an intellectual dialogue platform consisting of eminent scientists, academicians, researchers, media advisors, civil society organizations, political leaders and experts from various fields. The webinar was held on 12th September 2020.



Dr Vandana Prasad, National technical advisor, PHRS Delhi, joined as part of the experts' panel and gave a reflection on the "Perspective on healthcare preparedness for COVID-19 in Odisha - Some strategic aspects". The panel also included two other eminent speakers - Prof Ramnath Mishra, Professor and HOD, Clinical Immunology and Rheumatology at Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar and Dr Bidhu

Mohanty, a well-known oncologist.

At the outset of the webinar, ground reports were presented by members of civil society organizations from the three districts of Bolangir, Balasore and Ganjam, representing low, moderate and high burden of COVID-19 cases in Odisha. This was followed by presentations by the members of the experts' panel.

Dr Vandana Prasad's presentation was highly appreciated. Taking a wholistic view of the current situation, she stressed the need to focus on the community, their food and livelihood security, the issue of migration, employment and along with the medical-technical aspect of the Pandemic. Given the nature of the disease, she remarked that we may hope to achieve a "controlled" transmission of it, for which the community, rather than technology, has a bigger role to play. While acknowledging the strengths and weaknesses of the state, she appreciated the role of the Odisha government in promoting decentralization and health care delivery systems in a much better way compared to other poor performing states.



Nutrition Rangoli at Nabrangpur crèche

Celebrations of Poshan Maah - September 2020

Swati Das with inputs from district teams. Photo credits: District Teams

Poshan Maah was observed and celebrated at all the crèche villages across the five districts, with a host of activities. Keeping in mind prescribed norms under the current situation, the teams along with the crèche workers, and AWWs and ASHAs organised many activities to celebrate the month. Crèche committee mothers came together to design the traditional rangoli or 'Jhunti' as called in Odia. While traditionally, the design is made of paste of rice powder, this time the women put together the rangoli with food items including rice, vegetables fruits and even eggs. It was wonderful to see the rangoli come alive with foods of all colours, shapes and sizes!

At most crèches, joint celebrations were seen with the crèche workers, the AWWs, AWHs and ASHAs and the community coming together. AWWs accompanied by our crèche workers were seen explaining the importance of having a balanced diet to maintain health and nutrition. Our district teams also spoke with members of the community on the importance of including all the food groups, in our



diet. Crèche workers along with FLWs and mothers from the crèche committees, along with adolescent girls, and also crèche children took out rallies across the village to make the community aware about the importance of nutrition and what can be done to include all the food Mothers from the crèche committee at Khambesu, Rayagada crèche putting the Nutrition Rangoli together



Catching them young : a young participant at the nutrition rally



groups in order to have a balanced diet.

A highpoint of the celebrations was the Poshan Rath, at Jharigaon, Nabrangpur. The BDO of Jharigaon attended the event and flagged off the POSHAN RATH (Bullock cart). The cart carried food items like grains, pulses, vegetables and fruits, etc., across the village. A song penned by Surya Kanta, block coordinator along with one of community members promoting food diversity was played as the rath chugged along. Calling out to one and all, the song spoke about having a tri-colour based diet to be healthy and nutritious. The song can be heard at <https://www.youtube.com/watch?v=nmDgsFVSbGE&feature=youtu.be>.





Taking the Nutrition Oath



Nutrition rally being taken out at Kalahandi

Mainstreaming Crèches through ST & SC Development, Minorities and backward Classes Welfare Department of Odisha: An update

Rajendra Narayan Mahapatra

ST & SC Development, Minorities and Backward Classes Welfare Department, Government of Odisha is currently implementing Odisha PVTG Empowerment & Livelihoods Programme (OPELIP) in 18 blocks of 12 districts through 17 Micro Project Areas (MPAs) and 17 Facilitating NGOs.

