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FEATURED UPDATES

Uddeepan Strategy: Bringing Change in Integrated Child Development Services in Bihar

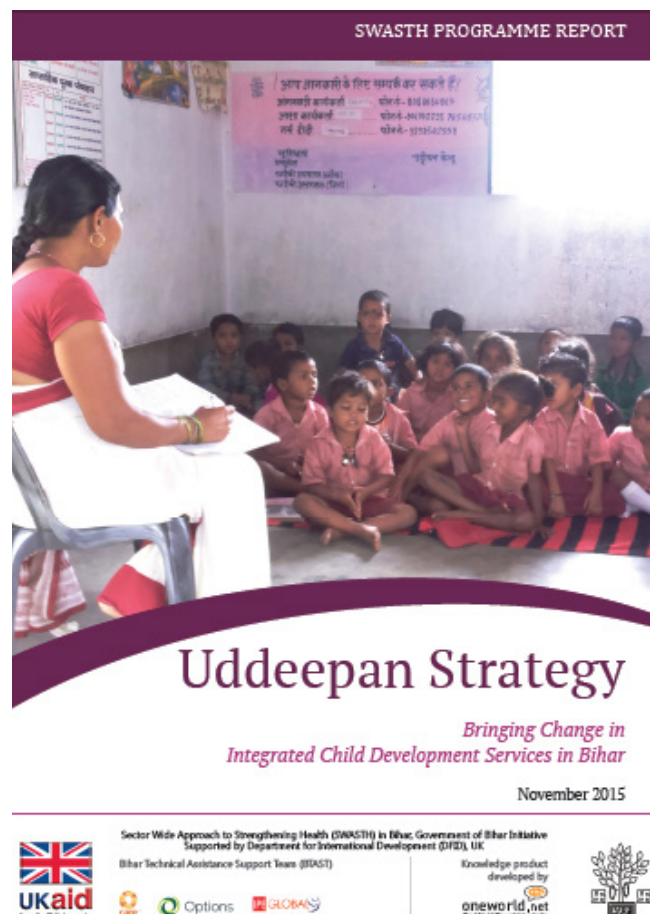
The programme report has been developed to describe the functioning of Uddeepan Strategy in Bihar. It draws from the internal reports developed by BTAST, including 'A note on Uddeepan Strategy' and 'Report on Functionality of the Uddeepan Kendra', which have been extensively referred to in this document.

Summary

Persistent child undernutrition has been a significant challenge in India, despite the country's recent economic progress. The Integrated Child Development Services (ICDS) scheme, which has been the government's large scale response to the issue since 1975, has faced many challenges and its strengthening continues to be one of the key items on the agenda of policy influencers in India.

Given the larger challenges faced in Bihar, Sector Wide Approach to Strengthening Health (SWASTH) in collaboration with the Government of Bihar has introduced an innovative strategy called-the Uddeepan Strategy. The strategy involves the strengthening of an Anganwadi Centre (AWC) at the Gram Panchayat level that acts as a resource centre hub - called the Uddeepan Kendra, or the Nodal Anganwadi Centre (n-AWC).

These centres serve as a hub for a cluster of 8-10 AWCs in the particular catchment area and provide mentoring support to the Anganwadi Workers (AWWs) through an additional worker - Uddeepika. This programme report describes the strategy, its components and the process. It also presents some of the early learning lessons emerging from the programme implementation. □



For more, please click to read the document:

http://swasth.btast.oneworld.net/sites/default/files/kb/docs/Uddeepan_Kendra.pdf



INTERVIEW

GRC will become the hub for all gender activities in Bihar

Dr N Vijaya Lakshmi, Managing Director, Women Development Corporation

The Bihar government has taken up the issue of violence against women, particularly domestic violence seriously at all levels, right from conducting sensitisation workshops and initiating gender equity movement in schools to setting up the Gender Resource Centre. Dr N Vijaya Lakshmi, Managing Director, Women Development Corporation, talks to OneWorld's Ashok Kumar about the role of the SWASTH programme on the issue of violence against women and implementation of state policy for women's empowerment amongst other issues. Excerpts from the interview:

OneWorld: The Women Development Corporation (WDC) is working with the Bihar Technical Assistant Team (BTAST) on the Sector Wide Approach to Strengthening Health (SWASTH) programme. What is the nature of this engagement?

