



PHRN NEWSLETTER

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The sudden demise of Radha Holla has come as a great shock to the PHRN family. Radha has been an indispensable part of the PHRN family and has worked closely with us on various issues. Her contribution is highly valued and will always be remembered.

On behalf of PHRN family

FROM THE ED's DESK

Dear friends and colleagues,
This edition of the newsletter captures the programmatic progress and achievements in the intervention states as well as our representation in the network activities at the national and state level. As part of our network activity, we supported the Mahila Mandal project of Government of Delhi by conducting capacity-building workshops (virtual) for Anganwadi workers. The training was led by Dr. Vandana Prasad, Technical Advisor PHRS and Dr. Aditi Hegde, Senior Program Coordinator PHRS on topics related to nutrition and malnutrition; growth monitoring; infant and young child feeding; and immunization.

PHRN in collaboration with "Odisha Alochana chakra"-OAC organised a webinar with an objective to discuss the re-opening of elementary schools and Anganwadi centres in Odisha that have remained closed since 3rd week of March 2020 affecting millions of children between the age of 6 and 14 years. We also organised a webinar with civil society organisation to discuss the issues related to malnutrition and COVID-19 pandemic in Odisha. During this quarter we have expanded our work in new areas

and new themes. This includes our new research project in Rajasthan. We were invited by CMR-TEC to undertake a policy study on medical services.

This is a six months study. Apart from this with support from Azim Premji Foundation we initiated a vaccine intervention in Malkangiri district with an objective to ensure 100% coverage of COVID 19 vaccine in 85 villages. PHRS is working closely with the health department and the community to increase the coverage of COVID 19 vaccination in this area.

Based on the success, we also plan to scale up the vaccination intervention in our other intervention blocks in Odisha. Our mainstreaming of crèches with the ST&SC Development, Minorities and Backward Classes Welfare Department, Government of Odisha has progressed well during this phase. To take the programme forward two levels of human resources have been recruited and placed in twelve districts. 17 Nutrition Coordinators have been placed at the level of Micro-project Agencies while 89 Nutrition Assistants have been recruited and placed at the GP level. The PMU- OPNIP represented by PHRS team members is involved in the capacity building of the newly recruited cadre.

NEWS FROM THE SECRETARIAT

PHRS Governing Body Meeting **Dr. Nousheen Fatima**

The Public Health Resource Society, 11th governing body meeting was held on July 10, 2021. The discussion began with a brief update on all the ongoing programmes, new assignments and the proposals in the pipeline. Most of the ongoing projects are coming to an end in the month of April- June 2022, so it was felt important to discuss the plan of action to strengthen the partnerships and scout new donors. The other discussions included the phase-out plans for the crèche program, potential funders, exploring opportunities in health system strengthening, need to build better social media presence, strengthening collective decision making of PHRN with JSA NCC and improving the network action. The board decided to reconvene in the month of December 2021.

A study to assess the gaps and challenges in health care service delivery in Rajasthan in order to inform policy **Dr. Aditi Hegde**

Public Health Resource Society, on invitation from the Chief Minister's Rajasthan Economic Transformation Advisory Coun-

cil, Government of Rajasthan is conducting a study to assess the gaps and challenges in health care service delivery in Rajasthan. The findings of this study will be used to inform policy decisions relating to health and medical services in the state, with an aim to make public health services more accessible and responsive to the population, especially to the most vulnerable communities. Dr. Vandana Prasad, Dr. Rupa Prasad, and Dr. Aditi Hegde comprise the research team. The methodology includes both qualitative and quantitative methods with an emphasis on the former. As part of the study, the research team has undertaken interviews with representatives of community-based organisations and civil society, as well as officials within the Government of Rajasthan.

Core group meeting on Right to Food and Nutrition

Dr. Vandana Prasad attended a virtual meeting of the National Human Right Commission (NHRC) Core Group on Right to Food and Nutrition on 10th August 2021 (Tuesday). The meeting was chaired by Shri Rajiv Jain, Hon'ble Member, NHRC.

Team retreat at Puri Odisha **Dr. Nousheen Fatima**

A three days team retreat was planned from 17th to 19th September 2021 in Puri, Odisha and was attended by esteemed board members, representatives from Azim Premji Foundation and all the state teams. The purpose of this meeting was to discuss and plan the scaling up of the crèches under PI project with the program teams and seek inputs from all the participants of this meeting. This meeting was used as a platform for the phase out plan as well as an opportunity for capacity building and cross-learning of the state teams. During this meeting, updates on all the ongoing programmes were presented and reviewed. A panel discussion on the crèche and OPNIP programmes gave everyone insights on experiences and challenges in the field. Apart from this; the teams were also familiarized on current discourses like WaSH and HWC. Some exercises on leadership, current debates on nutrition and capacity building as well as cultural and sports events were also organized which made this retreat an enriching experience for all the attendees.



PHRN team at team retreat, Odisha

Supporting Partner: Breastfeeding Friendly Hospital Initiative

Dr. Rupa Prasad

Based on the WHO/UNICEF's "Ten Steps to Successful Breastfeeding" and Government of India's MAA Programme Guidance, the BPNI has taken this work forward to improve breastfeeding

rates especially early breastfeeding in health facilities in private sector. BPNI has developed a web platform for assessment, monitoring and accreditation of the health facilities with maternity services. PHRN is collaborating with BPNI as "Supporting Partner". This was a big opportunity for PHRN to be part of revival of

the Baby Friendly Hospital Initiative, which is needed more than ever. The first meeting of the BFHI-India Supporting Partners was held on 14th September. Dr. Arun Gupta, Central Coordinator, BPNI made a presentation on "How BFHI India Works?" He shared the background of conceptualization of BFHI India initiative, process of accreditation and expectations from partner organisation on volunteer basis. Partners also expressed confidence in BPNI and solidarity in promoting BFHI considering it to be one of the key interventions to increase breastfeeding rates in the hospitals. This is the link to visit <https://www.bfhi-india.in/home.php>.

