

Guide to Implementing **GRAM VARTA**

*a community based approach to addressing
health, nutrition, water, sanitation and hygiene*

Part 2: An implementation guide



INTRODUCTION

This guide is intended to inform organisations and individuals wishing to implement Gram Varta or become involved in monitoring and supporting activities. This may include community based organisations, donor development partners and government departments. It is a practical guide covering overall process, community activities and benefits, and has been structured around a selection of frequently asked questions. Gram Varta has proved a successful approach to improving health, nutrition and WASH outcomes and can thus potentially be used or adapted to positively influence other development indicators.

HOW DOES GRAM VARTA WORK?

Gram Varta is a flexible community mobilisation programme that can be adjusted to suit individual situations in order to help communities to help themselves. It works at grassroots level through women's community-level groups. In Bihar these are women's Self-Help Groups (SHG). Gram Varta develops women's ability to influence family health issues, building their confidence to become change agents within the community. Using simple tools in a Participatory Learning and Action (PLA) cycle, Gram Varta empowers women to promote better Health, Nutrition and Water, Sanitation and Hygiene (HNWASH) practices within their families and communities (see Annex for list of 20 SHG meeting topics and tools). Meetings are organised every 15 to 30 days by a trained local woman facilitator, during which group members learn how to identify local HNWASH problems, agree on solutions and actions needed and carry out actions. Frontline workers from the three sectors are involved to improve linkages



between communities and services and between the three sectors. As an inclusive approach Gram Varta builds community solidarity and reaches the poorest and most marginalised people.



ESSENTIAL COMPONENTS OF GRAM VARTA

1. Facilitator

Each SHG is allocated a facilitator who trains, mentors and supports the group. The facilitator must be a woman from the village where Gram Varta is being implemented. She needs to be literate, numerate and ideally aged between 25 and 35 years, so that she is able to communicate effectively with women of all ages and undertake the travelling required. Knowledge of local languages and traditional practices of different ethnic groups is helpful. She does not need to be an SHG member.

Facilitators need to be open to new learning and be able to draw in women from all levels of the community, both SHG members and non-members. For this reason she should not be an SHG president. An advantage of using local women as facilitators is that knowledge gained remains within the community beyond the life of Gram Varta.

Men are not eligible to be facilitators as women are the target group and most women are not comfortable using participatory approaches with male facilitators.

2. Role of a Facilitator

The facilitator arranges and facilitates all Gram Varta meetings. This includes liaising with the SHG Federation as well as the SHG. She encourages participation within the community, in particular explaining the idea of Gram Varta to local women and

¹For introductory information on Gram Varta see 'Gram Varta: A Community Based Approach Addressing Health, Nutrition, Water, Sanitation and Hygiene: Summary of Process and Outcomes'.



encouraging them to become involved. The facilitator also coordinates with local Anganwadi Workers (AWW) and Accredited Social Health Activists (ASHA). Facilitator duties also include simple administrative work, such as filling in attendance sheets and report forms.

3. Facilitator Training

Depending on the scale of Gram Varta, a pool of master trainers could be developed; but all facilitators undergo a series of three-day residential group trainings, phased in line with the Gram Varta cycle. Phase I of the training covers meetings 1-3, Phase II covers meetings 4- 7 and so on

Facilitators learn how to use facilitation and mobilisation techniques and social mapping, and about the health and nutrition services available. They also receive training in the required administrative tasks. Each facilitator is given a facilitation manual covering all the skills and information needed for the whole cycle. They also receive ongoing support from the block coordinator.

4. Setting up a Gram Varta Group

Initially it is important to carry out courtesy calls to key individuals and front line workers within the community, and to gain their understanding and support for Gram Varta. People to engage with include ASHAs, AWWs, Auxiliary Nurse Midwives (ANMs), and Panchayat Raj Institution (PRI) members. A community sensitisation meeting should also be held which all men and women in the community are invited to attend.

All women in the community, whether or not they are SHG members, are eligible to take part in Gram Varta meetings, including unmarried adolescents and older women as well as young married women. The ideal population for setting up a group is about 500 (about 100 households) although in remote and sparsely populated areas the population size may be smaller; to avoid women having to travel large distances to a meeting, particularly as it is important that women attend Gram Varta meetings on a regular basis.

