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FEATURED UPDATE

SHGs ushering a silent revolution in Bihar through Gram Varta

Thousands of women from rural areas gather in Patna to share how the Gram Varta initiative has brought about a change in health, nutrition and sanitation aspects of their lives.

Patna, Bihar: Asserting that Self Help Groups (SHGs) are crucial for women empowerment, Bihar Chief Minister Nitish Kumar said that they are ushering in a silent revolution in the state.

Kumar was speaking at a state level event held in July this year to showcase the successful adoption of Participatory Learning and Action (PLA) approach through their intervention – Gram Varta for improved Health, Nutrition and WASH outcomes.

The event was jointly organised by the Women Development Corporation (WDC) and Bihar Technical Assistance Support Team (BTAST).

Assuring government's continued support to women's empowerment, Nitish Kumar said that SHGs were playing a catalytic role in sweeping a social change at the grassroots level and tackling issues like malnutrition, child marriage, hygiene and sanitation.

Applauding Gram Varta for spreading awareness about Health, Nutrition and Sanitation, Nitish Kumar said that if Self-Help Groups are sensitised and women are empowered to take up these three key areas, entire communities can hope to become healthy.

Kumar asked the Managing Director of WDC to scale up the Gram Varta programme across the state.

The event highlighted the change brought in the roles of rural women through Gram Varta, a programme that has helped them to negotiate new practices with family members, share information among their family and peer networks, and foster community support for action.

The community mobilisation approach has promoted healthier family practices, raised demand for primary Health Nutrition Water & Sanitation (HNWASH) services, and stimulated local action for change.

The workshop also aimed to reflect the need for intersectoral coordination among various departments for ensured delivery of services to fulfil the demand generated through Gram Varta.



The event also intended to draw attention of the bureaucrats and policy makers on the potential of Gram Varta to address the social determinants of health, and the social norms and power dynamics that influence care practices and health care access, particularly gender and social exclusion.

The event was inaugurated by the Chief Minister of Bihar, Nitish Kumar, and attended by Minister of Social Welfare, Health and Rural Development, senior government officials, members and representatives of donor agencies, DFID including members of SHGs.

Approximately two thousand women from various districts attended the event. Women from community shared their experiences eloquently at the event and presented how Gram Varta had brought about a change in them and their families.

Dr Vijaylakshmi, Managing Director, WDC, addressing the audience in the opening session briefed the gathering about the intervention and informed with a sense of pride as to how in a short span of time Gram Varta had spread across 14 districts, covering eighty thousand SHGs. Taking the lead from the intervention, she shared the department's vision to bring women in lead role to take charge of their health, nutrition and WASH issues for combating malnutrition. She also spoke about the evidence from large scale trials in India and other countries which showed that women's groups working through PLA approaches can improve maternal and neo-natal health in fairly short time.

Based on a Participatory Learning and Action (PLA) technique, the aim of Gram Varta is to improve the health and nutrition status of rural people through community mobilization, through a series of meetings and interactive sessions. These Gram Varta sessions take place approximately every fortnight, in a 20-meeting cycle, and use PLA techniques like role plays, games, discussions, problem tree analysis, and so on.

Gram Varta is implemented through the Self Help Groups (SHGs) of JEEViKA, WDC and the Bihar Mahila Samakhya. It primarily involves women members of these SHGs who meet regularly to engage in these sessions. These women undertake community needs assessments, identify and prioritise local issues, draw up a community action plan to respond to these issues, implement the solutions as well as monitor the progress.

It also includes non-SHG members, men and women, adolescents, the wider community, and frontline workers — in some of the sessions and wider meetings — to encourage collaborative learning and action. The Gram Varta PLA cycle encourages local communities to become aware, recognise problems and act on issues such as good nutrition for pregnant women, complementary feeding for infants, family planning methods, birth-preparedness, harmful effects of open defecation and many other topics.