Support to Mahila Madal Project- Government of Delhi

Dr. Aditi Hegde

During the months of August and September, Public Health Resource Network, on invitation by Indus Action, conducted capacity building workshops for Anganwadi workers of Delhi. These virtual workshops were led by Dr. Vandana Prasad and Dr. Aditi Hegde and covered an array of topics including nutrition and malnutrition; growth monitoring; infant and young child feeding; and immunization. Over 200 AWWs from Sonia Vihar, Shiv Vihar, Wazirabad, and Shri Ram Colony participated in these sessions.

COVID 19: relief and response

Dr. Rupa Prasad and Mr. Vivek Goel

PHRS signed a MOU with Medicos International to support distribution of dry ration and medical kits in four states. The relief and response measures have been implemented in six districts in four Indian states namely- Bhopal and

Sehore districts of Madhya Pradesh, Keonjhar district of Odisha, Dhanbad and Kunti districts of Jharkhand and Senapati district of Manipur. The project period was 24th June 2021 to 24th September 2021. This intervention was supported by BGVS at the ground level.

Following activities have been undertaken:

A one-time dry ration kit distributed to around 800 families across four states. The kit also included a few essential items such as sanitary napkins, sanitizers, and masks. Training of volunteers on early signs and symptoms of COVID-19 and supply of infrared thermometer and pulse-oximeter

Participation in PSEA training organized by UNICEF

Dr. Aditi Hegde

Ms. Shampa Roy and Dr. Aditi Hegde attended a day-long training organized by UNICEF for all its potential partners on 18th August 2021. This training focused on the Prevention of Sexual Exploitation

and Abuse (PSEA), especially in the development sector. Elements of the training included definitions of SEA, creation of a PSEA policy, preventive mechanisms, and follow-up actions. Following the training, a draft PSEA policy has been drawn up and is awaiting higher approval.

Participation in webinar on insights of NFHS 5 organised by IFPRI-POSHAN

Dr. Nousheen Fatima

Dr. Nousheen Fatima attended a webinar on 'towards progress on nutrition in India: Insights from NFHS-5' organized by IFPRI-POSHAN on 30th September, 2021. In this webinar, nutrition-relevant analysis of NFHS-5 data was shared. A brief overview of the state nutrition profiles along with various presentations on NFHS-5 data analysis of health and nutrition outcomes and determinants was the main focus of this webinar.

NEWS FROM ODISHA

PROGRAMME UPDATES

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

Mr. Satya Pattnaik

This project is an intervention of PHRS in collaboration with GAIL Gas limited in two major urban slums in the city of Puri, Odisha. The project started in the month of February 2021 but the implementation process began from August-2021 onwards after the lifting of the COVID-19 lockdown. During this period the focus has been on:

Conducting community level PLA meeting with the women SHGs

PLA meetings are conducted by the program facilitators and change-vectors among the SHG members with the help of PLA

modules. These meetings are focused on the issues of dietary pattern, intake of tri-colour food, IYCF practices, and prevention of early marriage, monitoring the growth of child by their mothers, addressing the social-cultural barriers on pregnancy and lactation, addressing the maternal and child under-nutrition including the health of the adolescents. At



CV Orientation-transaction of micro-module

the end of each meeting the participating women commit to take their learning into practice and try to bring some changes at their household and community level.

Orientation program for Change Vectors:

The change vectors orientation program was held in two batches in two urban slums of Penthakata and Baliapanda. This was conducted by the program facilitators with the support of the district program coordinator.

The purpose of this orientation

was to acquaint the CVs about the PLA meeting cycles, its content, picture cards to be used during the PLA meetings, training methodologies, sequencing of module transaction and the manner in which SHG women should take

leaning into practice including some ground level actions with the public systems working on health and nutrition.

Anthropometry

During this period the program facilitators were trained to measure the BMI of SHG women to ensure the degree of accuracy while recording the data of the women. Before the training the PFs were given an orientation on the BMI. The data collected during this period is now being reviewed by the PHRS national team.

Monthly planning and review meeting with Program Facilitators, change vectors and the Field Level Workers

As per the activity plan, monthly planning and review meetings are conducted at the end of each month preferably in the last week of each month. The program facilitators, the change vectors, the program coordinator and the

FLWs join the meeting to review the activities of the current month and make a plan for the subsequent month based on the review discussions and decisions.

Meeting of the Executive Director (ED) Dr. Rupa Prasad with the Chief District Medical Officer and Chief Public Health Officer, Puri

For organising the health camps in the Baliapanda and Penthakata slums, Dr. Rupa Prasad (ED,

PHRS) along with the project team had a discussion with the CDMO and CPHO, Puri district, Dr. Sujata Mishra on 16th of September 2021. The meeting focused on the need for organising the health camps in both the urban slums and the support that PHRS can provide in facilitating the camp. The CDMO and PH advised to critically look into the necessity of having the health camps during this COVID-19 situation.