5. Preparing for a Gram Varta Meeting

The facilitator should carry out social mapping and household surveys in order to understand the social make-up of the community and some of the key HNWASH issues, and to identify target households (these include households where there is a pregnant or lactating woman, or children under the age of 3). It is also important for the facilitator to identify the location and geographical reach of the SHGs and their meeting places, and assess the proportion and location of excluded communities

The facilitator should talk with local HNWASH service providers, SHG members and other influential community members. It is important to build a



cooperative relationship with the whole community before beginning Gram Varta activities. This also helps in deciding where meetings should be held. The facilitator should bring the facilitator's manual and attendance forms/ register to every meeting. She must also bring appropriate tools for specific meeting activities, for example a mid-upper arm circumference (MUAC) tape for meeting number 4. Picture cards or flex/string are also sometimes needed.

6. Organising a Gram Varta Meeting

Facilitators work with frontline workers to organise meetings and experience shows that women's participation is largely driven by the quality of



groundwork and community mobilisation and the effectiveness of the meeting facilitation, especially for the first few meetings.

Ideally Gram Varta meetings are held about every 14 days (fortnightly) so that the cycle of 20 meetings is completed within about 10 months. This is important in maintaining enthusiasm and a feeling of progress and to ensure people do not forget what they have learned before the next meeting. Some groups only meet every 30 days (monthly), but experience shows that this should be discouraged as information tends to be forgotten between meetings.

The facilitator talks with women in the community to decide on a suitable day, and time for meetings. It is important to be flexible and work around festivals, agricultural seasonal tasks and other personal and domestic commitments to ensure enough women can attend.

The community (both women and key community leaders) should decide on a suitable meeting place, with guidance from the facilitator. Ideally it should be an open place, close to the AWC and with shade. In the rainy season some meetings may need to be inside.

The ideal meeting size is 30-35 participants. If less than 15 people turn up the meeting should be rescheduled. If the meeting is very large facilitation may be more difficult, but people should never be sent away.

7. Rescheduling a Gram Varta Meeting

Sometimes meetings need to be rescheduled. This tends to be due to unexpected events such as heavy rain, illness or low attendance due to festivals, for example. If at all possible the meeting should be rescheduled in advance. Sometimes, however, this is not possible, if for example less than 15 people turn up, the meeting should then be rescheduled to a more convenient date. It should not be cancelled as it is important that all meetings take place and in the correct order. For example, if meeting number 5 has to be rescheduled, the new date must be before meeting number 6.

It is important to recognise the effort of those who came for the meeting, so they should not just be sent away, as this may discourage them from coming again and they may discourage other women from attending future meetings. The facilitator should spend some time talking with them, perhaps discussing issues from a previous meeting and/ or answering their questions. Tagging Gram Varta meetings to another event, such as immunisation day or VHSND may help to increase participation.

If the facilitator is unable to attend a meeting she must send information with a suggested new date to

the community in good time through a reliable SHG member. This person must immediately inform all community members. Cancellation and rescheduling should only be done if there is an unavoidable reason, such as illness.

8. Gram Varta meeting outcomes

During the 5th meeting SHG members develop action plans. Three plans are produced:

- Individual and family action plan e.g. we will always wash our hands before preparing or touching food.
- Service utilisation action plan e.g. now I know my entitlements I will take my child for immunisation; or send my child for pre-school education
- Community level action plan e.g. we will build toilets so we can become an open defecation free community.

Community level action plans are often dependent on women accessing resources, for example labour or money. This may be a challenge so realistic plans and expectations should be encouraged, and SHGs should be supported in advocating to the PRI or local government for the resources needed.

9. Male participation in Gram Varta

Gram Varta is mainly aimed at and led by women. If men wish to attend meetings, however, they should not be turned away as they often control women and children's access to services, and play an important role in encouraging or preventing behaviour change.

If men attend a Gram Varta meeting they should be welcomed and invited to join in activities. For cultural reasons they may prefer to observe rather than participate. This is ok.

10. The Role of Frontline Workers

Frontline workers play a critical role in meetings and afterwards. Just as the Facilitator's work complements and supports their efforts, so frontline workers can



support the facilitator by answering questions from group members and providing additional information about how to access services such as immunisation, antenatal care, growth monitoring and supplementary feeding.

11. Costs involved in Gram Varta

Once the programme is established, the cost per group member for participation in a complete community action cycle in Bihar in 2015 ranges from Rs. 125-400 depending on location, size of group and sourcing of master trainers. Initial costs may be higher due to outlay on production of materials, training a pool of master trainers and establishing systems for monitoring and support, but these are reduced significantly when the intervention is scaled up. This makes Gram Varta a highly cost effective initiative in terms of the numbers of women reached.

