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## INTERVIEW

### JEEViKA aims at holistic progress of rural Bihar: State Mission Director

*The Bihar Rural Livelihoods Project, also locally known as JEEViKA, aims for social and economic empowerment of rural poor in the state. Aided by the World Bank, JEEViKA is managed by the Bihar Rural Livelihoods Promotion Society (BRLPS), an autonomous body under the Department of Rural Development of the Government of Bihar (GoB). Excerpts from an interview with Shri Arvind Kumar Chaudhary (IAS), CEO-cum-State Mission Director:*

**OneWorld:** The Bihar Technical Support Team works closely with JEEViKA on the Gram Varta programme? How has this partnership strengthened the WASH interventions through SHGs in the state?

**Arvind Kumar Chaudhary:** When we started the work of JEEViKA, we saw that a major component of the household income is spent on treating illnesses. We realised that it's important to work on health and nutrition simultaneously. If we want to address the impact of poverty, I think that's where the Gram Varta approach of the Sector Wide Approach to Strengthening Health (SWASTH) programme is useful.

The experience has been that one should focus on health, nutrition and sanitation. If better behaviour gets ingrained in the fabric of the SHG movement, it would have a long lasting and sustainable impact. The results can be remarkable. So, with the support of BTAST and through the Gram Varta intervention, we are giving health messages in meetings of SHGs. Since this is happening in a very systematic manner, I think it will help in a big way.

**OneWorld:** What has been the feedback?

**Chaudhary:** Some evaluations were also done through trials in different settings. In the first block we had SHG and good health messaging. In the second block, we had no SHG and no health messages. In the third block, we had both SHG and health messaging. The outcome was the best in the block where we had both SHGs and health messaging. In the second place, we expected to see the block or village with health messaging but no community platform, but it did not happen. So, it was realised that a community platform is needed for spreading messages on health, nutrition and sanitation.

We focussed on using the Gram Varta strategy, weaving it into the basic fabric of JEEViKA. So, creating awareness



on Health, Nutrition and WASH through the SHG platform within JEEViKA is the way forward for Bihar. That is how we are going to scale up the open defecation free (ODF) initiative and expand it across the state. The aim is to make the state ODF in the next five years. I know it's a Herculean job, but I am sure it will happen.

**OneWorld:** How is JEEViKA's work on cross-cutting theme like gender playing out?

**Chaudhary:** Women's empowerment is now looked at as something being core to the development of the state. If you just look at how the state has done in the last 10 years, you will find that there is a consistent focus on the empowerment of women.

The establishment of JEEViKA itself is highly focussed on women and its aim is to form 10 lakh SHGs by 2017, up from the existing 4.5 lakh SHGs. Then, look at the reservation provided to women in Panchayats and local bodies. With cycles offered to girl children, there are significant changes in the education scenario. While all this was being done, but there was no formal state policy on women's empowerment.

The Women Empowerment Policy of the Department of Social Welfare (DoSW) has been developed by BTAST with the support of DFID. Last year we worked hard on it and for more than two months we took inputs from all the stakeholders who are working in this sector. Our honourable Chief Minister held a special cabinet meeting to pass the Women Empowerment Policy.

The policy was launched on 22nd March, 2015 on Bihar Diwas and that I think is very significant as it shows the commitment of the State Government towards this policy. A policy can be converted into reality only with execution. Since this is multi-dimensional and multi-departmental matter, a high level committee at the level of the Chief Secretary has been formed to look at the progress of the Women Empowerment Policy and actions to be taken in that direction. Also, I would also like to talk about the Gender Resource Centre.

There was a discussion about shifting the Centre somewhere else. Since WDC is the nodal agency for women related activities in Bihar, it was agreed that the Centre should be housed in it. We have also had preliminary discussions with international institutions like IDS, Sussex, which are working on the issue, and educational institutions like Patna University, which have a gender resource cell.

**OneWorld:** You have highlighted the importance of an integrated approach wherein you have to care about nutrition and health before you think about providing livelihoods. How challenging has it been for you to get all departments together and work in the same direction?

**Chaudhary:** It might appear that various departments are working in different directions, but who are our targets? For each department, the target is the same community members and their betterment. So, the best platform for convergence is actually the community. If we converge at that level, we actually converge. If our programmes don't converge at the community level, then we are not converging in the true sense.

JEEViKA has already created the infrastructure. The aim is to reach 50 million households. There are already approximately 5 million households in JEEViKA's fold. So, this platform can be used by all the departments for furthering their own objectives. And if all the departments achieve their own objectives at the community level, we will have the best convergence. I think that is how it's happening. The good part is that now the departments are looking at JEEViKA as their partner. JEEViKA is trying to achieve their objectives for them with their support and JEEViKA is not competing with them.