Monthly planning and review

Celebration of "world breast feeding week"

The world breast feeding week was celebrated by Public Health Resource Society and GAIL Gas Ltd with the active support of the Departments of Health & Family Welfare and Women & Child Development (ICDS), Government of Odisha in the project area. The theme of the world breast feeding week for the current year was: "Protect Breastfeeding- A shared responsibility". The theme is aligned with thematic area 2 of the WBW-SDG 2030 campaign which highlights the links between breastfeeding and survival, health and wellbeing of women, children and nations. The slogan of WBW 2021 is "Breastfeeding: Foundation of Life". The event was organized at 3 areas: one in

Penthakata slum (on 3rd August) and two in Baliapanda slum (on 4th and 5th August) of Puri Municipal Corporation. The events were organised by the program facilitators with support of the district program coordinator of the project. The events started with a meeting/discussion with the members of the community. During the meetings the program



Discussion on WBW by the program facilitator and district coordinator

facilitators, the district coordinator and the frontline workers discussed the importance of the observation of the world breast feeding week and highlighted the objectives of the world breast feeding week as follows:

- To inform the community about the importance of protecting breastfeeding
- To anchor breastfeeding support

as a vital public health responsibility

- To engage with individuals and organisations for greater impact
- To initiate action on protecting breastfeeding to improve public health

During the presentation the key concept of Infant and young child feeding, early initiation, colostrum feeding, exclusive breast feeding, complementary feeding etc were discussed. Besides, for protection of breast feeding, the importance of Infant Milk Substitute Act and its implantation was discussed thoroughly. After the discussion the participants took out a rally with slogans and placards.



Rally on the eve of observation of WBW 2021

ବିଶ୍ୱ ସ୍ତନ୍ୟପାନ ସପ୍ତାହ ଅବସରରେ ସଚେତନତା କାର୍ଯ୍ୟକ୍ରମ



ପୁରୀ (ସ୍ଥାନୀୟ): ବିଶ୍ୱସ୍ତନ୍ୟପାନ ସପ୍ତାହ - ୨୦୨୧ ମସିହାରେ ଏହି ଅଞ୍ଚଳରେ ପ୍ରଥମ ଥର ପାଇଁ, ସ୍ୱାସ୍ଥ୍ୟ ସେବା ପ୍ରଦାନ କରୁଥିବା ସ୍ୱାସ୍ଥ୍ୟ କର୍ମୀଙ୍କ ସହିତ ସମ୍ମିଳିତ ଭାବରେ ଏହି ପ୍ରସଙ୍ଗରେ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସମ୍ପର୍କ ସ୍ଥାପନ କରାଯାଇଛି । ଏହି ସମ୍ପର୍କ ସ୍ଥାପନ କରିବା ପାଇଁ ସ୍ୱାସ୍ଥ୍ୟ ସେବା ପ୍ରଦାନ କରୁଥିବା ସ୍ୱାସ୍ଥ୍ୟ କର୍ମୀଙ୍କ ସହିତ ସମ୍ମିଳିତ ଭାବରେ ଏହି ପ୍ରସଙ୍ଗରେ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସମ୍ପର୍କ ସ୍ଥାପନ କରାଯାଇଛି । ଏହି ପ୍ରସଙ୍ଗରେ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସମ୍ପର୍କ ସ୍ଥାପନ କରିବା ପାଇଁ ସ୍ୱାସ୍ଥ୍ୟ ସେବା ପ୍ରଦାନ କରୁଥିବା ସ୍ୱାସ୍ଥ୍ୟ କର୍ମୀଙ୍କ ସହିତ ସମ୍ମିଳିତ ଭାବରେ ଏହି ପ୍ରସଙ୍ଗରେ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସମ୍ପର୍କ ସ୍ଥାପନ କରାଯାଇଛି । ଏହି ପ୍ରସଙ୍ଗରେ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସମ୍ପର୍କ ସ୍ଥାପନ କରିବା ପାଇଁ ସ୍ୱାସ୍ଥ୍ୟ ସେବା ପ୍ରଦାନ କରୁଥିବା ସ୍ୱାସ୍ଥ୍ୟ କର୍ମୀଙ୍କ ସହିତ ସମ୍ମିଳିତ ଭାବରେ ଏହି ପ୍ରସଙ୍ଗରେ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ସମ୍ପର୍କ ସ୍ଥାପନ କରାଯାଇଛି ।

Media report on WBW-week celebration in "Odia Daily"

Webinar on "Reopening AWCs and schools – way forward"

PHRN in collaboration with "Odisha Alochana chakra"-OAC organised a webinar titled "Reopening AWCs and schools – way forward" on 21st August and the objective of this webinar was to discuss the re-opening of elementary schools and Anganwadi centres in Odisha that are closed since March 2020 affecting millions of children . The debate on the online teaching-learning system was interesting and thought provocative. The speakers in the webinar did not favor the digital learning approach explaining its poor cost effectiveness and inaccessibility to the students in remote geographies. The loss of mid-day meal and hot-cooked meal in schools and the supply of dry ration to by the AWCs to the children and engagement of AWCs in

COVID-19 activities were also discussed and debated. The speakers in the webinar were Dr. Vandana Prasad, Dr. Sanghamitra Pati, Ms Lalita Pattnaik, and Shri Nayan Mishra.

Webinar on "Civil society collaborations to address the issues of malnutrition and COVID-19 pandemic in Odisha"

PHRN organized a webinar on 30th June 2021 on "Civil society collaborations to address the issues of Malnutrition and COVID-19 pandemic in Odisha". The webinar presented outstanding contribution of CSOs in building scalable and sustainable developmental models accepted and mainstreamed by the government. However, there has been lack in government's will to make an in-

stitutional arrangement in recognising the efforts of CSO and ensuring their larger participation in all relevant programmes. It was further agreed that under the leadership and guidance of PHRN the CSOs should mobilise in the state, enhance their technical and management capacities and facilitate in a ways to become closer to the policy discussions/decisions prepared by the government and participate in the overall development of programs with proper financial support. The webinar was contributed by Dr. Madan Mohan Pradan, additional director, NVBDCP, Odisha, Mr. Shahanawaz, Shri Satya Pattnaik, Ms. Swati Das, Ms. Pramita Satapathy and Sri Dillip Basantray of PHRN Odisha.

