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## FEATURED UPDATE

# Village Health Sanitation and Nutrition Days make a difference in Bihar

*Pregnant women and lactating mothers along with children and adolescent girls are provided with need-based integrated health and nutrition solutions on village health, sanitation and nutrition days (VHSNDs) on assured basis in Bihar.*



For mothers in Vishwaspur village in the Dagarua block of Purnea district, the fourth Friday of every month is a much awaited day. On this day, designated by the Government of Bihar as the VHSND (Village Health, Sanitation and Nutrition Day) for that village, pregnant women, new mothers along with children and adolescent girls are provided with integrated health solutions as per their needs at the local Anganwadi Centre (AWC).

VHSNDs are slated to be organised at the village AWC once every month on a designated Wednesdays or Fridays. This day has emerged as the interface between the community and the health and nutrition system and its services providers, as well as the main platform for providing a package of essential services to the local community. On the designated day, ASHAs, AWWs, and other frontline workers mobilise the villagers, especially women and children, to gather at the nearest AWC. VHSNDs allow villagers to interact freely with the frontline workers and avail basic services and information.

VHSNDs are the key platforms for tracking and providing essential vaccines to pregnant women and children. The frontline workers - Anganwadi Workers and Accredited Social Health Activists (ASHAs) have a list of pregnant women and children who are meant

to receive vaccination and they visit the respective families, meet with pregnant women and new mothers to inform them about the VHSND well in advance. On the VHSND, the Auxiliary Nurse Midwife (ANM) and ASHA along with the AWW work together and provide the various services.

VHSNDs also serve as a day when not only health checks done and weights are taken of pregnant women and children but also where women are counselled about essential nutrition for themselves and their children. Counselling can include the importance of consuming iron supplements and vitamins, tips on hygienic and scientific cooking practices as well as on family planning. Adolescent girls and pregnant women are checked for anaemia and are advised accordingly.

VHSNDs are proving to be a very useful vehicle to provide services as well as raise awareness, as many of the reports from the communities show. Rukhsana, a young mother says that she had never bothered much about her own health until she attended the VHSND. "I visited the Anganwadi centre for the immunisation of my child. And, when I went there, I was also told by the AWWs about the kind of food I should take and what I should do to maintain my health," she reports.

Pinky Devi a resident of a village in Purnea reports she was earlier reluctant to get her child weighed. “I had a belief that weighing my child will reduce his weight. But when the ANM explained to me the importance of getting children weighed, I was ready to shed my fears,” Pinky says.

Frontline workers play a key role in making the VHSNDs a success. It is the rapport they have with the local communities and the regular home visits that they make which encourage women to attend the VHSNDs and avail services. Gunja Devi, mother of an eight-month-old child recalls how the ANM and the AWW visited her home on the VHSND and counselled her about the importance of regular check-ups and precautions. “They told me that my child’s name was there in the register. When I myself could not visit them, they came home to do the needful. I am grateful to them for asking me if my child had been administered polio drops. The ANM also suggested to me to feed the child only with breast milk for the initial six months,” she said.

The Bihar Technical Assistance Support Team has been monitoring VHSNDs since 2013 through regular observations and feedback to various government stakeholders at the village, block, district and state levels. Over the years, it has been seen that the reach and quality of VHSNDs in Bihar has been improving. While in 2013, the VHSNDs could deliver only 3 or 4 of the key services on an average out of the stipulated package of services, in 2015 the VHSNDs provide about 8 – 9 services among those identified as important.

The spread of services has meant that now even teenage girls are receiving services and information which was earlier highly improbable. Lalita Kumari, a teenager from Chapi village, says that on the VHSND, the ANM not only advises young girls about the dangers of early marriage but also on the usage of sanitary napkins. “The ANM said to me that I could avail sanitary napkins from the AWW. She also gave me tips on better menstrual management. She also cleared my doubts about using the iron tablets and its consequences,” she says.

BTAST’s ongoing monitoring and support has also helped in strengthening reporting on VHSND. The ANMs and AWWs now meticulously prepare various reports like Maternal and Child Health (MCH) register, Mother and Child Protection (MCP) Card, and the VHSND Tally Sheet for matching the beneficiaries and those registered on the due list. The tally sheet helps them to draw a due list for the next month.