At the same time, one important factor is also that getting the credit should never be the motto. If who gets the credit is not the motto, you will find that convergence is easy. The moment you start getting into the business

of getting credit, it becomes difficult. The focus should be on getting the desired results. Let credit lie wherever it has to. So, we at JEEViKA work in such a way that the departments get the credit. For example, in the case of credit mobilisation, banks are taking the credit that they are doing so well. Many of the banks have won awards. So, that is how we work.

**OneWorld:** How have JEEViKA's SHGs benefited from BTAST's Gram Varta initiative? What are the key learnings from these community engagement programmes, which have been followed in other similar initiatives in Bihar?

**Chaudhary:** One of the important learnings is that expansion of this kind of a programme can be possible only through a community approach and for that we have developed very good community resource persons. For example, when we talk about health and nutrition aspects, the community resource are the ones who are taking it forward in other areas of the state.

Reaching out to so many households is not possible for any department or any government programme without the support of the community. So, that has been a very important learning. The second learning is that whatever you do, it is to make it a part of the journey of SHGs, which will make it sustainable and happen on its own. For example, bank account opening and credit linkage used to be a very difficult process in the beginning. Now we find that there is not much issue there as it has been ingrained in the fabric of SHGs.

The same thing is being done with Gram Varta on Health, Sanitation & Nutrition, etc. Some other initiatives are also being undertaken, like the Community-based Management of Acute Malnutrition (CMAM). So, I find that the community's involvement is important because nutrition outcomes are poor in Bihar. Whatever we do, if the work does not improve the status of the newborns, we might have missed out on something. So, the aim is to ensure that the future generation is healthy and they have the best possible opportunity to grow and develop as good human beings and good citizens of the country.

**OneWorld:** What are the learnings of the SWASTH programme for other states?

**Chaudhary:** One important learning from the SWASTH programme is that if the partner agencies work with the department, the results are much more impressive and sustainable. If they just do a pilot somewhere and expect the department to adopt it, it may not happen. So, one of the strengths of the SWASTH programme has been that it has been part of the department. Competent personnel working with the department, tweaking the intervention wherever needed, and giving impetus to improve the mainstream programme of the department are the strengths of SWASTH programme. □

## FEATURED UPDATES

### Special Cells for women bring relief to victims of gender-based violence in Patna

*Working alongside the police, Special Cells for Women inside police stations offer support to a large number of women harassed by violent husbands or other family members.*



**S**PECIAL Cells for Women were established in 2013 to provide help and support to victims of domestic violence in Bihar. Based within police stations, each Special Cell is run single-handedly by a trained and experienced woman counsellor who advises, supports and guides the girls and women who reach out to these for help. Set up in 23 blocks of Patna district, these cells were launched by the Women Development Corporation (WDC) in collaboration with the Criminal Investigation Department (CID), Bihar, and with financial and technical support through the UK Department for International Development (DfID) funded Sector Wide Approach to Strengthening Health (SWASTH) programme.

Addressing Violence Against Women and Girls (VAWG) was taken-up as one of the core issues for SWASTH, when evidence showed high levels of such violence in Bihar. The National Family Health Survey (NFHS)-3 in 2005-06 had shown Bihar to be the most violent state in India, with 59% women reporting spousal violence.

A stark and hard-hitting fact that was shown in this study was that 57.4% women and 56.9% men felt such violence was acceptable or justified. This clearly showed that such violence had become much normalised in the local context, wherein not just the perpetrator but also the victims consider it acceptable and therefore tolerate it without attempting to protest or break the vicious practice. Bringing about gender equality in such conditions becomes an uphill task.

The Special Cells were one amongst the portfolio of interventions supported by the SWASTH programme to address VAWG. Work done by the governments of Tamil Nadu, Gujarat and other states had already shown that all-women police stations and gender sensitisation training programmes lead to positive results. The WDC modelled Bihar's Special Cells on the highly successful Special Cells of Mumbai, which is a partnership between Tata Institute for Social Sciences and the Mumbai Police.

## How does the Special Cell work and what does it do?

Housed within the police-station, the Special Cell is basically a one-room office where the trained counsellor sits. Women who have faced violence and wish to lodge a police complaint are encouraged to share their case details with the Special Cell and to speak to the counsellors. The non-judgemental environment of the Special Cells provides reassurance to women to voice their problems and concerns, so that they can confide in the counsellor and receive support and guidance on how best to address their problem.