INSTITUTIONAL REQUIREMENTS FOR IMPLEMENTATION

Gram Varta can be implemented by any sized agency. Small NGOs or CSOs can roll it out as a small scale project. Large institutions may be able to incorporate it into their existing community-level activities if they already work with women's groups.

The implementation agency ideally should be an umbrella organisation linked with SHGs, so that they are able to facilitate arrangements at village level as well as manage planning, materials production, recruitment and training of facilitators, supervisors and block coordinators. In Bihar these are the Women's Development Corporation (WDC), Jeevika and Mahila Samakhya.

It is important to establish an inter-sectoral steering committee. Gram Varta addresses issues directly related to the work of the Department of Health (DoH), Social Welfare Department (SWD) and the Public Health Engineering Department (PHED). Convergence between the three departments and

their line agencies is important in order to increase government ownership and opportunities for impact and sustainability.

BENEFITS AND SUSTAINABILITY OF GRAM VARTA

- Gram Varta challenges traditional social norms that define women as secondary to men. It encourages women to take a lead role in changing community and family behaviours to improve health and nutrition outcomes. A major benefit is an increase in women's agency – their confidence and ability to bring positive change and to participate in decision making in families and communities. This leads to increased social status and freedom of movement for women and an increase in men's respect for women, which helps reduce violence against women.
- Communities begin to believe they can solve problems for themselves and learn how to demand the services they need, rather than just accepting the status quo.
- Attitudinal changes and improved knowledge encourage women to adopt and promote improved HNWASH practices related to feeding of infants and young children (exclusive breastfeeding up to six months, complementary feeding), nutrition for mothers and adolescent girls, hygiene (handwashing and safe storage of food) and safe drinking water.
- As a result, the incidence of malnutrition, diarrhoea and other childhood illnesses is reduced and ultimately there is a decline in child mortality and improvement in maternal health.

MONITORING AND EVALUATION

It is essential to undertake routine monitoring of Gram Varta activities and outcomes. At the start baseline data should be collected on feeding practices, illness prevention practices, treatment seeking behaviour, sanitation, use of ICDS and health services and entitlements. Data should then be collected and the outcomes updated on a regular (six monthly or annual) basis. These results are essential for feedback to communities, front line workers, implementing agencies, government and other interested parties. The results can also be used to continually improve implementation and to access funding opportunities.



SUSTAINABILITY AND SCALABILITY

Gram Varta is built on existing structures and institutions, so no additional physical buildings or other resources are needed. The only costs are for building human capacity (training, supervision and technical support).

In Bihar, the widespread existence of women's SHGs and the institutional support structures of WDC, Mahila Samakhya and Jeevika provided an ideal platform for rapid and large scale roll out of the programme, which grew from 87 groups in 2011 to 78,261 in 2015.

At village level, the capacity building of large numbers of women facilitators is the main base for sustainability, as these women will continue living in their communities and their enhanced confidence will help them to ensure positive behaviour and attitudinal changes are sustained. They are also a resource that can be leveraged for other community programmes.

LESSONS LEARNT

- It is important to remember that **Gram Varta does not directly support strengthening of services**, so women's expectations should not be raised. However, Gram Varta M&E data does produce information which can be fed back into system and service strengthening initiatives.
- Women can become discouraged if they are not able to achieve their community action plan. It is essential to **praise women for their achievements** towards meeting individual/family and service level action plans. It can help if women are encouraged to view community level actions as a longer term objective and their other action plans as representing changes that may be made very rapidly.
- **Refresher training** helps facilitators retain knowledge and deal with problems that they encounter.



Summary of the strengths of Gram Varta

- The poorest and most marginalised groups benefit the most.
 - It can be built on existing institutions and scaled up quickly.
 - It is simple and cost effective.
 - It increases the ability of communities to leverage and manage local and external resources.
 - It empowers women to make decisions about their own nutrition and health and that of their children by improving their problem solving and action taking skills.
 - It helps shift traditional social and gender norms that adversely affect health and nutrition.
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- Delays in receipt of facilitators' salary act as a disincentive. It is important to ensure systems for **payment** are efficient.
 - **Community perceptions** about the effectiveness of some frontline workers impact on attitudes to Gram Varta. Facilitators should talk with the community and workers to understand why the problems exist and try to change attitudes.
 - It is important to **keep to the 15 day meeting cycle** and to revise previous learning at the beginning of a meeting. This is important in order to reinforce new knowledge and maintain women's motivation to attend.
 - Upcoming **seasonal agricultural work or domestic responsibilities** needs to be discussed with women and taken into account when planning meetings.
 - **Some women are shy** when sensitive issues such as defecation are discussed. Facilitators must not scold these women, but encourage them to understand the benefits of learning about these things and overcome their shyness.
 - Some people may be opposed to women's participation (for example, husbands) or be anxious about **the effect of superstition**, for example some people believe that weighing a child will make it ill.
 - Patient explanation from the facilitator, frontline health workers and other community members is needed to overcome these concerns. Using positive information and examples is more effective than scolding someone for their anxiety.