To facilitate nutrition improvement in the PVTG area, the department has

developed a comprehensive nutrition programme named as Odisha PVTG nutritional Improvement Programme (OPNIP). Key initiatives of the programme are:

1. One stop Nutritional Resource Centres (NRCs) in all 89 Gram Panchayats of PVTG habitation to organise health camps, VHND sessions and also act as an information kiosk.
2. Crèches for children under 3 years to be managed through Village Development Committees
3. Spot feeding centres for children 3-6 years in remote location

through GP level federations/ SHGs /mothers' groups

4. Hot cooked meal for pregnant & lactating mothers
5. Use MIS app and Geo tagging for successful implementation of the programme.

The department in collaboration with Azim Premji Philanthropic Initiatives and Public Health Resource Society (PHRS), is preparing a road map to establish crèche programme under OPNIP. It has been decided that, the first phase of roll out of crèches will be done by adopting the 26 existing PVTG crèches of PHRS in Rayagada, Malkangiri and Kalahandi and subsequently expand to other blocks and districts as mandated.

In this regard, Azim Premji Philanthropic Initiatives and PHRS team are conducting a scoping exercise in three PHRS operational blocks and one outside PHRS operational block in four districts. The objective of the scoping exercise is to assess the readiness of the Micro Project Area teams, NGOs and Village Development Committees and community members to operationalise the crèche within OPINIP programme and OPELIP framework.

NEWS FROM CHATTISGARH

Programme Activities (Online Trainings/Meetings)

Neelanjana Das

Webinar series

PHRN Chhattisgarh and Oxfam India have launched webinar series on COVID-19 pandemic

- The first in the series was an online webinar on health preparedness for grassroots workers during COVID-19 titled “Covid se kaise surakshit rahe hum evam humara samuday: Ek charcha Dr. Vandana Prasad ke saath” on 8th August, 2020 from 11am-12:30pm. The speaker for the session was Dr.

Vandana Prasad, a public health expert and the coordinator was Sulakshana Nandi, State Convenor of PHRN Chhattisgarh. Around 100 participants took part in this online webinar from various districts like Raipur, Mungeli, Surguja, Jashpur, Kabeerdham, Bilaspur, Kanker, Bastar, Koriya and Raigarh.

Dr. Vandana started with the disease ontology, symptoms, precautions that need to be taken while working in the community. The session was kept interactive by asking participants to post questions and engage with the speaker. The speaker also spoke about the stigma and discrimination that need to be tackled along with the disease and how COVID-19 needs to be seen from a scientific lens without falling prey to fear and unscientific behavior. Emphasis was given on how everyone needs to have an unbiased, non-discriminatory approach to those with COVID-19 infection.

The participants also shared how the pandemic has affected their mental health and expressed their concern about financial insecurity, distress and anxiety due to fear of infection, working with other people, temporary job loss and lack of community engagement due to COVID-19 precautionary measures. The link to the YouTube video is https://youtu.be/3pmOaa_fWgg

- The second in the series was titled “COVID-19 mein bhojan aur kaam ka adhikar: Ek charcha Chhattisgarh bhojan ka adhikar abhiyan aur narega sangharsh morcha pratidinhiyo ke saath” was held on 25th August, 2020 from 11am-12:30pm, organized by PHRN and Oxfam India. Around 120 participants including those working as Swasthya Panchayat Samanvayak from various districts of the state participated in the webinar.

The first speaker was Sangeeta

Sahu from Right to Food who shed light upon Public Distribution System (PDS), Integrated Child Development Services (ICDS) in Anganwadi and Mid-Day Meal scheme (MDM). The session highlighted the various changes in the guidelines in the aforementioned schemes that were implemented after the COVID-19 outbreak and the challenges being faced by people to access them. The participants found the session to be informative as they pointed out that they were not aware about several of the changes and would demand about the same in their respective areas.

The second speaker, Narendra from NREGA Sangharsh Morcha talked about MGNREG scheme and its implementation in the state of Chhattisgarh. Narendra focused on the common problems being faced during COVID-19 times and how to resolve such issues. He also highlighted how to ensure accountability by collectivizing efforts and raising demands. He also spoke about the changes in the scheme during COVID-19.