Understanding the livelihood issues of the fisher folk community residing in the slums

Majority of the population residing in the intervention area especially in the Penthakata field are fisherman community who has been deprived of many rights and entitlements because of their migration from Andhra Pradesh and

Telengana. Fishing and fish trading are the only livelihood options for them.

However, because of consistent cyclones their livelihood gets seriously affected and restoration of the lost livelihood continues to remain as a distant dream for these communities thus impacting their household income.

Low household income as is understood also seriously affects the health and nutritional status of the community especially the women, children and the adolescents.

Therefore, to have an in depth understanding of the livelihood condition we interacted with the community.



Interview with the fisher-folk community

Meeting with the collector and DSWO Puri for appraising about the project activities and organising the health camp

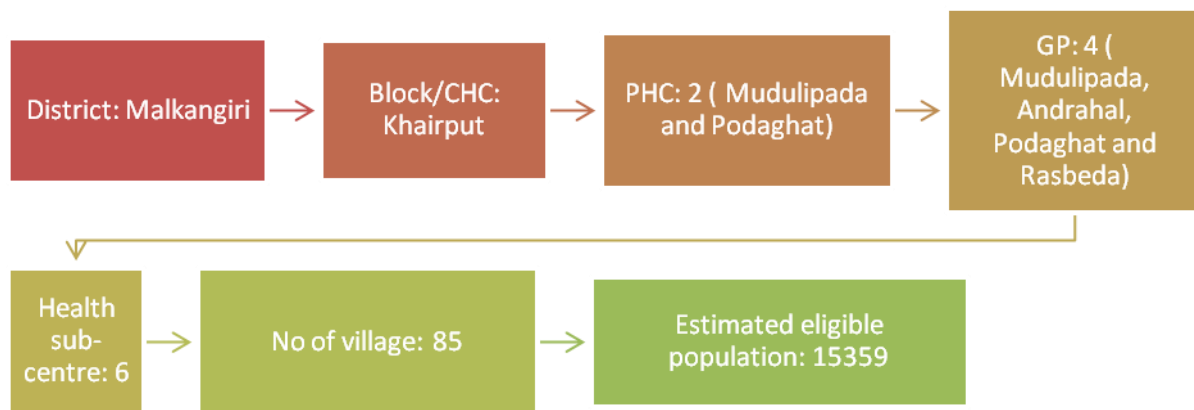
The collector of Puri district, Shri Samartha Verma, IAS, was appraised about the progress of the project activities and was requested to extend necessary support to our on-going intervention in both the urban slums of Penthakata and Baliapanda. In addition, he was also requested his support in organising health camps in the intervention areas. Necessary support was aided by the collector. Similarly during the meeting with the DSWO, they agreed to extend necessary support and instructed the CDPO to get actively involved in the program along with the field level workers. The DSWO was asked to cross check the data on SHGs. The purpose of that cross verification was to identify the actual SHGs

having proper linkage with the Mission Shakti to aid programmatic support to the SHGs when required.

Accelerating Vaccination Drive in Malkangiri district of Odisha Ms. Pramita Satapathy

The 2nd phase of COVID-19 has severely hit the rural communities. To protect people from the disease and put an end of this pandemic 100% vaccination is the only option. In town and cities people are aware about vaccination but struggling for its availability. On the other hand, for the rural community the situation is totally different. Multiple factors are responsible for slower rollout of vaccination drive in the rural areas due to lack of awareness, accessibility, digital literacy and vaccine hesitancy due to misinformation, rumors and myths.





This type of situations seems like unequal rollout of vaccination in rural India especially for the community who reside in the hard-to-reach geographies. Seeing the situation PHRS with support from APF has started intervention to accelerate vaccination drive in two PHCs of Khairput block under Malkangiri district of Odisha from August 2021. The objective is not only to motivate community for getting easier access to COVID-19 vaccination but also to create awareness among the community to takeout them from the myths and misinformation they have regarding vaccination. PHRS's role in this process is to bridge the gap between the community and the system to achieve 100% vaccination of around 15000 populations within a time period of six months. Village level volunteers have been identified who are engaged in baseline data collection, identifying community

level influencers, mass mobilization, targeted mobilization, support in vaccination camps, tracking and follow-up individuals' status etc. Before initiating village

Khairput CHC team micro plan has been developed to organize camps at village level and other IEC activities like miking, small group meetings, home visits etc



Media coverage of vaccination drive

level activities, the volunteers are provided one day orientation on understanding the COVID-19 disease and the importance of vaccination to protect self and community. As well as continuous follow-up and handholding support to the volunteers is being provided by the block and higher-level team members of PHRS. In collaboration with the CHC-

are going on alongside. In these period PHRS has received good cooperation from the block and district administration, ICDS team, PRI members, FLWs etc to make the drive success.

On the other hand, our team has faced challenges that have been resolved through collaborative approaches.