Dr Ellen Wratten, Country Head, DFID-India, hailed Gram Varta for empowering women and said it was a promising approach. She said the confidence and knowledge that the women had shown in talking to a large audience at this meeting was the real evidence in itself of the extent to which change has been achieved through Gram Varta. □

WATCH VIDEO



Bihar's Chief Minister Nitish Kumar speaks at Gram Varta workshop

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

OTHER UPDATES

Giving a push to the development agenda in Bihar

BTAST's knowledge sharing meet brings together cross-sectoral experts to give a fillip to development in the state.

Patna: The Bihar Technical Assistant Support Team (BTAST) held a Cross-sectoral Knowledge Sharing meeting on 8th of July 2015 with the Government of Bihar (GoB) and other development partners working in the state on various issues related to health, nutrition, and water, sanitation and hygiene (WASH). This meeting was called to set up an institutionalised common platform within the state for discussions and exchange of knowledge.

The workshop was attended by stakeholders like the Executive Director of State Health Society (SHS); Managing Director of Women Development Corporation (WDC), Director of Integrated Child Development Services (ICDS), officials from Public Health Engineering Department (PHED), UNICEF, UNDP, WHO, UNFPA, CARE India, NIPI and others.

Several large and small scale studies are being undertaken in Bihar, supported by development partners such as DFID, BMGF, UNICEF, WHO etc. Usually the purpose of these surveys and studies is to monitor the progress of the state against certain development indicators, assess the effectiveness of specific programmes and policies, and/or identify ways to strengthen existing programmes and develop new ones — with the ultimate aim of pushing development in Bihar. At various discussions and meetings between BTAST and development partners, the usefulness and the appetite for a structured opportunity for programmes to share knowledge, experiences, challenges and lessons learnt were identified. This was seen as important for two reasons

Multiple synergies could be achieved from collaborative working in, for example, study design, tools, and products, which would help in achieving better study outcomes.



Information sharing based on large and small-scale surveys, state level planning and evidence-based decision-making could be facilitated better with GoB.

This meeting helped to set in motion the process for such sharing. Presentations about some of the large surveys like the Concurrent Monitoring Survey being undertaken by BTAST, findings from surveys done by UNICEF and others were discussed with the Government counterparts. This Cross-sectoral Knowledge Sharing Group was recognised as a useful mechanism for not only supporting knowledge sharing amongst development partners but also stakeholders from three Government departments – Health, Social Welfare and Public Health Engineering.

The Group is also expected to connect members as a community to strengthen the collective capacity on survey and research in Bihar, and provide co-ordinated support to GoB policy and programming that is based on emerging evidence.

Subsequent meetings would be held on a quarterly basis through the year and the group would take up activities like discussions on methods including sampling, tools and implementation; analysis plans; dissemination and utilisation of results; sharing of knowledge and lessons learnt from large and small-scale surveys, and so on. □

Bihar PHED launches cell for monitoring grievances

The PHED-CGRC is also developing a mobile application for the officers to view the complaint.

New Delhi/Patna: To make the government system more responsive towards people, the Bihar Public Health and Engineering Department (PHED) has setup a Centralised Grievance Redress Cell (CGRC) on 17th July 2015. The Call Centre was inaugurated by the Chief Minister, Nitish Kumar by making a call and registering a complaint.

CGRC has been designed to provide a centralised contact point for easier access to information related to PHED's numerous schemes and services. The cell will also provide a platform to citizens for registering their grievances and feedback. The Bihar Technical Assistance Support Team (BTAST) is providing technical assistance to CGRC. BTAST is an initiative of Bihar Government supported by DFID-UK to implement the Sector Wide Approach to Strengthening Health (SWASTH) in Bihar.

The CGRC initiative of PHED aims at making the administration of the department more citizen-friendly. Over the course of time, CGRC shall also develop a citizen charter for defining the timeline required to address grievances falling under various categories and sub-



categories. The CGRC system is equipped to assign, store and track unique complaint IDs. It allows defining target Turn-Around-Times (TATs) against each category and sub-categories of complaint based on the citizens' charter and measure the actual TATs on all complaints.