The Special Cells' work is guided through the procedures and guidelines developed by WDC in consultation with the CID. Counsellors first register and understand the cases, provide counselling, and help both parties to come to an agreement. They also conduct follow-ups through six months after the agreement has been arrived at to ensure that there is no relapse of violent incidents. The counsellors use different techniques to solve their cases. For example, in case of harassment through text messages and calls on mobile phones, or abuse through social media networks, counsellors telephone the offenders and speak to them. But this is never a one-time effort and needs constant intervention, sometimes including the threat of a police complaint. The usual approach is to try and arrive at a solution through direct conversations and finally seek a written declaration from the offender that he will not stalk or harass the girl/ woman physically, over phone or online. The counsellors aim at mounting pressure on offenders to ensure that they give up their unwelcome ways. Sometimes, however, it is the fear of a police complaint that works.

Police personnel where the Special Cells are located have been provided special training on women's issues and domestic violence at regular intervals so that they can work in collaboration with each other. Understanding and addressing women's issues requires a sensitivity that the Special Cells bring. Without this, sometimes the complaints related to domestic violence and harassment, which can be life-marring, can get labelled as 'minor' issues at police stations or could be dealt with in ways that make women distrust the systems. Special Cells have helped police to overcome such issues by taking on the responsibility for such cases.

Archana Sahay, a counsellor who has a Masters in Psychology, and is currently working on her PhD on the issue of domestic violence manages the Special Cell at the Pataliputra Colony police station. She reports that most of the complaints that reach the Special Cell are from the lower socio-economic strata of the society – usually families of domestic workers, rag pickers, masons or drivers. Commonly, these are disputes related to division of money between a couple, made

worse due to alcoholism and poverty, and ultimately the woman gets beaten up. Besides these cases of domestic violence, they also deal with dowry cases, broken 'love' relationships, and identity theft/misuse on social media. These complaints tend to be from women who are from socially and economically better off families. Sahay feels that the cases of violence or harassment in the well-to-do families usually are due to a mismatch in the couple's views on and ways of lifestyle, not necessarily precipitated due to money. Such cases usually get resolved through counselling.



Uma Kumari - a law graduate - heads the Special Cell in Kotwali Thana, in the heart of Patna. The walls of her one-room office are covered with posters that urge women to stand up for themselves. Seated confidently in her post, Kumari says: "We handle all women-related matters like domestic violence, physical harassment, vulgar messages being sent to young women, harassment over phone calls, abandonment and other issues. Most of the complaints, however, are related to domestic violence. It is the psychology of the people generally in Bihar. Men want to dominate and women lack awareness and freedom. Wives get beaten by the men. Sometimes it can affect their children as well. For example, they are withdrawn from schools. When the case comes to us, we counsel the woman, we speak to the husband, the mother-in-law and sometimes to the neighbours to understand the issue. I think our intervention and counselling helps people. We are able to save homes from breaking up."

*"We are able to save homes from breaking up," Uma Kumari, Head of Special Cell, Kotwali Thana, Patna.*

Madhuri Das, Gender and Social Inclusion Expert, at the Bihar Technical Assistant Support Team (BTAST), says: "Domestic violence is a chronic problem. Many people do not realise that the social and gender-related problems have a huge bearing on public health as well. VAWG has to be addressed systematically and women

need to be able to voice their concerns. This is what the Special Cells have contributed to. We have selected the counsellors carefully so that they are skilled enough to reach out to women in distress. WDC also provides ongoing support to the counsellors through regular training and workshops conducted from time to time.”

There may be still a long way to go before domestic violence stops, but for now women in Bihar have a place to go to get relief. And this is a good beginning.

One of the issues that Kumari has realised over the last few years is that most women who face domestic violence remain in the violent relationship for a long time before they reach out for any help. “Some women mistake us for police women as we are based in a police

station. But when they meet and talk to us, they realise that we are like sisters. We listen to the women carefully. Sometimes we may decide to visit their homes and speak with their family members and even neighbours.” For such visits, Kumari usually requisitions a police vehicle and is accompanied by a police constable.