The session was kept interactive by ending each thematic topic with a question and answer round with participants. The participants shared problems faced by them on the ground and ways of resolving such issues were discussed. The participants found the session informative as they were able to get the latest updates about important schemes.

Webinars/Interviews

- Neelanjana Das was invited as a panelist in a webinar titled “Caste, Indigeneity and Access to Abortion” organized by Centre for Health Law Ethics and Technology, Jindal Global Law School on 22nd July, 2020 to highlight issues in accessing abortion services especially for marginalized communities. The webinar attempted to discuss

the issues underlying the recent amendment to MTP Bill 2020 and how it continues to undermine the right to abortion.

- Sulakshana Nandi spoke at a webinar organized by Sama-Resource Group for Women & Health on ‘Understanding the Struggles of ASHAs amidst the COVID-19 Crisis’ on 20th June 2020.

Publications

Sulakshana Nandi was involved in developing a case study on Chhattisgarh for the WHO report titled 'Improving retention of health workers in rural and remote areas: Case studies from WHO South-East Asia Region'. The report contains country case studies from Bhutan, India, Indonesia, Myanmar, Sri Lanka and Thailand and a synthesis report. The Chhattisgarh case study focuses on documenting and drawing lessons from the work districts such as Bijapur, Dantewada, and Sukma) have done with respect to improving availability of HR in government hospitals. It concludes:

“The experience in Chhattisgarh shows that even though there are numerous challenges in retaining the health workforce in rural and “remote” areas, it is possible to make a positive impact through implementing comprehensive and complementary strategies. The combination of financial and non-financial incentives, along with a degree of flexibility and decentralization, innovation and leadership led to positive results. A clear link is also seen between strengthening public health facilities and motivation of the health workforce, leading to improved services for people.

The challenge now is to institutionalize the interventions that have made a positive impact and expand them to other areas facing similar issues in retention of health workers. This case study has lessons not only for rural, remote

and conflict-affected areas, but also for health systems strengthening elsewhere in India and other lower-middle-income countries with

similar issues.”

The report is available at <https://apps.who.int/iris/handle/10665/334227>

NEWS FROM JHARKHAND

Case studies from Gola and Sikaripara

Kishlay Anand

Case Study: 1

This is not a success story but a journey of change made by change vector along with women collectives in their respective villages. Pansuri Marandhi is a change vector groomed under PRIDE project by PHRN. She lives in Gandrapur, Pratap pur Panchayat, Jharkhand. She shared the journey of change within the villages, which she has facilitated in this last three years.

Initially people were consuming one to two coloured foods but later on after attending the meetings conducted by her on “Bhojan aur Poshan” ie “Understanding food and nutrition” people today are gradually adopting the practice of consuming tri coloured food. Along with this many women are using lohe ki kadahi for cooking green leafy vegetables, planting kitchen gardens and consuming vegetables from it. Participation in anganwadis and VHNDs has also increased; women are consuming IFA tablets instead of discarding it. She further shared that even men in the community are being more supportive than before. They are also now understanding that proper rest during pregnancy and equal proportion of food for every member of the family is important.

This type of change really needs continuous effort for very long period of time which was contributed by Pansuri Marandhi. She is still continuing in this journey and giving her full effort to trigger change within the community with the support of mentors and womens’ collectives.

Case Study: 2

This is a story of Rina Didi and the non-SHG women who lives in Sutari Village, Gola, and Jharkhand. She is only 19 year old and was married last

year. She belongs to a very poor family whose livelihood is mostly dependent on agriculture labour.

She used to participate in all of the meetings based on PB module conducted by Parmila Devi who is a change vector groomed under PRIDE project. On the 28th of July, she was having labor pain and she called the CV and mentor (via mobile) regarding the situation. She along with her family were also afraid to go to the hospital due to COVID 19 pandemic. During the conversation, both the mentor and the CV suggested contacting ASHA and reaching the hospital as soon as possible. However, Rina did not go to the hospital.