The CGRC application has a built-in escalation matrix for resolution of grievances in a time-bound fashion. This will provide control to PHED for online monitoring of the grievance redressal procedure. The application will have the ability to classify different complaint types from different sources based on pre-defined customizable rules.

The CGRC system is conceived to facilitate setting up of alerts for an open complaint nearing the assigned time, as well as committed turnaround time. The system shall facilitate feedback to the complainant, and provide information to the PHED on the quality of service and efficiency of the system. CGRC has introduced a centralised Toll-free number (1800-123-1121) for people to register their complaint. For their grievance, people can also reach out to the department by writing an email or visiting its website. A complainant receives an acknowledgement after registration of the complaint or grievance. A text message containing a brief info is shared with a complainant and based on the grievance redressal matrix, a text is sent to the action taking

officer. This reduces the delay caused while reaching out to the officer concerned.

CGRC generated unique complaint ID is used to track the progress of the complaint resolution. Citizens can track the status of the complaint by visiting the website or by calling the grievance cell. GCRC is capable of sending summary of complaints to mid and/or senior level officials through SMS/eMail. The PHED-CGRC is also developing a mobile application for the officers to view the complaint and/or update the status of the complaint along with viewing the management information system (MIS).

CGRC cell would also house a dashboard for all level of officials who are part of the grievance redressal application. The dashboard with its intelligent graphics, tabular and trend analysis would help the decision making authority for taking corrective measures towards improving the efficiency and effectiveness of the system. □

Bihar provides dialysis service at half the market rates

Special camps are being organised in the state at public health facilities where haemo-dialysis sessions are being provided at half the market price.

Patna / Bhagalpur: In its bid to move towards making the health services more affordable in Bihar, camps for dialysis sessions catering to kidney patients are being organised in the state. The special camps being organised from August 4th - 8th, 2015, at Hemo Dialysis Centres (HDCs) will provide dialysis sessions at half the market rates with the facilities to be available in 13 district hospitals and four medical colleges located in seventeen districts.

To provide quality hemo- dialysis services at affordable cost, government district hospital and medical colleges are providing round-the-clock HDCs at 17 locations across the state in partnership with B Braun-India, a subsidiary of German company.

The HDC initiative is said to be the first of its kind Public Private Partnership (PPP) for providing low cost services to kidney patients in Bihar. Patients registered during these five days would be getting lifetime dialysis services at government approved rates. The State Health Society, Bihar and Bihar Technical Assistance Support Team (BTAST) are providing technical assistance to these centres in the form of identification of private partner for running the dialysis centres. BTAST is an initiative of Bihar Government supported by DFID-UK to implement the Sector Wide Approach to Strengthening Health (SWASTH) in Bihar. BTAST is also supporting the project in conducting special health camps to attract



kidney patients and link existing patients to these centres. According to the incidence rate of end-stage renal disease in Bihar, there are more than 22,000 patients who are suffering from kidney related ailments. Dr R C Mandal, Superintendent, Jawaharlal Nehru Medical College and Hospital, Bhagalpur, said that these camps would lead to greater awareness among people about the renal diseases.

According to Sandeep Kumar from BTAST, the availability of low cost dialysis sessions will result in longer life of people suffering from kidney ailments. "Repeated dialysis sessions result into a family being pushed below the poverty line. Generally, a dialysis session costs around Rs 3000 while these centres would provide the same service for approximately Rs 1500. Not just that, the patients would also avoid the pain of travelling away from their homes in search of better medical facilities," Kumar explained. □

SPECIAL FEATURE

Uddeepan Kendras boost health and nutrition of women and children in Bihar



Anganwadi Centres that have been upgraded as 'Uddeepan Kendras' at the Panchayat level are emerging as model centres for delivering quality services, and encouraging nearby Anganwadi Centres to strengthen their work.