Vaccination drive in Malkangiri



Capacity Building of a new cadre for Nutrition Improvement within PVTG communities

Ms. Swati Das

The ST&SC Development, Minorities and Backward Classes welfare Department, Government of Odisha has undertaken different measures to enhance the nutritional status of women and children of PVTG communities in the state through its Odisha PVTG Nutrition Improvement Programme (OPNIP). To take the programme forward two levels of human resources have been recruited and placed in twelve districts. 17 nutrition coordinators

have been placed at the level of Micro Project Agencies while 89 are placed at the Gram Panchayat (GP) level. Nutrition Assistants have been recruited and placed in all the GP having PVTG habitation in the state. PHRS is involved in the capacity building of the newly recruited cadre. A 4-days residential training was conducted for the Nutrition Coordinators in Bhubaneswar from 16th to 19th August 2021 which was attended by 16 trainees. The other members of the MPA virtually participated the training for half a day on 19th August 2021. Apart from NCs training, three batches of 4-

days training for Nutrition assistants have been done. First batch was done from 21st to 24th September 2021 in Keonjhar while two batches were simultaneously done from 28th September to 1st October 2021 in Chandragiri and Khuntgaon blocks of Gajapati and Sundargarh districts respectively. A total of 67 Nutrition Assistants have been imparted training in three batches. Basics of nutrition, functional details of creche, MSFC (Maternal Spot Feeding Centers) and SFC (Spot Feeding Centers for Children) have been discussed during the trainings.

NEWS FROM JHARKHAND

कहानी एक यात्रा की – शर्म की

अवधारणा से स्वच्छता की

अवधारणा तक तेजस्विनी परियोजना

– देवघर

मासिक धर्म और इस से सम्बन्धित समाज में मौजूद गलत अवधारणा किशोरी और महिलाओं को प्रयास स्वास्थ्य एवम स्वच्छता से दूर करता है। अगस्त 2020 में जब नामितपारा, मधुपुर, देवघर की तेजस्विनी क्लब ने पैड बैंक शुरू किया तो एक उम्मीद

की किरण नजर आई। पूर्व में भी इस मुद्दे पर जागरूकता के प्रयास होते रहे हैं, पर इस बार किशोरी एवं युवतियाँ स्वयं समाज में कुछ बदलने का संकेत दे रही थी। तेजस्विनी परियोजना की मदद से

जोन 5 के लग भगस भी क्लबों ने पैड बैंक शुरू किया। तीनों जिलों (देवघर, गोड्डा तथा पाकुर) में अनेक ऐसे क्लब हैं जो किशोरी एवं युवतियों के द्वारा शर्म को पीछे छोड़कर, मासिक धर्म युवतियों की संख्या 128 है। युवा को स्वास्थ्य एवम स्वच्छता की उत्प्रेरक इंदु कुमारी और संगीलाखी

उल्लेख किया जा रहा है।
परिचय:- बजरंगी तेजस्विनी क्लब भालगढ़ा का गठन 05-11-2019 को किया गया है जिसमें कुल परिवार की संख्या 245 एवं किशोरियों तथा युवतियों की संख्या 128 है। युवा इंदु कुमारी और संगीलाखी

गतिविधि:-साप्ताहिक बैठक, शिक्षण-प्रशिक्षण, नियमित सामाजिक, आर्थिक शैक्षणिक और स्वास्थ्य आदि मुद्दों पर चर्चा एवम क्लबस्तरीय विभिन्न कार्य में किशोरी एवं युवतियों की सहभागिता होती रहती है।

पैड बैंक का गठन:- 2-10-2020

नियम:- क्लब के सदस्यों द्वारा स्वेच्छा से क्लब में पैड जमा करना

और अपनी-अपनी आवश्यकता कुछ दिनों तक क्लब के 128 सदस्यों पैड का इस्तेमाल और पैड बैंक से लेन अनुसार क्लब से प्राप्त एवं वापस में से 4-5 किशोरी ही पैड का उपयोग -देन करने लगी। फरवरी 2021 माह करना। समय-समय पर मासिक धर्म करती थी। से पैड बैंक तो नहीं है, लगभग 235

से सम्बन्धित स्वास्थ्य, स्वच्छता एवं पोषण पर चर्चा करना।

पैड बैंक का उद्देश्य:- मासिक धर्म से सम्बन्धित स्वास्थ्य, स्वच्छता एवं पोषण के प्रति जागरूक करना और पैड के लिए सहज पहुँच सुनिश्चित करना।

बजरंगी तेजस्विनी क्लब भालगढ़ा में क्लब के द्वारा दिनांक 2-10-2020

को पैड बैंक का गठन किया गया। युवा उत्प्रेरक इंदु कुमारी के द्वारा पैड का लेन-देन के बाद वर्तमान में क्लब में पैड के गठन की प्रक्रिया के मासिक धर्म, स्वास्थ्य एवम स्वच्छता क्लब की सभी 128 किशोरी एवं दौरान मासिक धर्म से सम्बन्धित और पैड के इस्तेमाल पर लगातार युवतियाँ अपने-अपने घर में पैड स्वास्थ्य एवम स्वच्छता के बारे में बात करते रहने से किशोरी एवं रखती है तथा पैड का ही उपयोग कर बात करने में किशोरियाँ संकोच एवं युवतियों के बीच जागरूकता बढ़ी रही है।

असहज महसूस कर रही थी और कुछ और उनके मन में मासिक धर्म जो शर्म इस क्लब ने मासिक धर्म को स्वास्थ्य दिनों तक अपनी बातें या समस्या को का विषय बना हुआ था वह धीरे-धीरे एवम स्वच्छता की अवधारणा के खुल कर नहीं बता पाती थी। उस स्वास्थ्य एवम स्वच्छता का विषय अनुरूप अपना लिया है और इस मुद्दे समय पैड का इस्तेमाल वहाँ नहीं के बनता गया। कुछ दिनों के बाद क्लब पर शर्म की बेड़ियों को तोड़ दिया है। बराबर था। पैड बैंक के गठन के बाद के अधिकतर किशोरी एवं युवतियाँ





Jamila Bibi – Earning the ability to employ her husband

She is an active member of Tejaswini Club, Mohanpur village of Hiranpur block, Pakur District. She completed her life skill education (resilience, rights and entitlement, health and nutrition, and financial literacy) in the month of March 2021.