Again on 9th Aug 2020 Rina called the mentor and informed her that she was having fever and bleeding. Rina and her family were not ready to go to the hospital again. Earlier too, though the CV and mentors suggested ANC checkups at the hospital, they didn’t go to the hospital for checkup. Later, the CV and the mentor reached Rina’s home and counselled her along with her family regarding the importance of institutional delivery and preventive measures taken care of during institutional delivery during this pandemic situation.

Due to the continuous effort and counselling by the CV and the mentor, Rina and her family changed their view, and finally they went to the hospital for checkup and had delivery at the hospital as well.

Last month on 10th Aug 2020 she had her delivery at the nearest hospital CHC Gola. She gave birth to a very healthy child of 3 kg, along with that she is also planning to convince her husband for family planning.

News from Podeyahat Godda

Rajesh Srivastva

Leadership, opportunity, and engagement as a group – a story from Pindari village of Godda District

Mrs Paulina Hembram had a dream to serve people. When she was in her adolescent age, she dreamt of becoming a nurse. But she was married and lived in Pindari, which is a small village in Podayahat block of Godda district.

Due to her family related responsibilities, her dream of becoming a nurse gradually vanished. However, her spirit to serve people remained alive. She joined a Self-Help Group and became an active member. She was selected as Youth Facilitator (YF) in the month of November 2019. Gradually she realized the project’s spirit and now she is facilitating the club with the determination to help every AGYWs in putting their effort for fulfilling their dreams.

On 19th Aug. 2020, I visited this club. The idea was to handhold BRIU team for facilitating CCC and finally the club through YF. This was the best club out of the 40 to 45 clubs that I visited since





Young club member sanitizes had and wears gloves before greeting guests

June 2020. I learned a lot from them which has added to my perspective.

16 AGYW, CCC, YF and BRIU team were present. Everyone had covered their face, either with a mask or with a piece of cloth, to a larger extent physical distancing was maintained and soap, etc., were present. They started as per tribal cultural norms of welcoming guest. It was very innovative in the sense of present COVID 19 situation. I was wondering how they will do in present situation. I was scared as there was a chance of infection if the club members came close to me.

I observed one girl started wearing a pair of gloves. She sanitized her hand, came close with a sense of proper physical distancing, provided a pair of gloves and sanitizer to me, did the welcoming ritual of giving a bunch of flowers, sanitized her hand once again, and instructed me also to do so after the exchange of flowers, and finally took her place. It was a surprise for me. I never ever dreamt about such welcoming ritual in COVID 19 situations, and the club did it.

All the AGYW had attended the AGYW induction training. There are 60 members in the club. During discussion I observed the club members were excited. Adolescent girls number in the meeting was higher, as the members of two clubs were present There, were

married and young women.

The objective for forming the clubs was described by the women. Initially they started with what they learned in training such as socio-economic empowerment, womens' empowerment, etc., and then gradually they shifted towards their perspective on empowerment. For example, one young woman club member told she wished to complete her education. Because of her marriage when she was studying in school, she had to drop out from school and hence it is yet to complete her schooling. The second young women also shared the same opinion. Then some adolescent girls shared that they were willing to learn some skill so that, they may be able to earn in future, etc.

But one girl's aspiration provided us an opportunity to discuss more. She said, "the club will stop early marriage". I asked her how? Other girls also started responding; their idea was to meet the parents of such girls and stop the marriage. We asked them again on the role of club on this. They responded it will provide them support to go and discuss with parents. Individually or in isolation they were helpless to raise their voice.

This was a little surprising for me as I was in Pindari village of Podayahat block where PRADAN has been working since many years on women

empowerment through women's collective. PHRN also helped in developing a cadre of health change vectors and womens' collectives are engaged on this. Many behaviours changes on health and nutrition at the family level were observed and reflecting in studies also. On livelihood and agriculture these womens' collectives have achieved good improvement. Early marriage was also an issue under health and nutrition intervention. We heard of some success stories also when the womens' collective stopped child marriage. Then why were these girls telling this? Is it just because we had a session during induction on this? The mothers of these girls are members of the womens' collectives.