Monitoring data from BTAST also shows that the presence/attendance of all the three frontline workers - ANM, ASHA and AWW – at VHSNDs has improved over the years; and that participation of women from the disadvantaged sections of the society like the Dalits and Mahadalits has also improved.

## VHSND services identified by BTAST

1. Updating of pregnant women list
2. Vaccination to pregnant women
3. Distribution and explanation of use of IFA to pregnant women
4. Weight measurement of pregnant women
5. Blood Pressure measurement of pregnant women
6. Separate space for ANC check-up
7. Abdominal examination of pregnant women
8. Blood test of pregnant women
9. Identify and refer severely anaemic pregnant women
10. Provide family planning
11. Immunization of children
12. New beneficiaries provided immunization card
13. Growth monitoring of infants and children
14. Identification of malnourished children
15. Conduct group counselling

The improvements in VHSNDs in rural Bihar are a result of several other coordinated efforts by the BTAST and the government at various levels. Officials in the key government departments such as Department of Health, the Public Health and Engineering Department, the Integrated Child Development Scheme – had to be sensitised to the need for convergence and co-ordinated action, which was essential for the convergence to happen at the ground level.

Regular sharing of analysed observation data at the district level committees which are formed of the District Magistrate, Civil Surgeons, Child Development Project Officer (CDPOs) and other key stakeholders, to enable evidence-based decision-making, has helped significantly to make the improvements. Any gaps identified through these data are also discussed at monthly meetings of the District Quality Assurance Committees (DQAC) and the Block Quality Assurance Committees (BQAC) set up under the National Health Mission. Thus, the gaps filled through the process of fact finding, analysis and action on the feedback have strengthened VHSNDs in terms of service delivery quality and coverage. □



## OTHER UPDATES

### BTAST workshop rejuvenates key stakeholders in Bihar

*The workshop was conducted with the underlined idea that promoting community participation could enhance the efficacy of VHSNDs.*

**Banka:** With the aim of improving quality and coverage of Village Health Sanitation and Nutrition Day (VHSND), a workshop was organised for the key stakeholders last month in Banka, Bihar.

The VHSND District Training-of Trainers (TOT) was organised with the support of Bihar Technical Assistance and Support Team (BTAST) at the local hospital in Banka.

The objective of this workshop was to build the capacity of district level officers who in turn could transfer the same at grassroots level by providing training at the block level to the frontline health workers (FLWs) and Panchayati Raj Institutions (PRIs).

BTAST, shared the roles and responsibility as well as SWASTH mandates towards VHSND strengthening. He also discussed the role of VHSND monitoring.

Sharing the overview of the Current Health Nutrition scenario of Banka, Dr Ashok Kumar, Monitoring and Evaluation (M&E) expert, BTAST, said that VHSND plays an important role in improving health indicators.

Dr Kumar through his presentation highlighted the key indicators for the success of VHSND. Some of the key indicators include the Maternal Mortality Ratio (MMR), Under 5 Mortality (U5MR), Contraceptive Prevalence Rate (CPR), under-weight children (0-5 years) and percentage of pregnant women age 15-49 with anaemia.



Inaugurating the workshop, Dr Sudhir Kumar Mahto, Civil Surgeon, Banka, shared the value and vitality of VHSND in improving Maternal and Child Health. Mahto highlighted the importance of quality Antenatal care (ANC), monitoring of sessions, and follow up of progress in the meetings at different levels for the successful conduct of VHSND.

Ashok Kumar Singh, Director, Programme Implementation, Citing figures to support his view, Dr Singh said that the institutional deliveries have increased from 12.1 % (1992-93) to 22 % (2005-06) to 27.7 % (2007-08) 65.3% (2014-15).

Similarly, the antenatal care has increased from 15.9 % (1998-99) to 26.4 % (2007-08) to 32.8 % (2014-15).

Full Immunization coverage has also increased from 10.7 % (1992-93) to 53.8 % (ISB, 2009) to 60.4 % (2014-15).

Even the use of contraceptives has increased from 23.1 percent (1992-93) to 28.4 percent (2007-08) to 41.2% (2014-15).