Jyoti Kumari, stands proudly outside her Uddeepan Kendra (nodal Anganwadi Centre) in Chapi Panchayat of Purnia district. Appointed as an Uddeepika in November 2014, her role is to make her Uddeepan Kendra a model and resource for other Anganwadi centres within the Panchayat. Working alongside the Anganwadi workers and helpers, she provides on-the-job training, advice and mentoring, building their confidence to enable them to provide a high quality and full range of services under the Integrated Child Development Services (ICDS) to children (0-6 years), pregnant women and lactating mothers in the community.

Jyoti is from the same Panchayat where she currently works and understands local people and their issues. Initially, families were hesitant to accept her

recommendations, but over time, Jyoti has gained their respect and confidence. At 25 years of age, she has a post-graduate degree and is able to draw on her education and training to enhance community services and fulfil her desire to serve and improve the lives of local people.

Describing her work, Jyoti says, "I am responsible for observing daily activities of an Anganwadi centre and supporting Anganwadi workers on how to make improvements. I accompany Anganwadi workers on home visits where I directly interact with the community, and I support the Anganwadi workers in imparting counselling. I advise pregnant and lactating mothers on food habits, the importance of weighing and the services available at the Anganwadi centre". Her first job as the Uddeepika was to jointly work with the Anganwadi workers in her area to assess the basic hygiene and sanitation of the kitchen and surroundings, and plan for its improvement. She has also been working to ensure that Anganwadi workers update the registers regularly, eliminating delays in data entry.

Jyoti regularly carries out regular home visits and is recognised as a guide within the community. As Milan Devi, mother of two, said, “My baby was born underweight, but we did not realise this until Jyoti advised us to check the weight, using the weighing scale at the Anganwadi centre. When we realised that the baby was underweight, we took her to the nearest primary healthcare centre.”



Usually, people from well-to-do families and those who live close to the Anganwadi Centre are more likely to access its services, and the system often fails to service the poorest. Jyoti recognises this, saying, “Often the benefits of ICDS are availed more by the rich in villages. After home visits, I was able to identify households that are comparatively richer than others. I convinced them that the poorer households have a greater requirement for ICDS, particularly supplementary nutrition, so they were willing to share the benefits of the system to ensure those most in need are helped.” Jyoti is aware that it is difficult for families to afford nutritious food such as fruits, and tries to suggest less expensive alternatives that are easily available in the village, and are equally nutritious.

VOICES FROM FIELD



Usually, well to do families and those who live close to the Anganwadi Centre can access its services, and the system often fails to reach the poorest. The Uddeepika says “After home visits, I was able to identify households that are comparatively richer. I convinced them that poorer households have a greater requirement, particularly of supplementary nutrition, so they were willing to share the benefits of the system and help those in need”

Uddeepika, Chapi Panchyat, Purnia, Bihar

Jyoti’s Kendra along with its kitchen is in a permanent building. The equipment includes a water filter, dari (mat), chart papers, chairs, table, storage drum, teaching and learning materials, almirah, mirror and nail cutter. Efforts are ongoing to install a toilet and hand pump for water. She has also inspired other Anganwadi workers in her Panchayat to improve their centres, displaying their charts properly and cleaning the kitchens. She organises weekly cluster meetings with them to discuss identified subjects, share ideas and experiences and look at areas for improvement. She, along with the Anganwadi worker and the helper, also organises monthly community meetings to provide information on issues such as malnutrition, health and hygiene. These meetings are an opportunity for the community to give their feedback on ICDS, whether the services are helpful and how they could be improved and are important in fostering community participation and ownership, ultimately leading to behaviour change.

Jyoti is satisfied that the Anganwadi workers accept her advice and support her. She says that now the community is more aware of ICDS and there have been changes in food habits and breast feeding practices. The community holds Jyoti in high regard, depending on her to ensure they receive the services they need from Anganwadi centres. And as she has said, Jyoti is beginning to see tangible benefits already: growth monitoring of children is more regular and the community is adopting better sanitation and hygiene practices.