Dr N Vijaya Lakshmi: The Government of Bihar launched the SWASTH programme in 2010. It is expected to be completed in March 2016. The basic objective is to help the government to create an enabling environment for implementation of initiatives on Health, Nutrition and Water & Sanitation. The programme has both-Financial Assistance (FA) and Technical Assistance (TA) components. WDC works very closely with BTAST on the SWASTH programme on various issues, including

four key components-Gram Varta, which uses the self-help group platform; Violence Against Women (VAW); Gender Resource Centre (GRC); and the institutional strengthening of WDC itself.

OneWorld: What kind of initiatives have been taken on the issue of VAW?

Dr Vijaya Lakshmi: On the issue of VAW, there are three subcomponents. The first subcomponent is about creating an enabling environment, the second subcomponent is about strengthening of institutions; and the third subcomponent is about innovation and research and scaling up of these initiatives.

Creation of an enabling environment includes developing operational plans to address domestic violence issues on the WHO prevention model. We have also supported effective implementation of women specific legislations with a special focus on the Protection of Women from Domestic Violence Act, 2005 (PWDVA). Another subcomponent supports the State Policy on Empowerment of Women, for which a detailed action plan has been prepared. The government of Bihar has formulated the Women Empowerment Policy in 2015. BTAST has supported in formulating and drafting the policy. Now an action plan is being made to operationalise the policy.

We have also established very good partnerships with the State Legal Services Authority (SLSA) and District Legal Services Authorities (DLSAs). SLSA acts as a nodal agency for providing legal aid and other services for women in distress. Similarly, DLSAs provide services at the district level. WDC with the support of BTAST works very closely with SLSA and DLSAs to bring justice to the doorsteps of women. So, this is a very important component for strengthening the existing helplines and short stay homes. Another innovative approach, which we have implemented recently, is creating a special cell for women in partnership with the state Home Department and police. As a pilot, we have implemented this in 23 police



stations in the Patna district and there is also a proposal in the pipeline to implement the concept of these special cells in all the 112 sub-divisional police stations. This was announced by the Hon'ble Chief Minister on March 8th this year - the International Women's Day.

We are also running an exciting gender equity movement in schools. Under this programme, gender education modules are used for sensitising Class 6 and Class 7th students. We have already covered 200 schools and are going to cover few more hundred schools. Similarly, for sensitising community members, we are creating awareness through various Information, Education and Communication (IEC) campaigns, including Nukkad Natak (street plays).

Besides, we are conducting a lot of sensitisation workshops for various stakeholders including the police, judiciary, administration officials, Panchayati Raj representatives, para legal cadres, etc. A series of workshops and sensitisation programmes have been conducted on issues related to VAW. I can say this with a lot of confidence that this is unprecedented since we have never done this in Bihar. There has not been so much of focus on VAW earlier in Bihar. With the support of BTAST, we could do all this in a span of 2-3 years.

OneWorld: What prompted the idea of setting up of the Gender Resource Centre (GRC)?

Dr Vijaya Lakshmi: We wanted to set up the GRC to have a nodal agency at the state level, which would collect data related to women on socio-economic issues. For example, if a researcher on banking sector wants to know how many women are working in the sector, we don't have the data. So, we wanted to have an agency, which can actually collect this kind of data, analyse it and come up with certain indicators to make it easy for policy makers to take further decisions. This is one big gap which we have identified and we thought that we should have a nodal agency to fill this gap.