Waquar Anjum, Regional Manager, BTAST, shared the issues and experiences that have surfaced at different forums. He also discussed the advocacy made by BTAST team regarding strengthening of VHSND services regarding their quality and approach.

Anjum stressed that VHSND is the only platform where all stakeholders come



together on a common platform. He further added that VHSND can be strengthened by advocacy at different levels, inter-sectoral convergence and by promoting community participation at different levels.

Manoj Kumar Choudhry, Executive Engineer, PHED, discussed about the role and responsibility of PHED. He reiterated his commitment to monitoring support by BC-SBM and provision of water test kits for all Uddepan centres and IEC related to sanitation and hygiene.

The workshop dwelled on various issues including lack of involvement of Panchayati Raj Institutions (PRIs), Public Health and Engineering Department (PHED), Vikas Mitra at VHSND. It also discussed challenges related to the shortcoming of monitoring matrix and feedback sharing mechanism and availability of water testing kits.

The other issues discussed include lack of utilization of VHSNC fund for IEC, shortage of VHSND Tally sheet,

growth monitoring of child and lack of availability of ANC Table and proper space for ANC. Some of the major recommendations that emerged during the workshop include conducting convergence meeting with line department at district level on quarterly basis and as well as block level on monthly basis. The other recommendations include orientation of various stakeholders on VHSND, quality and timely meeting of VHSNC, adequate supply of logistics, vaccine & medicine, availability of equipments for quality ANC care and monthly review by AYUSH Doctors at APHC level.

Village Health Sanitation and Nutrition Days (VHSNDs) are one of the flagship initiatives of the National Rural Health Mission and have been implemented in Bihar since 2011. Support to VHSNDs in each district has been multifaceted and non-uniform and is visible as a combination of various government and development partner initiatives. □

## BTAST trains supply chain professionals on Aushadhara to improve efficiency

*Aushadhara is software to help pharmacists, storekeepers, and monitoring & evaluation officers strengthen procurement and distribution of healthcare commodities.*



Patna: With the aim of strengthening procurement and supply chain management of healthcare commodities, the State Health Society, Bihar, organised training on the use of Aushadhara, software for inventory management and storage, for supply chain management professionals.

The training of pharmacists, storekeepers, monitoring & evaluation officers and data entry operators was organised in 10 districts of Jamui, Banka, Kishanganj, Katihar, Madhepura, Purnia, Supaul, Araria, Seohar, and

Madhubani from May to September 2015 at healthcare facilities at the block and district levels.

Apart from disseminating study materials, participants were trained on various aspects including Inventory Management Tools & Techniques, Good Practices of Storages of Healthcare Commodities etc. The participants were also provided hands-on training on using Aushadhara pertaining to Forecasting, Indenting, Receiving and Issuing of Healthcare Commodities.

With the realisation that pharmacist/storekeepers, data entry operators and block monitoring and evaluation officers are working in isolation rather than as a team, the participants were also motivated to work together as a team for better results. The training programme on using Aushadhara is expected to help provide better healthcare services to people.

The capacity building exercise was executed with the support of Bihar Technical Assistance Support Team (BTAST) - a consortium of development partners led by the Bihar government to implement the Sector Wide Approach to Strengthen Health (SWASTH) in the state. The goal of the SWASTH programme is 'to improve the health and nutritional status of people in Bihar, particularly the poorest and excluded'. □



## Patna workshop advocates for more local ownership of ODF initiative

*The workshop deliberated to strengthen the state guidelines for ODF verification.*

**Patna:** The sustainability of the Open Defecation Free (ODF) initiative can be ensured only if it becomes a people's programme with proactive help by local bodies like Gram Panchayats (GPs), said Sunil Ray, Director of Patna-based A N Sinha Institute of Social Studies (ANSISS). Ray was speaking at a two-day state-level workshop, 'Consultation Workshop for Development of ODF-GP Verification Mechanism for the State of Bihar' organised by the Bihar Technical Assistance Support Team (BTAST).