Being based in a police station means being amidst policemen, police cars and a constant flow of people. Does she feel intimidated with all this? Kumari admits that initially she was hesitant and her husband also had reservations about her taking up the job because of the location of the Women’s Cell in the police station. “But, I was really keen to work the issue of domestic violence and so I took it up. Now this is the usual routine and being inside the police station actually makes me feel safe.” □

## OTHER UPDATES

### Women take charge of the operation and maintenance of hand pumps in rural Bihar

*Training women as hand pumps caretakers in rural Bihar also enables them to enhance their incomes through paid services.*

**U**NDER an intervention of the Sector Wide Approach to Strengthening Health (SWASTH) programme of the Government of Bihar (GoB), women Self Help Group (SHG) members have been trained in operation and maintenance (O&M) of hand pumps in rural Bihar. SWASTH supported by the Department of International Development (DFID-UK) and implemented by GoB in collaboration with the Bihar Technical Assistance Support Team (BTAST) entrusted the responsibility of training and handholding of SHG members through cluster and block level federation to major SHG Promoting Institutions (SHGPIs) like JEEViKA, Women Development Corporation (WDC) and Bihar Mahila Samakhya Society (BMSS).



In the pilot phase, one block each in Gaya (JEEViKA) and Rohtas (BMSS) were identified for training of representatives of block/ cluster level federation as hand pump care takers and mechanics. Further, a Rural Sanitary Mart (RSM)-Cum-Call Centre was established

in both the blocks. The Rural Sanitary Mart -cum- Call Centre facilitates easy availability of quality hardware required for the repair of hand pumps. Additionally, the Rural Sanitary Mart -cum- Call Centre also acts as a call centre for a swift response to strengthen the mechanism of operation and maintenance of hand pumps.

These marts not only aimed at strengthening the O&M system for hand pumps at the village/ Panchayat level, but also provided an opportunity to rural women to enhance their incomes through paid services.

After successful implementation of the pilot phase, the call centre facility was rolled out in one block each of four different districts of Bihar. This was done in consultation with the Public Health Engineering Department (PHED) and the SHGPIs. The RSM-cum-Call Centre became operational in Rajgir block in Nalanda district, Jalalgarh block in Purnea, Makhdumpur block, Jehanabad, and Maner block in Patna since September 2015. 1303 women and another 147 women belonging to different SHGs from the 4 blocks received intensive training as

Hand Pump Care Takers (HPCT) and Hand Pumps Mechanics respectively. As of January 2016, the call centres had received more than 120 calls asking for information regarding the installation and repair of hand pumps.

- 1,303 Hand pumps care taker are trained under 4 blocks (Females from SHGs) 2 days training
- 147 HPM – Hand pump Mechanics are trained (Females from SHGs) 5
- 69 – practicing hand pump mechanics (Male)
- 123 calls received for repairing till January 2016

## Medical officers deliberate on strategies to treat patients better

*Medical officers resolve to formulate a “Bihar 2016” model based to develop an effective communication skills model to better assess their patients*

IN an effort to improve the delivery of healthcare in Bihar, a five-day workshop was organised for in-service medical officers from all over the state. At this workshop participants resolved to formulate a “Bihar 2016” model based on the Calgary-Cambridge framework to develop an effective communication skills strategy for doctors to better understand their patients’ needs.



The workshop -- ‘Medical Officers in Leadership, Management and Training for Health System Strengthening’ -- was organised at the State Institute of Health & Family Welfare, Patna, by the Bihar Technical Assistance and Support Team (BTAST) in association with the Royal College of General Practitioners (RCGP), London.

The aim of the workshop was to make the participants understand the importance of professionalism and their roles as leaders and mentors for their teams and improve their ability to train other health professionals to enhance their competencies. The senior staff attending the course were especially trained in determining best practices/ key competencies and looking for ways

to resolve barriers to change. It was also decided at the workshop that a co-facilitator would be trained to make the course/ approach sustainable with regular evaluation every two months looking at the progress.

During the workshop the medical officers were encouraged to participate in role playing of scenarios related to change management, use of protocols and working with limited resources.

The agenda of the workshop covered topics related to public health such as effective delivery of national health programmes, epidemic preparedness, reproductive and child health and issues regarding organisational management, professional ethics, communication skills, etc. □

### WATCH VIDEO



Bharat from Vishaksha, Rajasthan talks about uniqueness of gender interventions under SWASTH programme and role of Bihar Technical Assistance Support Team (BTAST) in tackling Violence against Women (VAW).



Note: To watch this video, please scan the QR code using your smart phone's QR code reader.

URL: <https://www.youtube.com/watch?v=FjCEYIRMMsQ>

## SPECIAL UPDATES

### Social audits help improve Anganwadi services in Bihar's villages

*Communities take on an active role to scrutinise records and give feedback on the government run Anganwadi Centres that provide health services to women and children.*

**T**WICE a year village communities in Bihar get an opportunity to review and raise any queries about their local Anganwadi Centre (AWC) and the services provided by it. Pregnant women and mothers of newborn babies in the village Chapi now monitor and comment on the services that they receive. Just two years ago, this would have not been possible.