Apart from this, the GRC also has an advocacy role for women and other stakeholders from the government and civil society. The Parliament has enacted so many legislations related to dowry prohibition, child marriage prohibition, prevention of sexual harassment at workplace, women's protection from domestic violence, etc. There are so many laws but people are not aware of these laws. The GRC can create awareness about these laws and also train and build capacities of various stakeholders. So, we are actually visualising the GRC as the hub for all gender activities at the state level.

OneWorld: Gender is already interwoven in the SWASTH programme across many interventions. Do you see GRC adding value to the programme?

Dr Vijaya Lakshmi: Yes, once we have data, we can analyse it. All the SWASTH programme subcomponents

are very much in sync with what we are thinking about how to take it forward in the future. The VAW component is especially very important. Likewise Gram Varta is a very important component.

OneWorld: What is your experience of involving communities in initiatives like Gram Varta?

Dr Vijaya Lakshmi: The beauty of these programmes is that you involve the community members themselves as trainers. We have master trainers and we also have supervisors and facilitators and coordinators who are actually selected from the community itself. So, it's like your own friends talking to you instead of somebody from outside lecturing you. When your own community member talk about the issues, you relate with that person and the beauty of these programmes is that we have really developed a lot of community workers and built their capacities. So, once you give them knowledge, it is going to be there with them and they will influence wherever they are as community coordinators and facilitators. So, that is very good.

OneWorld: For a policymaker like you, what are the key learnings from the SWASTH programme and how has the BTAST support added value to the work of WDC?

Dr Vijaya Lakshmi: Both TA and FA have added a lot of value to the work of WDC. TA was very much instrumental in getting a lot of expertise on various issues. For example, we could really focus on VAW. As I mentioned earlier, nobody used to even talk about VAW. Our sensitisation programmes conducted during the last couple of years for a number of stakeholders have been phenomenal. Even Gram Varta, which is an integral component of the SWASTH programme, has added a lot of value to the common man's life. Now if you go to any village where Gram Varta is implemented, you can immediately perceive the knowledge dissemination amongst the community. You can talk to any woman and she will tell you about malnutrition, what is anaemia, how to control anaemia, how to take care of pregnant and lactating mothers, what is the importance of breast feeding for the first six months, etc. They not only have the knowledge now, but are really taking lessons from that knowledge and actually implementing it in their own lives. So, there is a lot of improvement in their health, and the health expenditure has gone down.

OneWorld: How do you think the work done so far can be made sustainable?

Dr Vijaya Lakshmi: Now the government has to take ownership and the government has already taken ownership on a lot of initiatives. In any case, the government plays a larger role. Only the government can scale up such interventions. I am sure the government will take these initiatives further. □

OTHER UPDATES

Buxar villages celebrate becoming Open Defecation Free

The ward eight of Ahrauli Panchayat and Mungraul, and Desarbujurg villages of Umarpur Panchayat in Buxar district of Bihar announce the achievement of their Open defecation Free status.

On the occasion of Gandhi Jayanti on 2nd October, which marks the birth anniversary of Mahatma Gandhi, Ward eight of Ahrauli Panchayat and Mungraul, and Desarbujurg villages of Umarpur Panchayat in Buxar district of Bihar announced the achievement of their Open defecation Free (ODF) status.

Talking on the occasion, the district magistrate of Buxar, Raman Kumar, thanked the local communities for working together to make their villages ODF. The members of District Water Sanitation Committees (DWSCs), including Executive Engineer, Sub-Divisional Officer, District Coordinator, Bihar Technical Assistance Support Team (BTAST) and Action for Empowerment of Community (ACE), were also present on the occasion.

During the ceremony, people of both Panchayats took a pledge to stop open defecation. People are taking a keen interest in following the Community Led Total Sanitation (CLTS) approach, which involves conducting exercises like walk of shame, calculation of faeces, making of F-diagram, and thereafter constructing and using their own toilets.

BTAST has been championing the hard-hitting CLTS approach to educate villagers about the ills of open defecation. In Ahrauli and Umarpur, sensitising the



local communities through this approach has led to a very quick realisation of the ills of open defecation and a marked change in behaviour has been noticed. Villages in these Panchayats now have no visible signs of open defecation as households use toilets only.