We asked them, "Is this a problem at large?" They replied "YES". We wondered how and why and discussed their mothers' achievements. During discussion they revealed that as yet their mothers' agenda did not include daughters' early marriage. They told now it is their agenda. Their determination was strong at that time.

Several agencies have worked with communities on womens' empowerment. Despite this, the gender construct of the society is limiting the most vulnerable, i.e. adolescent girls and young women, from achieving desirable change for themselves. However, with a changed approach, i.e. directly engaging with the most vulnerable, their nascent aspirations and meaningful engagement under facilitation of a motivational leader will matter significantly.

We had a good 90 minutes discussion. After the meeting we discussed with Mrs Paulina (YF), who was almost silent and listening patiently to the whole discussion. I asked her "How is it that this club became so vibrant"?

Her observation was though training and meetings contributed at information level and motivated them to come together, the real change started from establishment cost and seed grant utilization planning. With utilization of



establishment cost and its use, the club got new energy. Independence Day celebration preparation and conducting the event boosted their morale as a vibrant club. They are so excited with the idea of purchasing a radio for their club. They are preparing themselves for sports day i.e. 29th Aug on daily

basis in the evening.

At the end of the meeting the YF, when she was telling about herself, was assuring that she will try her level best. She wished that the dreams of club members should not remain unfulfilled like hers.

NUTRITION NEWS

As India's children miss midday meals due to anganwadi closures, how can nutrition be ensured?

Edited excerpts from B. Jayashree and R. Gopinath's article in Scroll.in, October 6, 2020

Over the past few months, anganwadi workers have functioned as frontline delivery agents of Covid-19 services, conducting door-to-door visits, awareness checks and delivering essentials. Besides the over 60 million children denied a hot cooked meal from the anganwadi, an equal number are forced to miss out on the mid-day meal provided in the school.

The New Education Policy 2020 reiterates the importance of school feeding and adds a nutritious breakfast in schools.

“...Research shows that the morning hours after a nutritious breakfast can be particularly productive for study of cognitively more demanding subjects

and these hours may be leveraged by providing a simple but energizing breakfast in addition to midday meals....”

A recent paper in Lancet notes that school meals are important in child nutrition and crisis responses. However, it notes that most countries have focused on short-term business relief and social protection, not long-term recovery for healthier and more equal societies.

In April, the Central government announced that food security allowance, or dry rations could be given in lieu of school meals even during school closures. However, there has been very little progress implementing this. While states have received ad hoc funds of Rs. 2,566.93 crore from the Centre for the year 2020-'21 and have begun distributing dry rations or cash transfers in July, hot cooked meals are still a far cry.

Noting concerns around this, the Madras High Court observed during a PIL hearing on July 13 that these services should be delivered uninterrupted. It

also suggested that eggs, part of the Tamil Nadu Mid-Day Meal scheme, should be given to children at least once a week.

There are some silver linings. In a progressive measure, Puducherry announced the Improved Dr Kalaignar Karunanidhi Morning Breakfast and Nutrition Scheme for students in government schools and allocated Rs 6 crore for it. This scheme will start from November 14, Children's Day. The territory already set an example, providing milk in the mornings to school-going children. Meanwhile, in Chennai, the municipality is providing breakfast for all children studying in government schools, in collaboration with NGOs.

Article available at <https://scroll.in/article/973716/as-indias-children-miss-midday-meals-due-to-school-closures-how-can-adequate-nutrition-be-ensured>

RTFC Updates

• Right to Food Campaign Statement on impact of lockdown on ICDS services

The Right to Food Campaign, in a memorandum to Minister of Women and Child Development Smriti Irani, has regretted that despite India's unlock phases, a whopping 6.40 crore children and 1.56 crore are pregnant and lactating women continue to be denied the right to food and has demanded hot cooked meals and other ICDS services be restarted.