FOOTNOTE

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.

ICDS is a centrally sponsored scheme to improve the health and nutrition of children across India, implemented through the States and Union Territories on a cost sharing basis. The central point of delivery of the services is the Anganwadi Centre, with Anganwadi workers and helpers as frontline functionaries. To enhance the effectiveness of ICDS and overcome some of the challenges, the Government of Bihar has introduced the Uddeepan strategy under SWASTH in nine priority districts through a total of 1,731 n-AWCs. The priority districts are Purnia, Araria, Kishanganj, Madhepura, Supaul, Madhubani, Jamui, Sheohar and Banka. □

LOCAL TO GLOBAL

Connecting the dots: Linking Bihar's SWASTH to SDGs

While the new Sustainable Development Goals (SDGs) define the development discourse at the global level, initiatives such as the Sector Wide Approach to Strengthening Health, in Bihar are contributing in their own ways towards making these goals a reality

On September 25th 2015, global leaders will meet at the UN General Assembly (UNGA), where they are expected to commit to 17 Sustainable Development Goals (SDGs) to make the world a better place. The SDGs aim to achieve the goals such as ending extreme poverty, fighting inequality and injustice, fixing climate change and so on. SDGs are being considered a leap forward from the eight goals and 18 targets that were set as the Millennium Development Goals (MDGs).

While SDGs define the development discourse at the global level, initiatives such as the Sector Wide Approach to Strengthening Health (SWASTH), in Bihar are contributing in their own ways towards making these goals a reality. SWASTH helps improve the health and nutritional status of people, especially vulnerable communities like Mahadalits. Leveraging the strength of convergent action across health, nutrition and water & sanitation sectors, SWASTH supports improvements through strategic planning, innovative programmes and effective use of available resources. Bihar is one of the most populous and poorest states in India, and presents

a complex context that throws up several challenges. The effort is to help deliver government programmes smoothly, whilst also trying to introduce innovations that can accelerate progress.

The Bihar Child Support Programme (BCSP), for example, is a demand-side incentive programme of SWASTH, which aims to improve child nutrition through conditional cash transfers. On the other hand SWASTH has introduced the Uddeepan strategy to strengthen the Integrated Child Development Services (ICDS) at the Anganwadi level. An additional worker – the Uddeepika – mentors Anganwadi workers to improve the quality of services provided at the centres. A new ICT based performance management system, is also being piloted to help Anganwadi workers and their supervisors identify problems and to be more responsive to any issues – thereby aiming for more effective and time-efficient work. All this and more are an aim to bring down chronic hunger and undernutrition amongst children and women in Bihar.

In the field of health, SWASTH is working closely with the Government of Bihar to strengthen health systems by helping with quality improvements at health facilities, building the capacity of health workers, promoting public-private partnerships and so on. For example, a skills lab trains nursing graduates on core skills for



maternal and newborn health. It provides hands on experience with mannequins and other educational aids, to prepare them with any skills needed in the labour room. These are needed for addressing high rates of maternal and newborn mortality – and are very directly linked to achieving the SDGs.

A third area of SWASTH's work is on facilitating access to safe drinking water and safe sanitation which is linked to the SDGs targets. Despite challenges, SWASTH has been working over the past few years on the Community Led Total Sanitation (CLTS) approach to make villages open defecation free (ODF). This is now being further catalysed by the new emphasis laid on this issue through the Government of India's Swachh Bharat Mission. Water quality issues are being addressed through support to set up water treatment

plants in areas affected by water contamination, and also for water quality labs to provide safe drinking water to people in Bihar.

Gender is an integral part of SWASTH and is emphasised across all programmes. Specific interventions such as Gram Varta or the women's helplines also directly address gender concerns.