Talking about the role played by the local Panchayats in promoting appropriate water, sanitation and hygiene behaviour, BTAST representative Sunil Upadhyaya thanked the people of both Panchayats for their efforts.

However, there is unfinished work as many of these *kuccha* toilets now need to be made into permanent *pucca* structures. Brij Kishor Upadhyaya and Vijay Paswan, the Mukhiyas (village headmen) of Ahrauli and Umarpur Panchayats, have pledged to complete the unfinished work and declare their Panchayats ODF with sustainable Individual Household Latrines (IHHL).

The Buxar district administration has sanctioned funds to construct *pucca* toilets in every household and District Magistrate Raman Kumar is taking a keen interest in the initiative. To encourage behaviour change and improve sanitation standards amongst its people, the Bihar government provides an incentive of Rs 12,000 per household to help with the costs of toilet construction within the household premises. □

Read a similar story

Making an Indian village open defecation free

<http://swasth.btast.oneworld.net/updates/articles/making-indian-village-open-defecation-free>



Convergence of key departments and awareness can make VHSND a success

A district-level Training of Trainers (ToT) workshop in Araria shows trainers the way ahead in bringing more people under the VHSND initiative.

“Convergent working across various departments as well as awareness creation among people on issues of health, sanitation and nutrition is necessary for result-oriented success,” said Dr NK Singh, Civil Surgeon, Araria, at a district-level Training of Trainers (ToT) workshop for Improving Quality & Coverage of Village Health, Sanitation & Nutrition Day (VHSND) in Araria in September 2015. Delivering the inaugural speech, Dr N.K. Singh emphasised on increasing mass awareness so that many more underprivileged households can avail of the VHSND services.

Dr Kari Prasad Mahto, District Programme Officer, ICDS, also emphasised on the importance of Anganwadi Centres playing a central role in providing VHSND services at the village level. He talked about the various measures that are needed at the Anganwadi and village level to ensure good health amongst people.

For example, he stressed on how important it was that water is stored in such a manner that it is safe for drinking, and about having separate storage provision for water required for other domestic purposes. “If people consume safe potable water, more than 50 per cent of the diseases can be checked.” He also shared his experiences gained from his visits and interactions with people in different parts of Bihar.



Parimal Kumar Jha, District Programme Officer, BTAST (Nutrition), who shared an overview of the health, nutrition and sanitation scenario in Araria, made a comparison between the state of Bihar and the Araria district. He highlighted how the district was lagging the state on many health and nutrition indicators. He particularly referred to prevalence of anaemia among women, access to toilets and incidence of underweight children which he felt were the areas where focussed action is required to make improvements.

The district-level training workshop was attended by representatives from the three key departments of the Bihar Government - Health, Integrated Child Development Services (ICDS) and Public Health Engineering Department (PHED).

The workshop was organised as a review exercise for facilitators or field workers so that they could be updated with developments and interventions on health, nutrition, water and sanitation-related issues. The workshop was also held to impress upon participants the need to identify people from disadvantaged and marginalised communities, who could be covered under the programme.

Rehan Ashraf, District Programme Manager, National Health Mission (NHM), underlined the importance of monitoring and providing onsite support to frontline workers (FLWs) to help them deliver better services. “Monitoring and supportive supervision help the FLWs in understanding issues in a more vivid manner. It is not helpful to just visit and give comments, rather we should help facilitators become more competent. It is a joint responsibility associated with the programme,” he said.

Ashraf also urged the participants to make a schedule to regularly visit sites and prepare feedback, so that field-level issues can be handled meaningfully. □

Bihar government to set up Gender Resource Centre

The Gender Resource Centre aims to streamline coordination and strengthen implementation of women empowerment programmes and schemes in the state.