The statement noted that the extended lockdown periods owing to the pandemic had resulted in temporary closure of anganwadis and led to a discontinuation of hot cooked meals, take home rations and immunisation support, counselling, growth monitoring, and so on. Maternity entitlements under the Pradhan Mantri Matri Vandana

Yojana were also disrupted. The situation has not improved despite unlock phases being launched.

Additionally, the repeated announcements of relief packages -- both at the national and state levels -- too, have not included the specific schemes and programmes for women and children to be a priority and thereby added to the systemic denials and exclusions.

The statement made the following recommendations:

1. **Universal and unconditional application** -- Hot cooked meals, and take-home rations must be regularised and made available for all enrolled children, without any added conditionalities whatsoever. Depending on local conditions arrangements can be made for spot-feeding or home delivery.
2. **Proper Implementation** -- Ensure urgent decentralised grievance redressal mechanisms, monitoring framework and penalties for non-implementation so that those who are not getting their entitlements can register their complaints and get a timely response.
3. **Protection for the frontline workers** -- It is of paramount importance to provide relevant personal protective equipment (PPE) and safety gears to the frontline workers like anganwadi workers (AWWs), anganwadi helpers (AWHs), auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), and mid-day meal cooks. They must be encouraged in their endeavors in these distressing times. Plus, it is high time that

they are provided with proper health insurance to effectively deal with the pandemic.

4. **SNP for food security** -- Due to the economic slowdown being faced because of the pandemic as well as the migrant crisis, there is widespread hunger being reported from across the country. In such circumstances, it is not enough to just provide the usual supplementary nutrition rather more substantial nutrition needs to be provided for the groups that are covered under the ICDS, including pregnant and lactating mothers, children under six and adolescent girls. We suggest that a comprehensive package of cooked food and dry rations including cereals, pulses, oil and eggs be provided through the period of the pandemic.
5. **Eggs for children** -- Eggs are a crucial source of protein as well as micronutrients, and they go a long way in improving the diets of children. The need to add eggs in hot cooked meals and take home rations has only become all the more pressing in these times.
6. **Anti-discrimination provisions** -- The lockdown periods have proven to be a hotbed for myriad forms of discriminations on the basis of caste, class, ethnicity, and religion. There must be an immediate halt to this, and all children must be able to access their due meals.

- **RTFC Statement on One Nation On Ration**

Reacting to the Government of India's recent One Nation, One Ration (ONOR) scheme, RTFC, in a position statement, has said that,

in its current form, it is unlikely to ensure universal food security, as just 60% of the population has ration cards under the National Food Security Act (NFSA), suggesting, there are doubts this official data as well. The statement noted that under the aadhaar-based system, there is "widespread evidence" of exclusion from legal entitlements due to issues such as failure of fingerprint matching, non-functioning of the Electronic Point of Sale (e-POS) machine and poor internet connectivity. The statement recommends:

"It is good that the government has finally taken note of the need for portability of social security entitlements. However, it needs to proceed with more caution. There should first be intra-state experiments with portability of PDS entitlements.

"This will provide a chance to learn about the logistical challenges that such a delivery mechanism poses – for stocking of FPS, operationalization of grievance redress, and other aspects of PDS implementation. Only based on the experience of such experiments should the government decide on expanding portability of PDS entitlements across the country.

"Also, instead of an aadhaar-based technology, it should consider simpler and more reliable technologies such as contactless smart cards. Any hasty restructuring of the PDS can cause widespread disruptions in people's access to food security, especially of the most vulnerable.

"One Nation, One Ration should mean that everyone in the nation gets ration. The government must immediately universalize the PDS and also provide nutritious items

such as pulses and oil in every state. Also, community kitchens must operate in urban areas at all times to provide migrant workers and others with hot and nutritious meals at affordable prices.”