At a time when policymakers across the globe are advocating for an integrated approach for achieving SDGs, SWASTH is an apt example for convergence, coordination and strategic planning. It is important that the learnings and evidence from this are used to sustain beyond programme cycles and for scaling up and replication. □

REGIONAL UPDATE

Panchayat to run water treatment plant in Bihar village

The community owned water treatment plant will provide clean drinking water to people at the nominal rates.

Patna/Munger: The Panchayat in Khaira, a small village of Bihar, has launched a community owned Reverse Osmosis (RO) Water Purification Plant for providing clean water to the villagers.

Khaira is located in Kharagpur Block of Munger, one of the two districts in Bihar that are enlisted as both arsenic and fluoride contaminated.

According to a study conducted between October 2012 and April 2013, 213 of the 272 hand pumps in the village reported fluoride content beyond the permissible limit.

The Bihar Technical Assistance Support Team (BTAST) has facilitated and supported commissioning of the water treatment plant. BTAST is an initiative of Bihar Government supported by DFID-UK to implement the Sector Wide Approach to Strengthening Health (SWASTH) in Bihar.

The Khaira water treatment plant has been handed over to the local panchayat but BTAST will look after the plant's annual maintenance for more than a year till December 2016.

Prabhakar Sinha, Water and Sanitation Director of BTAST said that village panchayat will run the plant with

the support of a local agency on behalf of the BTAST.

Sinha added that the community-driven plant would provide water supply to about 40 per cent of the 700 households in the village. "The water treatment plant will cater to the poorest of the poor families in the village. It will be the first community-driven water treatment plant in the state," he said.

The importance of the plant can be seen through the prism of a dental survey that was conducted on 143 children in the age group of 8 – 16 years of three schools in the village.

According to the survey, out of a total of 143 children, over 28 (20%) were affected by mild fluorosis, 28 (20%) by moderate fluorosis and 21 (15%) by severe fluorosis. Apart from these figures, 21 (15%) of those surveyed were categorised as suspected cases, who in later years may develop clear symptoms of dental fluorosis.

The water plant will provide water to villagers at the rate of Rs 2-3 for 20 litres of water. BTAST has employed caretakers and purchased containers for ensuring proper water supplies. The caretakers will distribute water and collect revenue from the users.

The importance of Khaira water treatment plant is due to the fact that this, if successful, it has the potential of being replicated in other needy areas of Bihar. □

INTERVIEW

Bihar needs integrated solutions like SWASTH: Prakash Kumar of BTAST



Prakash Kumar, Team Lead, Bihar Technical Assistance Support Team (BTAST), a health sector reform programme in Bihar supported by DFID-UK, in an interview to OneWorld South Asia, says that convergence between health, nutrition, and

water and sanitation makes sense for Bihar as it is one of the most populous state and optimum use of available resources and holistic planning is necessary for development. BTAST is an initiative of Bihar Government supported by DFID-UK to implement the Sector Wide Approach to Strengthening Health (SWASTH) in Bihar. Excerpts from the interview with Prakash Kumar:

OneWorld South Asia: What differentiates SWASTH-BTAST from other similar programmes?

Prakash Kumar: SWASTH is a Government of Bihar's initiative to improve the health and nutrition status of people in Bihar, particularly of the marginalised sections. It is a very unique and innovative approach with an inbuilt concept of convergence between health, nutrition, and water and sanitation and all facets of women empowerment from concept to policy and its delivery.

The prevalent government system by its design, works in silos, but SWASTH is promoting change for the greater good of people through better coordination, integration and convergence. We have seen many such programmes that have failed due to the absence of linkages.

Convergence is a tool for mass behavioral change, optimal resource utilisation and now we can see how it is playing a transforming role at the village level. Convergence of issues of nutrition and WASH with health awakens people to the preventive side of health care.

SWASTH supports the Bihar government in two ways. Financial assistance is routed through the budgetary support system and technical assistance is provided for innovative approaches and also to the flagship programmes of government in health, nutrition and water and sanitation and women empowerment.

OWSA: How is convergence between health, nutrition and WASH brought about?

