

GRAM VARTA:

Helping Communities to Help Themselves

1. Malnutrition: A Cycle of Poverty and Lack of Access: In villages across Bihar a combination of poverty, lack of knowledge, inadequate health and nutrition services and lack of essential water and sanitation facilities translates into widespread under-nutrition and consequent poor health outcomes, particularly among women and children and minority groups. Breaking this cycle of disadvantage often requires only basic knowledge and community level action, but this may require initial external facilitation.

2. “Village Talk” to Generate Community Action: Gram Varta (literally “village talk”) was piloted under the DFID supported SWASTH programme, in partnership with Ekjut and the Women’s Development Corporation (WDC), from September 2011 to May 2013 in Maner block, Patna district (87 groups), and scaled up in 14 districts (48,058 groups). Participatory Learning and Action (PLA) approaches were used to strengthen and mobilise existing self-help groups to bring about positive change in their communities. Selected group members were trained to facilitate a cycle of 20 fortnightly meetings. Each facilitator is responsible for 10 to 12 groups, enabling them to identify and work on key issues related to maternal and child health care, nutrition, water, sanitation and hygiene (WASH). The groups learn to assess their local situation, decide on action, take action and review progress. Non-members are also invited to meetings, to further spread awareness and involve key stakeholders in actions.

3. Changes Observed at Community Level: At a review meeting in May 2013 and during field visits, facilitators reported a range of changes resulting from the programme. Initially they encountered resistance from Anganwadi Workers (AWW), who were concerned at a possible increase in their work burden, but in fact the reverse has been true as more women now know about and appreciate services and activities at the Anganwadi Centre (AWC) and come of their own accord, where previously the AWW had to take more time going house to house to talk with them individually. This has promoted a positive and mutually supportive relationship between facilitators and AWWs. Behavioural changes among families reported by facilitators in Maner include:

- Pregnant women now eat green vegetables, go for ANC check-ups and take their iron tablets, where previously they discarded them.
- New mothers exclusively breastfeed their babies up to six months and then introduce supplementary foods.
- Mothers get their children immunised, de-worm them and insist they eat green vegetables.

“My neighbour didn’t use to give complementary food [to her baby] and I called her to the meeting. She was reluctant to come and said that AWC does not give proper services. However, she was convinced and came to the meeting where we told her to give it rice and vegetables from her kitchen garden as a nutritious food source. She now admits it was good advice.”

- Families are using toilets and washing hands with soap and water (instead of using mud) before eating and after defecation.
- Families place greater value on their adolescent daughters, understanding the cycle of malnutrition from young under-nourished mother to child.
- Early marriage is less practised and communities understand the risks of early marriage.

“A 16 year old girl was pledged to be married but her mother returned the baarati on the day of cheka after seeing the pictorial depiction of malnutrition life cycle. She was reprimanded by her husband that she doesn’t care for family digni-

ty but she said my daughter's life is precious and both she and her baby will be affected and her life will be spoiled if she is married before 18 years. I will not let that happen.”

The facilitators reported personal benefits of more knowledge and confidence, with increased status within the community. Some facilitators have been promoted to trainer and are seeing opportunities for further personal progress. All said they enjoyed their new status, and the increased respect from their families, who bask in the reflected glory of their work.

“My knowledge level increased. I was reluctant to talk but I overcame that. I never stepped out of home or had confidence how to speak in public but I am confident now. I told my guardians that even if you try to stop me I will do this work. I have confidence in travelling alone also.”



4. Building on Existing Institutions Works: A single, relatively simple intervention that strengthens existing self-help groups can change behaviours related to health, nutrition and WASH and promote community understanding of the links between the three sectors. This is more cost effective than creating new institutions. The PLA tools were appreciated by facilitators and easily understood by participants, who remembered the innovative and enjoyable games and the lessons they taught. Facilitators suggested one change to the programme, to increase the time allocated for contraceptive information, as they feel this is important and there is a lot to cover. Sustainability rests on the personal development of facilitators that has occurred and will remain. New family behaviours will become the norm due to reinforcement through the continuing work of groups and AWCs.

5. Scaling up: From the initial pilot supported under technical assistance, scaling up has begun through WDC and JEEViKA, which will eventually cover the 14 districts where self-help groups and block level federations exist. For other districts a different model is proposed, using NGOs who will work with other existing local bodies, such as mothers' committees. This will need to be reviewed in the light of experience to see if adjustments are required, and it is hoped that it may also encourage the formation of additional self-help groups.

Sector Wide Approach to Strengthen Health (SWASTH)

Sector Wide Approach to Strengthen Health (SWASTH) is Government of Bihar's initiative to improve the health and nutrition status of the people in Bihar, particularly among the poorest and excluded. It is implemented through the Department of Health & Family Welfare, Social Welfare and Public Health Engineering Departments. The UK Department for International Development (DFID) is providing Financial and Technical Support (£145million). Technical assistance to SWASTH is provided by Bihar Technical Assistance Support Team (BTAST).

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