Based on the Government of India's (GoI) guidelines for ODF verification, Bihar's Public Health and Engineering Department (PHED) has prepared draft guidelines to suit local requirements. The draft guidelines have evoked a positive response from the people and agencies who have been campaigning in rural areas of Bihar to convert it into an ODF state.

BTAST recognized the need for having a discourse on the draft state guidelines for ODF verification by inviting opinions from both the grassroots and the specialists working with government agencies. The workshop helped achieve consensus among stakeholders, including the government and development organisations on how Gram Panchayats should be assessed.

Welcoming the support offered by ANSISS, Dr Prabhakar Sinha, Director of WASH (Water, Sanitation and Hygiene) at BTAST, said that ANSISS could play the role of a Key Resource Centre (KRC) in the state for implementing the Swachh Bharat Mission (SBM). Dr

Sinha pointed out that unlike other states, Bihar lacks a KRC of its own. The participants discussed the process and certification of declaring a Gram Panchayat (GP) as ODF. The success of SBM depends on the Gram Panchayat as it is the smallest unit in the cleanliness drive by the Indian government. The government representatives acknowledged the pioneering role to be played by institutions like GPs and local NGOs in making India free of open defecation.

Sharing his views on firming up the state guidelines on ODF verification, Ashok Kumar, Executive Engineer, PHED, said that voices from rural areas routed through the Swachh Bharat Mission (Gramin) or SBM-G coordinators would provide the much needed information for strengthening these guidelines.

MS Jawaid, Executive Engineer, PHED, and Director, Programme Management Unit, Swachh Bharat Mission, Bihar, said that the focus for ODF verification would be on the wards which are the basic components of a GP. Referring to Nirmal Gram Puraskar, he said: "We are working at the ward level and at the level of GP. Earlier, the GPs would claim to be Nirmal with only 20 per cent availability of toilets. The situation has changed now and the GPs are being more responsible before declaring themselves as ODF."

Saying that the process adopted at the ward level for verification should be thorough because the Panchayat's decision is dependent on them, Jawaid added that frontline workers like Accredited Social Health Worker (ASHAs) and Anganwadi Workers (AWWs), could play a big role in the entire process.

### WATCH VIDEO



**Ek Anoothi Pahal:** A film documenting the experiences from pilot of Community Led Total Sanitation approach

**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=f6brq455uLM&sns=em>

Rajaya Nand Bar, Assistant Director, Integrated Child Development Services (ICDS), impressed upon the need for gaining the confidence of villagers during the verification process. "Villagers are suspicious of government officers. Once they gain confidence from the team, a good response is ensured," he said.

Dr Sinha of BTAST also called on the participants to think of ways to make the process more practical. "We need to ascertain the number of steps required for ODF

verification. We need to see the need of doing it at the village, block or district level. We need to see how efficiently a committee can be formed," he said.