She credited Tejaswini Club for her achievements. She shared about the restriction faced at the family and community level during early days (November 2019 when they formed the club) as adolescent Girls and Young women (AGYW) were not supposed to step out

of the household. But she kept visiting the club, attended training, meetings, life skill education, and enjoyed singing, playing, celebrated events including 15th August and 26th January.

These things gradually empowered her to address her problems and plan for a future. She was trained to make designer bangles from 1st of March to 13th March 2021 by SBI-RSETI (State Bank of India – Rural Self Employment Institute). This programme was conducted on the initiative of DSWO Pakur. Kavita Sahay was her trainer, and she is handhold-

ing her in making designer bangles.

Jamila Bibi is adding to her skill with the help of YouTube also. She sells the designer bangle at Rs 200 to the individual and to a shopkeeper of Hiranpur at Rs 150 in wholesale. 35 AGYWs were trained in this cluster out of which 7 are making the designer bangles. Jamila Bibi started this enter-



prise with investment of Rs 4000/-. The amount was supported by her father.

Jamila has employed 5 AGYWs who were also trained with her and pay them at Rs 40/- per set. She purchases the material which costs her Rs 40 per/- set. She earns a profit of Rs 70/- to 120/- per set for her ability to take risk and her skill. For rest of 28 AGYWs Rukshana Khatoon, the cluster coordinator informed that some are waiting for loan approvals to start.

Everyone is not so lucky like Jamila who got a support of Rs

4000, and her husband is also supporting her to go ahead. She also informed that at the time of planning the training programme many AGYWs were keen to do stitching work, beauty parlour etc. We discussed on engagement of TSP post psychometric test and were positive that we will get many Jamila Bibi in the cluster.

Jamila Bibi earned a profit of Rs 6000/- in April 2021, Rs 18000/- in May 2021, Rs 9000/- in June and Rs 22000/- in the month of July by selling designer bangles. She had a saving of Rs 20000/- in bank some of which she

utilized to hire a shop. Jamila Bibi is twenty-two years old. She is mother of two kids. The younger one is four years old.

Her dream was to become a doctor. At the age of fifteen, after completing matriculation, she was married to Islam Ansari. He works at a bakery shop at Kolkata to meet the needs of his family. Jamila Bibi hired the shop to bring back her husband from Kolkata. Her plan is to keep the designer bangle in shop along with some bakery items. Her husband will be the shopkeeper and she will continue making designer bangles.

PHRN capacity building for partnership in Jharkhand
Ms. Shampa Roy

PHRN Jharkhand team got an opportunity to participate in a workshop on Financial Management and HACT (Harmonized Approach to Cash Transfer) organised by UNICEF in Ranchi on the 30th September 2021. The main objective of this workshop

was to train and understand the issues faced by partners in accounting UNICEF funds.

The workshop briefed the participants on the guidelines of HACT focusing on cash transfer modalities, procedures and orientation of funding authorization and certification of expenditures.

The different issues discussed were spot check, programme monitoring report, FACE form,

itemised cost estimate, statement of expenditure and reports.

The workshop was conducted using practical cases and hands on exercises to fill up the forms and formats.

Representatives from the finance department supported the participants in understanding the process and encouraged them to share issues faces by them.

केश स्टडी

नाम: स्वाति कुमारी

उम्र : 20 वर्ष

तिथि : 21/08/2021

गाँव का नाम : गोविंदपुर (फुलचुवा पंचायत, सारठ)

तेजस्विनी क्लब का नाम : तेजस्विनी क्लब गोविंदपुर

सुधारात्मक गतिविधि किया गया :?

स्वाति कुमरि तेजस्विनी परियोजना में जुड़ी और परियोजना से जुड़कर स्वाती कुमारी निरंतर क्लब बैठक में हिस्सा लेती है, एवं सभी प्रकार की प्रशिक्षण प्राप्त की। स्वाति ने प्रशिक्षण प्राप्त कर अपने अधिकारों को जाना, और खेलकूद के जरिए अपने अंदर झिझक को बाहर

परियोजना के पहले कैसी स्थिति में थी :

स्वाति कुमारी तेजस्विनी क्लब गोविंदपुर गांव की एक मध्यम वर्गीय गरीब परिवार की बेटी है जिसकी उम्र 20 वर्ष है और वह स्नातक में अध्ययनरत छात्रा है। गाँव में तेजस्विनी परियोजना के सुरुवात में ही जुड़ जाती है।

तेजस्विनी कार्यक्रम मे क्या क्या



निकाला। जीवन कौशल प्रशिक्षण - भाग 1 (व्यवहार कौशल एवं जुझारूपन) का प्रशिक्षण प्राप्त कर स्वाति कुमरि ने अपने प्रतिभा को बाहर निकाला। स्वाति कुमरि के अन्दर हाथ से सजावटी वस्तुएं बनाने का एक विशेष गुण था जिसे उसने परियोजना से जुड़कर इसकी सुरुवात की।



इनके जीवन में क्या असर हुआ? क्या बदलाव आया ? तारा कुमारी- क्लस्टर समन्वयक एवं चंदा कुमारी- युवा प्रेरक एवं क्लब की सदस्या उन्हें हस्तकला के लिए प्रेरित करती, सभी द्वारा सहयोग मिलने पर वह रक्षाबंधन के राखी बनाना शुरू करती है जो दिखने में काफी आकर्षक लगता है, राखी के अलावा घरेलू सज सजावट की वस्तुएं जैसे डोरमेट, एअरिंग, झालर, लटकन इत्यादि बनाती है। इनके द्वारा निर्मित राखी को जामताड़ा के बाजार में बेचा गया एवं 3000 रुपये की आमदनी भी हुई। आगे वह इसे वृहद पैमाने पर करके आत्मनिर्भर बनना चाहती है।