Supported by the Sector Wide Approach to Strengthening Health (SWASTH) programme, the Government of Bihar (GoB) plans to set up a Gender Resource Centre (GRC), which intends to support the coordination and implementation of women's empowerment programmes and schemes. The centre will also support the state in implementing the State Policy for Empowerment of Women in Bihar.



The purpose of the GRC is to help various departments of GoB to mainstream gender-sensitive policy and programme planning as well as implementation into their regular work. The GRC will aim to do this through a range of activities that would involve identifying any existing policy gaps, undertaking quality research, building local capacities on gender, gender budgeting, supporting implementation of gender programmes and promoting effective planning to ensure effective delivery of gender programmes. The centre will work in areas of research, policy, advocacy, awareness and monitoring and evaluation of gender-related programmes of the government.

SWASTH has collaborated with the Institute of Development Studies (IDS), Sussex, UK, to develop the vision, objectives, and theory of change for the centre. Representatives from key national-level organisations

like the Centre for Budget Governance and Accountability (CBGA), TRIOs Development Support (P) Ltd, and the Gender Resource Centre, New Delhi, participated in the consultations. The Bihar GRC has been modelled on similar successful models in Gujarat and Kerala.

Besides undertaking to sensitise and facilitate government departments on planning, implementing and evaluating gender sensitive programme, policies and laws, the centre will also work closely with NGOs, academic institutions and experts working in this area.

At the envisioning exercise organised by the Bihar Technical Assistance and Support Team (BTAST), and led by IDS, Sussex and the Managing Director of Women Development Corporation, Dr N Vijaya Lakshmi, the following specific objectives were agreed upon:

- Address existing gaps in policies; undertake quality research, schemes and programmes on women and girls, and develop evidence-based strategies and innovative schemes for programming
- Strengthen capacities of all key stakeholders (Government, private sector, non-government) for building gender responsive analysis, strategies, monitoring all programmes and policies

and guiding IEC/BCC strategies

- Promote effective planning, coordination and monitoring for more effective delivery of women and girls' empowerment programmes by the nodal state government department
- Facilitate effective implementation of the State Policy for Empowerment of Women and the Detailed Action Plan by various government departments

On October 5th 2015, BTAST organised another consultation to agree on an action plan with clear roles and responsibilities. While activities to operationalise the GRC are underway, administrative approval for the construction of the centre has been received. This will be followed up by a cabinet approval by the Bihar government. It is expected that GRC will start functioning in the first quarter of 2016. □

SPECIAL FEATURE

Rogi Kalyan Samitis help health care facilities become patient friendly

Set up to ensure patient welfare, Rogi Kalyan Samitis are responsible for proper functioning and management of government health care facilities in Bihar.

Manju Devi holds the hand of her 18-year-old sister-in-law Pinky Devi and walks confidently into the Sub-Divisional Hospital (SDH) in the Mahua block of Vaishali district in Bihar. Pinky Devi is into the eighth month of her pregnancy.

After a brief enquiry at the information kiosk, installed right at the entrance of the hospital, Manju Devi steps ahead with her sister to consult a gynaecologist.

Manju and Pinky are among many women who repeatedly visit the hospital and avail of health care services. Talking about their experiences, they say that it is the helpful behaviour of the nurses and doctors towards them and refurbished hospital infrastructure that encourage them to avail of the services.

Similar experiences in other districts have come about as a result of the Bihar government's initiative to strengthen and activate the Rogi Kalyan Samitis (RKS) in the state. The RKS or the Patient Welfare Committees have been set up to ensure patient welfare. The committees, which are registered under the Societies Registration Act, have a group of trustees overseeing the day to day affairs of the hospital facility. The RKS comprises members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from the government sector who are responsible for proper functioning and management of health facilities, which could be a district hospital, Community Health Centre or First Referral Unit.