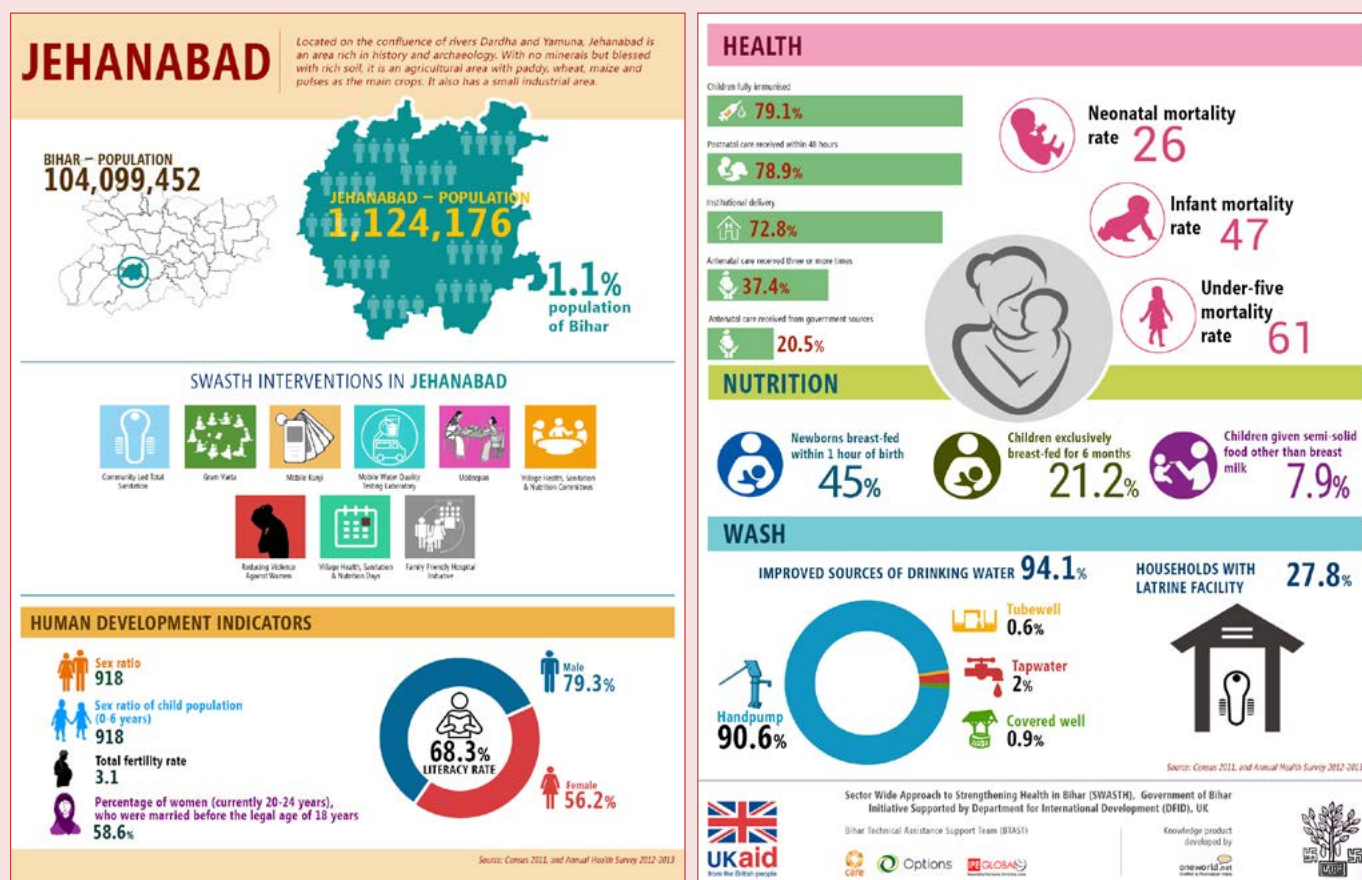
The participants also deliberated on how to overcome the shortcomings in the state guidelines for ODF verification. There was unanimity that public utilities like AWCs and schools should have toilets and water facilities should be provided for making a Panchayat truly ODF along with individual households. □

## INFOGRAPHIC

The fact sheets profile those eleven districts of Bihar where BTAST has been working since 2010. In addition to key demographic details, it takes into account health, nutrition and WASH indicators of each district. Data has been sourced from Census 2011, the Annual Health Survey and other secondary sources. We will be producing a new set of district factsheets based on SWASTH District Level Survey data and present these profiles one by one.

### Factsheet - Jehanabad

Jehanabad is located at the confluence of the Dardha and Yamuna rivers. The district is richly endowed with ancient and medieval sites, mounds and ruins of archaeological remains of importance.



URL: <http://swasth.btast.oneworld.net/knowledge-bank/infographics/jehanabad-district-fact-sheet>

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

## SPECIAL FEATURE

### Communities find knowledge through community radio

*The radio station at KVK Barh has generated considerable awareness among people on issues like seasonal diseases, safe childbirth and the importance of using toilets*

*"Community radio is the voice for the voiceless*

*Community radio is the repository of knowledge and science*

*Through the community and through their language*

*Community radio provides solution to the social problems."*

*- Radio jockey at community radio station, KVK Barh*

This motto guides Krishi Vigyan Kendra (KVK) Barh community radio, based in Patna district of Bihar, which was initially set up on May 17, 2011 to disseminate information on agriculture-related issues but is now being increasingly used to air programmes on issues of health, nutrition and hygiene, through support from the Bihar Technical Assistance and Support Team.