Case Story of AGYW Sumitra Murmu



I am Sumitra Murmu w/o Rajesh Hembram from Lagdum village and a peer leader of Tejaswini Club, Lagdum Anganwadi. I would like to tell you all about the change in my life after joining Tejaswini Club. At first, the Youth Facilitator Sarswati didi visited my house for survey and took all the information related to my name, age, address. Back then I was 19 years old, so Sarswati didi filled the form in my name and told that my age is within 14 - 24 years. Since then I have been associated with Tejaswini Club of Lagdum Anganwadi. I was called to the weekly club meeting which are great. I am regularly attending all my club meetings, trainings and other events. There are many girls like me in my club. They all come

to the meetings. We all play and talk together and this makes us all feel good. We didn't have any such place before where we all could sit together and talk. After the formation of the club, we got a place for meeting and playing.

I have learned a lot by joining the club. By attending club meetings frequently, I have learned to introduce myself to everyone.

Coming to the club, I have received various types of training such as orientation, life skills etc. In orientation training we got detailed information about the project. Along with this, 3 types of benefits were also included under the project.

- Education
- Life Skills Training
- Skill training

In which total 4 types of training were given in life skill training. Along with this, establishment amount of 5000/- Rs and seed amount 20000/- Rs were also given in our tejaswini club using which we did a lot of programs. Currently I am pregnant and few months ago I took health and nutrition training under the life skills training in which I got information about the precautions to be taken during pregnancy.



For example, do not conceive before the age of 19 years, the healthy components of nutrition during pregnancy should be adhered to, the child has to be vaccinated after birth and the child has to be exclusively breastfed for 6 months from birth. I am taking all these measures. Along with this I also learned about the use and disposal of sanitary pads during menstruation. By joining the Tejaswini project, I got to know a lot of new things that I am using in my daily life and I want to keep learning more by being associated with this project in the future also.



Meetings at tejasvini club

NEWS FROM CHHATTISGARH

Publications:

a) Sulakshana Nandi contributed to a commentary by the PHM Health Systems Thematic Circle on the impact of COVID-19 pandemic on health workers. The commentary is titled "A Political Economy Analysis of the Impact of COVID-19 Pandemic on Health Workers: Making power and gender visible in the work of providing care"

Abstract

Health and auxiliary workers are

commercialization of the health system on health workers, and differences between the global north and the global south, through an intersectional lens. Finally, it provides policy recommendations embedded within the framework of labour and socioeconomic justice.

The commentary was jointly undertaken by activists, academics & union members associated with PHM and PHM Health Systems Thematic Circle through a

ening of the public sector, privatization and com-

ment (PHM) on health inequities and social determinants of health (Baum et al 2009; Sanders 2019; Paremoer et al 2021).

To underline the specific effects of inequalities and power relations among countries, social groups, and occupational groups, we focused on three categories of health workers who are situated at the lower levels of the hierarchy of health-related professions, namely nurses, community health workers (CHWs), and auxiliary workers.

Auxiliary workers include laboratory and other technicians, work-

India | ASHAs

In India, there are about one million ASHA (Accredited Social Health Activist) workers who are part of the national CHW program. The ASHAs are positioned as 'volunteers' (as per national policy) and are given task-based meagre incentives (Ved et al 2019). During the pandemic, ASHAs carried out critical tasks such as door-to-door surveillance, quarantine tracking, providing relief measures, and public health awareness, often without proper training on COVID-19, its symptoms, or methods of protection (Chatterjee 2020). They have persistently complained of shortage of PPEs and sanitizers; many ASHAs report having to buy these materials on their own, with no reimbursement¹. Meanwhile, the working hours of an ASHA has gone up from the usual four to five hours a day to nearly 10 to 12 hours with the additional tasks of expanded data collection and direct data entry through online means for them (Rao 2020).

In many places in India, ASHAs are facing violence and stigmatization within their families and communities, as they are seen as COVID-19 carriers and potential sources of infection (Rao & Tewari 2020). Despite this, the state has not only downplayed the risks they face but also fails to tangibly acknowledge their work – they remain underpaid and face delays in getting their regular incentives as well as those they were promised as part of the COVID-19 relief packages (Amnesty International India 2020; Rao 2020).

Additionally, routine grievance redressal mechanisms have become non-functional due to lockdowns depriving them of forums in which their problems can be discussed. One telling marker of their low status within the health system – The Indian Medical Association has released lists of doctors who passed away due to COVID-19 but there is no data on healthcare workers such as the ASHAs or sanitation workers.

at the forefront of the COVID-19 pandemic response. They have been applauded as heroes by patients and politicians, but this has not translated into policies that address their rights and needs. Health workers face a double risk of infection, as they run the risk of contracting the virus in their workplaces, and in their communities and families (WHO 2020 a).

This paper assesses the impact of the COVID-19 pandemic on the most vulnerable categories of health workers in different countries, locating them within the country's health system and political economy of healthcare. It focuses on the impact of precarious and contractual work, weak-

methodology which we call "Collective Knowledge Production as Movement Work". It took from case studies submitted by different PHM county circles on the issue and also literature review and participatory observation from the authors.

Using the theoretical frameworks on employment relations, working conditions and health inequalities proposed by Benach & Muntaner (2013), we develop a theoretical framework to analyse the impact of the COVID-19 pandemic on health and auxiliary workers. We also draw on the concept of "care extractivism" as articulated by Wichterich (2020), as well as work of People's Health Move-

ers involved in long-term care, sanitation workers, ward attendants, administrative, security, catering and cleaning staff, pharmacists, ambulance drivers, mortuary workers, carers providing homecare and home nursing, and many other categories of workers. Many of these workers are not commonly included in definitions of frontline health workers. This paper discusses the reasons for such exclusions and the need for them to be recognized as health workers.