The RKS initiative was introduced in 2005 under the National Health Mission (NHM) or the erstwhile National Rural Health Mission (NRHM). However, until recently, most committees were dormant and ineffective leading to failure of utilisation of funds locally. In the absence of efficient utilisation of funds, most health facilities had poor infrastructure and lacked equipment essential for providing primary health care services, including of maternal and child health. Not surprisingly, local

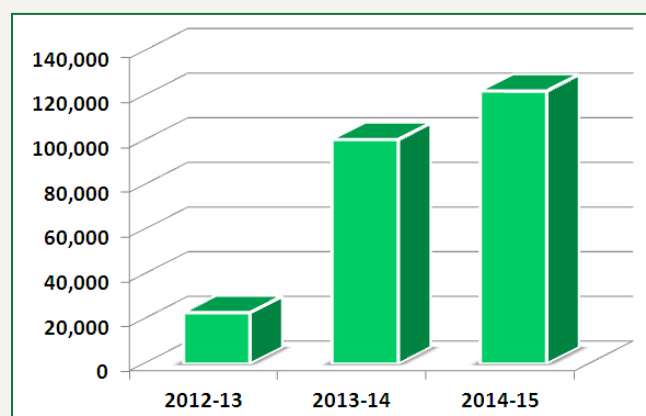


communities had little faith in these health facilities.

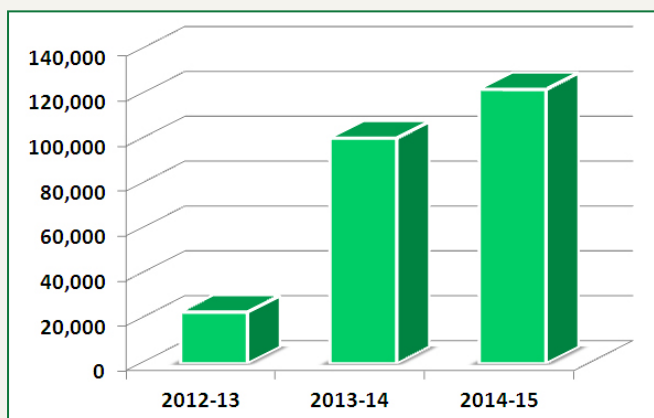
The initiatives taken up by the RKS for hospital welfare have included provision of diagnostic facilities, ambulance services and auxiliary services such as laundry. The RKS has also ensured the provision of medicines, neat and clean facilities and easier access to facilities and display of signposts at key junctions.

The RKS makes arrangements for adopting sustainable and environment friendly measures like scientific waste disposal, solar refrigeration, water harvesting and water recharging systems.

The BTAST Quality Assurance consultants equipped



The number of visitors seeking treatment at the Sub-Divisional Hospital, Mahua, has increased over the years.



Better facilities have helped the Sub-Divisional Hospital in Mahua to register rise in income.

with the Government of India checklist developed by National Health Systems Resource Centre play an important role by supporting hospital authorities to identify gaps in facilities and make appraisals so that appropriate corrective actions can be taken. This action has improved patient experience and welfare in facilities resulting in increased uptake of services despite the presence of many private players.

The figures at the SDH, Mahua are testimony to the fact that how consistent improvement in the services not only builds confidence of patients in the health care

facilities but also encourages them to visit it whenever there is a need.

The Out-Patient Department (OPD) and the In-Patient Department (IPD) figures for registration reflect how better amenities have resulted in more patients visiting the hospital. The number of patients (OPD+IPD) has increased from 59,328 in 2012-13 to 60,182 in the 2013-14.

The efforts of RKS can also be seen in the increased income from patient registration fee. A token fee of Rs 2 is charged from every new patient visiting the hospital. The figures show that income from the patient registration has increased manifold over the past three years.

While the income from patient registration was merely Rs 23,000 in 2012-13, it went up to Rs 100,500 in the financial year 2013-14 and Rs 122,400 in 2014-15.

Effective utilisation of funds is one of the important tasks of the RKS that helps the hospital in making various provisions including procurement of emergency medicines, payment to the contractual staff and improvement in facilities.