ANNEX : SEQUENCE OF PLA MEETINGS

Meeting	Focus	Tools
1: Introduction to Gram Varta	Highlights the need to take initiative as a group, contact service providers and not be entirely dependent on the government.	Stick game
2: Social inequities, exclusion and discrimination	Enables an understanding of equity issues at the village level, of exclusion of some groups and ways to foster social inclusion.	Power walk game
3. Intergenerational malnutrition cycle and current practices in nutrition of women and children	Addresses the intergenerational nature of malnutrition; how the cycle can be broken and the issues of the girl child discrimination.	What is it game Voting game
4. Identification of the causes of the prioritised problems and solutions	Leads to understanding the causes of malnutrition and how to find feasible community based solutions.	Story telling But why game
5. Identifying of possible strategies for addressing issues	Identifies ways to overcome barriers to implementation of strategies at the community level.	Bridge game
6. Allocation of responsibilities and plan for community meeting	Assigns responsibilities for sharing progress with and involving all stakeholders at village level.	Discussion
7. Community based strategies for improving nutrition. Review of implemented strategies	Identifies locally available nutritionally rich foods, stresses balanced diet during pregnancy and lactation.	Demonstration Mapping activities
8. Home care strategies for young infants and complementary feeding practices. Review of implementation of strategies	Stresses the importance of complementary foods, demonstrates recipes. Highlights importance of handwashing before feeding.	Demonstration of recipes Demonstration of handwashing
9. Community screening of malnourished children under 5. Registration of vulnerable cases	Tracks nutritional status of children to identify MAM and SAM children through MUAC and regular weight taking.	Demonstration of MUAC Weighing children
10. Identification and prioritising problems leading to child and maternal malnutrition	Identifies symptoms of malnutrition and related issues. Asks the group to identify the priority problems.	What is it game Voting game
11. Possible strategies for addressing malnutrition in women and children	Identifies community based strategies for preventing malnutrition in women and children and improving nutrition and growth in children.	Circle game Card game
12. Reinforce strategies for preventing malnutrition in children	Outlines underlying causes of maternal and child malnutrition, community based strategies for prevention.	Chain Game Janki ki Kahani
13. Management of low birth weight babies (born premature or twins or small for date)	Promotes understanding of home based management of low birth-weight babies.	Role play Demonstration of good care methods
14. Essential newborn care, hygienic home care practices	Review of implemented strategies. Reinforce messages from Meeting No. 13.	Role play Demonstration Story and discussion on newborn care
15. Contraception: benefits and side effects of various methods	Promotes understanding of family planning and contraceptive methods in the context of maternal and child nutrition.	Story telling Role play Demonstration
16. Mapping of open defecation sites in the village	Highlights the prevalence and extent of open defecation in the village.	Social mapping Swatchta doot
17. Understanding the transmission cycle from faeces to food	Demonstrates the transmission cycle from faeces to food.	Walk of shame
18. Actions to stop open defecation	Creates awareness of open defecation, highlights actions to stop the practice and reinforce the message of an open defecation free village.	Swatchta ki Kadi, Swatchta ki Sirhi
19. Community monitoring	Members of community establish a monitoring committee to track progress on actions taken so far.	Monitoring and follow up action plan
20. Community meeting	Community members initiate a process to evaluate achievements and set future course towards sustainability.	



The technical information for this brief was provided by Neena Sharma, Nutrition expert at BTAST; the brief was written by Options Consultancy Services; and the design and layout was done by OneWorld.

Footnote

- i Planning Commission of India, 2011-12
- ii Information on VAW initiatives undertaken by BTAST and SWASTH is available
- iii For introductory information on Gram Varta see 'Guide To Implementing Gram Varta: A Community Based Approach To Addressing Health Nutrition And Hygiene'
- iv Bihar Technical Assistance Support Team, n.d. "Evaluation Brief Gram Varta Intervention: Maner Block, Patna District".
- v BTAST(2015) Gram Varta in Bihar Process Document

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