You can read the full article here -

<https://law.yale.edu/yls-today/news/political-economy-analysis-impact-COVID-19-pandemic-health-workers>.

publicly-provided healthcare or privatised and “purchased” services. Nationally and globally the influence of industries and corporations in health governance has weakened the response against NCDs. Primary health care initiatives for NCDs must be publicly funded and provided, located within communities, and necessitate action on the determinants of health. The experiences from Australia amply illustrate this.

India has established Health and Wellness Centres (HWCs) and appointed Mid-level Healthcare Providers (Community Health Officers) to provide free and comprehensive primary health care, through screening, prevention, control, management and treatment for non-communicable diseases (NCDs), in addition to existing services for communicable diseases, and reproductive and child health. The range of services being provided and the number of people accessing ambulatory care in these government centres have increased, leading to more equitable healthcare access and financial protection. In policy debates, contestations exist prioritising between primary health care or hospital services, and between

c) Nandi S., Prasad V., Joshi D., Chakravarthi I., Murugan G et al. (2021). Public-Private Partnerships in Healthcare: Evidence from India. *Economic and Political Weekly*. 56 (36): 29-36. <https://www.epw.in/journal/2021/36/perspectives/public-private-partnerships-healthcare.html>

Current evidences points to the mixed performance of public-private partnerships in India and globally. A detailed study of the formulation and performance of specific PPPs in the healthcare sector in Bihar, Chhattisgarh and Delhi reveals that PPPs faced

The article titled 'Public-Private Partnerships in Healthcare: Evidence from India' was published in EPW. It is based on four case studies from three states of India that were developed by Public Health Resource Network, Jan Swasthya Abhiyan (PHM India) and Oxfam India.

Dr. Sulakshana Nandi received the 2021 Jakes Gerwel Award in Public Health Recipient category for her work on capacity building of public health professionals, civil society and community health workers particularly on health systems and policy issues. She is invited to deliver a lecture on 'advancing health equity: The role of engaged scholarship on 14th October 2021.

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JAKES GERWEL AWARD IN PUBLIC HEALTH

You are invited to a Lecture by Dr. Sulakshana Nandi,
the 2021 Jakes Gerwel Award in Public Health recipient.

This award honours graduates of the UWC School of Public Health, who have through their work made an impact on public health through professional or academic leadership and innovation.

“ Advancing health equity: The role of engaged scholarship ”

Sulakshana Nandi has worked for two decades as a public health researcher, trainer and practitioner in India. She is co-chair of People's Health Movement (PHM) Global Steering Council and National Co-Convenor of PHM India. She is also the Chhattisgarh State Council of Public Health Resource Network (PHRN), a national non-governmental network for research, leadership and capacity building in public health.

Her research has focused on health inequity in the Indian context, including in relation to health financing and the distribution of human resources for health, the role of community health workers as advocates and the social and commercial determinants of health.

She has been involved in capacity building of public health professionals, civil society and community health workers particularly on health systems and policy issues. She also supports community-based organisations in Chhattisgarh, India in their struggles for the right to food, land and gender equality, particularly of indigenous communities.

She obtained her MPH and PhD in Public Health from the University of the Western Cape, South Africa.



Dr. Sulakshana Nandi

REGISTER HERE:

When: Thursday 14th October 2021 | 17:00 (SAST)

<https://uwc.zoom.us/j/9tYduurPDBqG9WTj4cNbEQZ5OLmPhWrS>




FROM HOPE TO ACTION THROUGH KNOWLEDGE.

Livestream via: zoom  

S.no.	Name	Designation
Following colleagues have transitioned from PHRS*		
1.	Mr. Mrutunjaya Behera	Block coordinator
2.	Ms. Namita Sahu	Block coordinator
3.	Ms. Rohini Kumar Turuku	Block coordinator
4.	Mr. Ranjit Pradhan	Block coordinator
5.	Mr. Sheshdev Maharana	Block coordinator
6.	Mr. Dilip Kumar Swain	Block coordinator
7.	Mr. Rajesh Kumar Behera	Block coordinator
8.	Mr. Kameswar Adangaka	Block coordinator
9.	Mr. Prasan Kumar Nayak	Block coordinator
10.	Mr. Manas Ranjan Kata	District Project Coordinator
Joined the Odisha PVTG Nutrition Improvement Programme (OPNIP) as Nutrition coordinators and Nutrition Assistant. Mr. Manas R. Kata has joined NHM, Kalahandi.		
Following colleagues have joined PHRS		
1.	Dr. Aditi Hegde	Senior Programme Coordinator – National Office
2.	Dr. Nousheen Fatima	Program Coordinator- National Office
3.	Dr. Swagata Tarafdar	Programme Coordinator- Bhubaneswar
4.	Dr. Rishita Chandra	Program Coordinator, PMU, Rayagada
5.	Mr. Mahamaya M. Pal	Program Coordinator, PMU, Rayagada
6.	Mr. Gayatri P. Deo	Accounts and Logistics officer, Koraput
7.	Mr. Pranab K. Mukhi	Block Coordinator, Golamunda
8.	Mr. Sukuram Guta	Consultant, COVID Vaccination Project
9.	Mr. Manoj K. Nayak	Consultant, COVID Vaccination Project

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 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.

PUBLIC HEALTH RESOURCE SOCIETY

K 65, Hauz Khas Village, Hauz Khas, New Delhi-110016
Contact No.: 011 26868118, 011 42576337