“Through the continuing efforts of the RKS we have upgraded the hospital like installing air-conditioners in the Labour Room as well as the New-Born Care Corner. The



improved facilities have attracted many people to avail services at this hospital,” says Dr Anil Kumar, Deputy Superintendent, SDH-Mahua, and Secretary, RKS.

Prakash Kumar, Hospital Manager, SDH, Mahua, believes that RKS plays an important role in introducing patient friendly new programmes. Kumar adds that 90% of the medicines at the facility have been purchased through RKS. “With the help of RKS this facility has started evening OPDs. These suggestions came to RKS from the community through their representatives. After realising their worth, they have been incorporated for the benefit of people,” he says.

Vigyan Swaroop Singh of Sindhara Village in Mahua block is one of the members of Rogi Kalyan Samiti, SDH, Mahua. Acknowledging the improvements brought about by RKS, Singh says that the presence of new patients registered at the hospital is proof of the success of the efforts made by RKS. However, there are challenges in the day to day functioning of the RKS as well. “We have seen that a bigger say in decision-making by RKS at the hospital improves the situation to a great extent. Unfortunately the SDO of the district, who is the executive chairman of the RKS, is often unable to attend the meetings due to hectic official engagements. The RKS needs to be set up in such a way that its routine functioning is not hampered,” says Singh.

To ensure quality services at the hospital and to keep a check on various services being provided, RKS has installed closed-circuit television (CCTV) at various points of the facility. Kumari Chanchal, a 28-year-old staff nurse, says that the installation of CCTVs in the hospital has not only ensured the punctuality of nurses in hospitals but also helped in improving security of staff and patients at the hospital. “Having CCTVs installed has helped in keeping better vigil in the hospital,” she says.

SDH, Mahua, also provides free diet to mothers three times a day. Quality food is served and the general atmosphere is also very friendly, which makes patients feel at home. Kumari Ritika, a 23-year-old staff nurse, adds, “Cleanliness and recreational facilities like a well maintained garden have encouraged more people to avail of hospital facilities. Such improvements have made a difference to the local community.”

Manorama Kumari, senior staff nurse at the hospital, says that the provision of a lady doctor round the clock and the availability of several other services at the hospital make it the first choice for many people. Such interventions have been possible only because of the allocation and utilisation of RKS funds.

Pappu Kumar, Quality Assurance Consultant, BTAST, emphatically claims that RKS has been instrumental in filling those gaps that could not be filled by using the government funds. “We identify the gaps with the help of checklist and apprise RKS and RKS takes prompt steps to fulfil such gaps,” he says.

The focus of SWASTH is to strengthen systems in the public health sector in Bihar through better planning, organisational strengthening & human resource management, decentralised decision making and convergence among key departments. The functioning of RKS, SDH, Mahua is a testimony to this. ■

This story was written by Ashok Kumar at OneWorld Foundation India.

VOICES FROM THE FIELD



Through the continuing efforts of the RKS we have upgraded the hospital like installing airconditioners in the Labour Room as well as the New-Born Care Corner. The improved facilities have attracted many people to avail services at this hospital.

Dr Anil Kumar
Deputy Superintendent, SDH, Mahua

Footnote

The 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 & human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.

The Rogi Kalyan Samiti (RKS) or the Patient Welfare Committee, introduced in the year 2005, is registered under the Societies Registration Act and which has a group of trustees overseeing the day to day affairs of the government health care facilities.

BLOG

Ending violence against women and girls in Bihar

Madhuri Das, Gender & Social Inclusion Expert, BTAST

SWASTH supports the Government of Bihar to help curb violence against women

The United Nations (UN) Declaration on Elimination of Violence Against Women, in 1993, clearly laid that “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” constitutes Violence Against Women and Girls (VAWG). This put domestic violence under the international spotlight as intrinsically unacceptable, as it essentially violated human rights, thus providing women with the right to seek justice for any atrocities that occur even within their so called ‘safe sanctuaries’ - their homes.