Kumar: For a state like Bihar, which is resource constrained, convergence makes more sense to avoid duplication of programmes.

Convergence at all levels is important to raise the awareness of community on nutrition, health and WASH issues and will be the main approach not just in all the states in India but also in other developing countries.

In SWASTH, convergence is happening at the highest level. The programme has a steering committee which is headed by the Development Commissioner of Bihar and draws members from various departments like Health, Social Welfare, Public Health Engineering Departments (PHED), Finance and Planning.

The committee provides a platform for decisions to be taken at the highest level so that convergence and integration can happen at all level down to panchayat and villages.

OWSA: How has SWASTH led convergence of health, nutrition and WASH delivered better results in Bihar?

Kumar: Most of the health issues have wider linkages with nutrition, sanitation and poor water supply and also inequality and gender. The main objective of SWASTH is to converge all the departments on the basis of agreed common minimum programme.

The programme also focuses on raising awareness among women and creating demand for nutrition, health and WASH services and linking this demand to the supply side, especially to the government departments.

OWSA: Can you name some of the demand side interventions generated by SWASTH-BTAST?

Kumar: Some of the notable demand side interventions generated by the programme is Gram Varta (Village Dialogue), which is a process wherein Self-Help Groups (SHGs) of women raise their understanding and awareness on issues of nutrition, health and WASH. Currently, the programme is working with 80,000 women SHGs in the state.

Gram Varta is the largest convergence model in the world planned to reach 10% of Bihar's population. Bihar needs programmes with a potential of being scaled up for another 15-20 years.

Behaviour change communications requires sustained efforts for a long time. Community led total sanitation is another example of raising awareness of community to make entire village open defecation free.

It is very important for a programme that works on complex issues of health, nutrition and WASH to create demand and then link it to the supply side for a better response and long term sustainability.

The result of demand side interventions could be seen in the fact that earlier only 10% of the Village Health Sanitation & Nutrition Day (VHSNDs) were being organised and now about 90% of the VHSNDs are happening in the state. SWASTH is now engaged in the task of improving the quality of sessions in VHSNDs across the state.

OWSA: How can SWASTH become a guiding tool for such interventions outside Bihar, too?

Kumar: Through this programme, knowledge has been created and evidence has been produced which can serve as advocacy tools to explain how different departments need to converge to deal with the complex issues of health and better understand its linkage with nutrition and WASH.

BTAST has a presence in all 38 districts of the state with core teams on health, nutrition and water and sanitation. Besides, we have multi-disciplinary specialists on training, gender, human resources, finance, PPP, IT, monitoring & learning and knowledge management.

We have embedded offices and supporting critical human resources in the ICDS, Department of Health & Family Welfare, State Health Society, Women Development Corporation, JEEVIKA, Nutrition monitoring unit in Saksham, BMISCL, Social Welfare and PHED, providing technical assistance in various forms.



OWSA: What has been the contribution of DFID-UK?

Kumar: BTAST, supported by the DFID-UK, is the first large bilateral programme in the state with a grant budget of (£145 million). Before DFID-UK very few bilateral agencies were active in the state at this scale with an objective to work closely with the Bihar Government.

Many of the development agencies eluded Bihar as conducive environment did not exist for a long time. The programme has been successful mainly because of the active involvement of the government departments. Besides SWATH, DFID is also supporting programmes on Urban Development and Governance in the state. Recently, DFID has commissioned programmes on attracting private sector investment through the GROW project while the other programme commissioned is aimed to improve performance in agriculture sector.

The DFID support is very holistic in nature and covers almost all the sectors critical for the development of the state. This is a very timely support coming in from DFID as the state is on the development trajectory. I am sure with the success of SWASTH many development agencies will be willing to now work in Bihar and contribute to its social and economic development. □



People are enthusiastic about water testing through mobile van



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.

Bihar Technical Assistance Support Team (BTAST)



Knowledge Product Developed by