The station runs on 91.2 FM radio band with programmes aired for four hours in a day. One and half hours of programmes are aired in the morning and two and half hours in the evening. Swasth Charcha is a half an hour programme that airs dramas, talks, discussions and interviews on health, nutrition and hygiene with a special focus on women and children. Discussions are usually on topics such as contagious and seasonal diseases, ante-natal care, safe childbirth, post-natal care, newborn care, infant and child nutrition, Village Health Sanitation and Nutrition Day (VHSND), sanitation and hygiene practices and so on.

These programmes have played a positive role in sensitising the community on various aspects. For example, lack of toilets and their disuse when available, is a huge issue in Bihar. This is known to lead to school drop-outs and poor attendance, particularly amongst girls who have attained puberty. One of the primary schools in the area where the programmes are being aired has a pucca toilet within its boundary, but this remained locked-up and was meant for teachers' use only, as per the school rules. This situation was brought to the notice of the radio jockeys running the SWASTH supported community radio programme, and was then discussed and aired on the local community radio.

The radio jockeys also ensured that the community in the villages surrounding the school listened to the show through their Radio Listeners Club. At a follow up visit to the Listener's Club the radio jockeys found that the local

community strongly felt that students and especially girls should be allowed to use the toilet. A group of local influential people from the community visited the school authority and advocated for the toilets to be accessed by students as well. Recognising the demand from the community the school subsequently now allows the students to use the toilet.



Mritunjay– the radio jockey motivates members from the local community to join as speakers at the station. Local people gather regularly at the station to record programmes on women's education, health and other development issues. They are joined by the Sarpanch (village headman), ANMs (Auxiliary Nurse Midwife), ASHAs (Accredited Social Health Activists) and social workers to discuss how education can create awareness among women on issues of health and hygiene.

Interviews with doctors and experts are viewed as credible sources of information by the community. Similarly the involvement of ANMs and ASHAs helps to establish that the information provided through the radio programmes is authentic. The speakers go back to their own villages and encourage the villagers to listen to the programme. Both Hindi and Magahi languages are used to develop radio programmes by participants.

Sudha - an ANM in the area, observes that the community radio station has been able to create greater awareness among the community about mother's and children's health. She says that even when there are other sources of entertainment, radios continue to be popular. Many older people in the community usually have radio sets that they use to listen to community radio programmes. "I have noticed that now the community is aware of the services available at VHSND. They know that VHSND





is held at the Anganwadi Centre every week where advice is provided on issues such as immunisation of children, feeding practices and food habits for pregnant and new mothers and children between the ages of 0-6 years. I have also participated in radio programmes. The programme had focused on ante-natal care,” says an excited Sudha.

The community radio station in Barh has developed listener groups among communities. A group of high school girls say, “We use our mobile phones to listen to radio programmes. We regularly listen to the programme- Swasth Charcha, which advises us about the importance of safe drinking water, washing hands before eating, and other hygiene practices and the need for including fruits in our diet. The girls had been invited to participate in a radio programme that was aired on anti-tobacco day. One of them enthusiastically sang the jingle she had developed for the programme. In their own words, they like listening to the radio station because, “we get to hear our own people speaking through this radio station. This is the best thing about this radio station.”

Another popular programme is Dr Chacha, which focuses on the subject of drug addiction. It delivers powerful messages that create awareness on the ill-effects of drug abuse. Such radio dramas generate listener interest through an engaging and interesting manner. Given the content and the presentation of the programmes, it is little wonder that the radio station is emerging as a catalyst for positive change in rural Bihar. Community radio officials report that there now seems to be a better awareness among community members on issues like female foeticide, colostrum feeding and the importance of using toilets.

Bihar is one of the first states to constitute a commission for the poorest among Dalits, called the State Mahadalit Commission. The state distributed six lakh radio sets among Mahadalits to make information on various government schemes accessible to marginalised groups. In Bihar, the success of community radio

depends not only to the extent to which the radio has been able to include the Mahadalit communities in listener groups, but also on how actively it has involved them in producing radio programmes. In 2011, KVK, started with approximately 40 listener groups in Barh and 10 more new groups were started in 2014. The radio station at KVK Barh has been successful reaching out to some of these marginalised communities, with targeted health, nutrition and water and sanitation related knowledge.