AWCs are meant to offer a set of services to pregnant women, new mothers, adolescent girls and children till the age of 6 years. In Chapi, the AWC had not gained much trust from the local community and therefore the uptake of services was low. Community members felt that the Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) were working for their own interests and were providing services only to a select group of people who were known or related to them. This had not only limited the reach of the centres, but also created hurdles in the daily work of AWWs and AWHs due to the trust deficit.

Social audits have been a way of improving governance and service delivery of AWCs. This is a process by



which citizens (beneficiaries) participate in activities such as planning, implementation, and monitoring and evaluation. Local communities monitor the AWC services on an ongoing basis, thereby helping set up a direct feedback mechanism between the service providers and users. This also helps strengthen community voices. This mechanism was introduced years ago across the state. While it has been successfully implemented in some areas, it has been a challenge in others. Difficult relations as seen in Chapi had meant that social audit processes could not flourish.

However in 2014, the processes were renewed when the Chapi AWC was designated as a nodal Anganwadi Centre (n-AWC) or the Uddeepan Kendra. The Uddeepan Kendra is a model AWC, wherein an additional worker or Uddeepika supports AWWs and AWHs to build their capacities so that they are able to provide better and regular services. One of the purposes of deploying the Uddeepika is to ensure enhanced community participation and organise social audits with the help of AWWs.

As social audits give the community unhindered access to the reports and record registers of the AWC, it is important these are regularly



and correctly maintained. In Chapi, over the last two years, AWWs and AWHs with support from the Uddeepika have maintained the records, growth charts, roster registers and other statistics crucial for making the social audit successful. The emphasis has been on ensuring accuracy of documentation.

Better maintenance of records has helped in making the process of social audits more transparent and systematic. The local community is now not only aware about the benefits they can avail from the AWC, but also able to appreciate the challenges faced by AWCs. Rishikesh Kumar, a nutrition trainer of frontline workers, says, “The data-enabled social audit process has helped in bridging the trust gap between the frontline workers and the end beneficiaries.”



On the designated day, the AWC at Chapi becomes the hub of activity. Community people are invited to participate in the social audit process. All the registers that maintain a record of beneficiaries are open to scrutiny, the monthly progress reports are shared, and the beneficiaries and community in general are asked to express their opinions and give a feedback on the services provided at the AWC.

This open process, apart from serving as an occasion through which people get to know about all kinds of services available at the AWC, is also a tremendous opportunity to reinforce public trust in the centre. Nand Kishore, District Programme Officer, Purnea, says that social audit is helpful in clearing the doubts of villagers about the provisions of the centres. “In the absence of social audit, people harbour all kinds of misconceptions about the AWWs and even raise questions on their integrity. But with the records out in the open for public scrutiny, most of such apprehensions are dispelled.” This is particularly important because the AWC services are fixed per centre for a limited number of beneficiaries. The Integrated Child Development Services (ICDS) Supplementary Nutrition Programme in Bihar is limited to 40 eligible children between the ages of 6 months to 3 years, 40 eligible children between the ages of 3 to 6 years, and 8 pregnant women and 8 lactating women. If this is not clear to the community, those who not eligible or cannot be included can cry foul.

Social audits have been useful for the ICDS as well, to identify any anomalies and address them systemically. Several problems that surface during the social auditing are rectified by the AWWs within the next six months before the next social audit takes place. Saurav Tiwari, District Programme Officer, Bihar Technical Assistance

Support Team (BTAST), says, “The data collected through the social audit is fed into the government system. Based on it, we get a feedback from ICDS regarding the key points that have to be rectified.”

Rajni Gupta, ICDS Child Development Programme Officer of Block Dagarua in Purnea, elaborates, “We ensure that the problems that come to their notice during the social audit, say in June, are corrected before the scheduled audit after six months. That builds the efficacy of the system and the confidence of the communities.” Several communities like that of Chapi are building relationships with the local services and monitoring them too, which in turn benefits their own children and women. Uddeepikas placed in several of these AWCs have catalysed this, and AWWs are working to make these continuous quality improvements. Community involvement, monitoring and ownership, as seen in many other cases, is a proven mechanism that contributes to service improvements. □

### Footnote

*The Sector Wide Approach to Strengthening Health (SWASTH) programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services, particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening and human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.*



## Sector Wide Approach to Strengthening Health (SWASTH)

Government of Bihar Initiative, Supported by DFID, UK

SWASTH programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organizational strengthening & human resource management, decentralization and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.

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