For many women and girls violence can be an everyday occurrence. It may not only start very early in their lives but can take various forms of abuse including physical violence, sexual abuse, rape, incest, forced marriage or even regular verbal and mental torture. According to the National Family Health Survey (NFHS-3), (in 2005-06) conducted across India, over 35% of the women between the ages of 15 and 49 years reported having experienced physical or sexual violence. Bihar was found to be the most violent state with 59% women reporting spousal violence. Sadly, both men (57.4%) and women (56.9%) justified such violence, clearly pointing to the extent the problem is socially internalised as acceptable part of family life.

NFHS-3 findings also demonstrated that spousal violence was correlated with low levels of immunisation and nutrition, and low uptake of contraception amongst women. But, when other factors such as education and wealth were factored in, this correlation was not statistically significant, suggesting that if women were economically empowered and had better education, their health and nutrition outcomes would be better. This evidently had huge public policy implications, especially related to physical and psychological health and well-being, nutrition and women’s ability to lead productive lives.

Several developments have been witnessed in India with regard to the country’s commitment to tackle domestic violence. The landmark law, Protection of Women from Domestic Violence Act, 2005, followed by the amendment of Criminal Procedure Code, 2013, the introduction of the Sexual Harassment at Workplace Act, 2013 and many other initiatives are proof this



commitment. The Government of Bihar (GoB) too has also taken several steps towards empowering and protecting women.

VAWG has been one of the central issues that the Sector Wide Approach to Strengthening Health (SWASTH) too has tried to help GoB address. An operational plan to address domestic violence in the state was developed by the Bihar Technical Assistance Support Team (BTAST) in consultation with three nodal departments: Department of Health, Department of Social Welfare, and Public Health Engineering Department. Key strategies developed under the SWASTH programme for VAWG prevention and response mechanisms were agreed with the Government departments and implemented.

One of these key strategies was to support GoB to effectively implement the Protection of Women from Domestic Violence Act (PWDVA) 2005, through partnerships with multiple stakeholders, strengthening existing institutions such as Women’s Helplines and Short Stay Homes, and through multi-sectoral engagement with various departments including health, education, police and the judiciary. SWASTH has also supported GoB in developing the State Policy for Empowerment of Women and Girls.

SWASTH helped implement these low cost and effective models in some selected districts so that they could be subsequently replicated and scaled-up by GoB across the state. Establishing special cells within the police stations to counsel women, who had faced violence, was one of the new models. Alongside this, BTAST also helped establish linkages with the judiciary through State Legal Services Authority to create an



enabling atmosphere for women and girls in Bihar. One of the trained counsellors at a Special Cell says, “Even though the police station in which the cell is based is a women’s police station, which has been functional for the last three years, the Special Cell for Women which is only one year old has received and redressed a larger number of domestic violence cases merely through counselling both parties.

Earlier women victims who approached the police stations were misguided and had to go from pillar to post to find a solution, and in many cases the perpetrators were registered under Section 498 A of the Indian Penal Code [Dowry Law] and resolving under this law took 15-20 years, and most of the women’s lives were spent without any relief in sight.” Engaging with community men and women including youth boys and girls was

also considered critical for wider coverage. Through a partnership with Bihar Mahila Samakhya in selected districts community level interventions were taken up. School children were also sensitised to gender and violence issues.

Over the years, SWASTH’s VAWG strategies have brought about policy, legal and institutional changes at various levels in the state and built partnerships with multiple stakeholders to ensure a violence and discrimination free environment for women and girls. While the indirect reach has been much wider, a total of 65,680 women have directly benefited through the various specific interventions. The GoB now marches on with further strengthening and scaling-up, looking forward to a safe and secure future for women in Bihar. ☐

WATCH VIDEO



Training film on construction of two leach pit toilet

A step by step guide that describes the construction, maintenance and different components of two leach pit toilet.

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=GBmJRH5_Yq0



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)

Sector Wide Approach to Strengthening Health in Bihar (SWASTH)

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Bihar Technical Assistance Support Team (BTAST)



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