Success here seems to be driven by some key factors. When the community hears its own people speaking they are able to easily connect their real-life experiences with the discussions. Secondly, the programmes also raise the profile of the frontline service providers by making their work not only more credible but also accountable and hence generates interest from the providers too. The community not only participates in recording the radio programmes but is also beginning to manage the radio station, which is important for building the interest and instilling a sense of ownership. □



## VOICES FROM THE FIELD



*Community radio is the voice for the voiceless, community radio is the repository of knowledge and science. Through the community and through their language, community radio provides solution to the social problems*

**Radio Jockey**  
at Community Radio Station, KVK Barh

## Making an Indian village open defecation free

*Ahrauli village in Buxar, perched on the banks of the mighty Ganga in the north Indian state of Bihar is on its way to becoming open defecation free (ODF). Villagers here are taking their task of dissuading neighbours and fellow villagers from defecating in the open, very seriously.*

For the residents of Ahrauli village in Buxar district, early mornings and late evenings these days bring a very different scene from what they have been used to since times immemorial. Every morning and evening, government officials, members of the Panchayat and some local people stop and dissuade fellow villagers from defecating in the open. Once this is done, they go to the open fields and the banks of the river Ganga to cover-up human excreta with soil.

On the way to the river, they chat with people they encounter and share their knowledge and views about sanitation, hygiene and building toilets. For many in the village who actively oppose open defecation, this has become a daily routine over the past few months. A Swachh Bharat Mission (Clean India Mission) banner in the village too proclaims the serious intent of the villagers and the government.

Pioneered by Dr Kamal Kar, a water and sanitation expert from the Community Led Total Sanitation Foundation (CLTSF), the CLTS campaign has been successful in discouraging many villages and communities from defecating in the open. The campaign has also generated a demand from these communities for constructing low-cost toilets in the village.

Ahrauli seems to be the next community on the verge of becoming open defecation free. The frenzied construction activity in the village is clear to be seen. All throughout the day, tractors ply bricks and construction materials while masons are busy constructing hundreds of toilets on a war footing. The village has a target to meet - it wants to be declared open defecation free on this World Toilet Day – November 19, 2015.

High ranking government officials are taking their job seriously. The District Coordinator for Swachh Bharat Mission (SBM) and officials from the Public Health and Engineering Department (PHED) are in the village. The village headman Brij Kishor Upadhyaya himself is supervising the progress of the village in its march towards the ODF certification. Representatives of a local agency monitor the quality of toilets constructed by trained masons.

The Buxar district administration has sanctioned funds to construct toilets in each household and the district magistrate Raman Kumar is taking a keen interest in the initiative. To spur behaviour change and improve sanitation standards amongst its people, the Bihar government is contributing Rs 12,000 per household towards the construction of a toilet in the household premises.

The Bihar Technical Assistance Support Team (BTAST) formed through a consortium of Care India, IPE Global and Options, UK have adopted the hard-hitting CLTS approach to educate villagers about the ills of open defecation.

Advocacy experts from the team are sensitising villagers to crucial sanitation and hygiene issues through real demonstrations showing faecal matter and how house flies contaminate food and water with it. In highly graphic demonstrations, a CLTS facilitator puts human hair in excreta, takes it out and puts it in a glass of drinking water, urging people to drink the water! The reaction is obvious – everyone refuses. The facilitator then compares the six legs of a housefly to human hair that transmit bacteria to food.

Shashi Bhushan Pandey, a CLTS expert who works with BTAST, says: “People are shocked to see such demonstrations and many decide to construct toilets right after the CLTS session is over.”

Such in-your-face demonstrations work well in India, where, according to the UNICEF, 47 percent of the population defecate in the open. Bihar, one of the poorest states in the country, has a large percentage of people defecating in the open, leading to health challenges like diarrhoea, cholera, jaundice and malnutrition.

The success of the CLTS approach lies in its ability to effectively mobilise people and make it into a people's campaign. The sanitation revolution in Ahrauli village is due to people's participation and peer pressure. Efforts like these will have to be replicated across the country. □





## 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