- **Janta Parliament Demand for Universal Food Entitlements after the Pandemic**

Several provisions of national laws have been violated during the pandemic. School and anganwadi children across India have not been uniformly provided dry rations or cooked meals. Maternity entitlements for pregnant and lactating mothers have been virtually stalled during the lockdown.

World over, many countries have moved to virtual Parliament sessions to continue its functions and keep a check on the executive. But in India, even controversial policy decisions by the government have escaped any legislative scrutiny or representative accountability. Therefore, several civil society organisation networks and peoples' movements, have organised an online Janta Parliament from 16th August to 21st August to discuss urgent COVID-19 pandemic related policy measures. Overall the online programme over 6 days covered 11 thematic sessions from health to civil liberties. In this context, the special session on Food Security and Nutrition was organised by the Right to Food Campaign on 17th August from 10 a.m. to 1 p.m.

For the entire 3 hours, Annie Raja of the NFIW was the Presiding Officer. The online session had a series of speakers including economists, veteran activists, intellectuals, academics and grassroot workers from Jammu to Telangana and Gujarat to Assam. Pre-recorded

video testimonies from villages across India on the situation of food insecurity were also shown with the intent that Parliament too should hear people's voices and issues.

The session began with Gangaram Paikra, the co-convenor of the Right to Food Campaign in his opening remarks said, “people are going through situations of increased hunger and migration due to unplanned lockdown. Ration has failed to reach to people in both rural and urban areas. Anganwadi centers should be re-opened immediately, community kitchens should be set up and nutritious food should be distributed.”

Social activist Harsh Mander poignantly remarked that in the midst of the pandemic, “ration kagaz mein hai thali mein nahi” (people's rations are only on paper, not on their plates.) He also said that, “the present crisis is not because of Coronavirus but because of the decisions made by the government in past and present”.

This was followed by testimonies from various states and villages, including representatives of marginalized communities such as transgenders and disabled persons/ The priority demands on Children's and Maternity entitlements were put forth by Devika Singh (Mobile Crèches) and Dipa Sinha (Ambedkar University), and the speakers from across India included Fr Jothi (RTFC West Bengal), Nesar Khan (RTFC Rajasthan), Sangeeta (RTFC Chhattisgarh), Tarulatta (RTFC Gujarat), Chakradhar (RTFC AP), O.P Bhuraita (BGVS Himachal Pradesh) and Bidyut Mohanty (RTFC Odisha).

The framework on PDS and Nutrition was presented by Reetika

Khera (IIT Delhi) and the speakers included Rupesh (RTFC Bihar), Sunita (RTFC UP and Sahyog India), Upasana Behar (MPLSSM and RTFC), Dheeraj (Bashin Nahin Ration Do Muhim, Jammu), Sharda Gopal (RTFC Karnataka), Balram (RTFC Jharkhand), Mukta Shrivastav (Anna Adhikar Abhiyan, Maharashtra), Biplab (BGVS), Amrita Johri (Anna Adhikar Abhiyan, Delhi).

Parliamentarian Ameer Yagnik from the Indian National Congress who attended the session, “The malnutrition in the country was already high and post lockdown children would be pushed to further hunger and malnutrition.” She also reassured that she will definitely take these issues and suggestions forward in Parliament as soon as it resumes and also request for a short duration discussion on food security in light of the pandemic.

There was more than 99 percent voting in favour of all the seven resolutions which were voted on:

- Universalisation of PDS with pulses and oil without mandatory Aadhaar or Ration cards;
- Comprehensive Nutrition including Eggs and Fruits to all children under ICDS and MDM;
- Unconditional and Universal Maternity Entitlements without any Restrictions;
- Free Community Kitchens for Homeless and Migrants;
- Community Kitchens and Relief in Flood and Cyclone Affected Areas;
- Make provision of anganwadi and supplementary nutrition

an essential service;

- Ration card for all vulnerable populations including trans people.
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- Ration card for all vulnerable populations including trans people

PUBLIC HEALTH RESOURCE NETWORK (PHRN)

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

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

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