



Gramvarta

**A women Group led Initiative for Improved
Health Nutrition and sanitation Outcomes**

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Flow of presentation

About Gram Varta

Concept

Goal and Objective

Process

Outreach

Outcomes

An initiative of the community, by the community, for the community

° **Gram Varta** is a participatory learning and action approach to mobilise women through Self Help Groups to improve family health, nutrition, water, sanitation and hygiene (WASH) in Bihar.

Gram Varta literally translates to “village dialogue”,

Concept

- The self-help groups (SHG) structure has a great potential as a change agent in Bihar.
- SHG movement has helped women to overcome the socio cultural barriers.
- Provides a ready platform for introducing community led actions to reduce malnutrition, improve health, sanitation and hygiene behaviors and the quality of lives.
- Complements the effort of the ICDS program through increased demand and utilization of services.
- It is also a sustainable approach because the community is seen to be fully involved and uses local resources.
- Systematic process of community mobilization to overcome the problems of malnutrition within their families and in the communities.
- Empowers self-help groups with the knowledge and skills to disseminate maternal and child nutrition information in their families and their communities.
- Gram Varta aims to improve access to the services and strengthens the community level institution.



Goal :

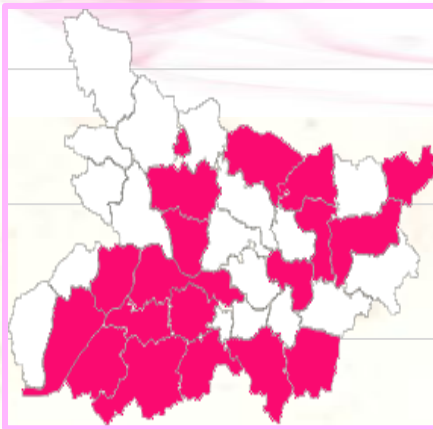
The overarching goal of this intervention is to promote positive health, nutrition, water and sanitation practices in the communities through the platform of Self Help Groups.

The objectives are:

- Sensitize women and wider community including field level workers on malnutrition, health, water and sanitation and gender issues.
- Support community for Improved household behaviors and practices related to key health, nutrition, water and sanitation indicators.
- Increased uptake of quality health, nutrition, and water and sanitation services.
- Increase accountability of community level service providers.

Journey

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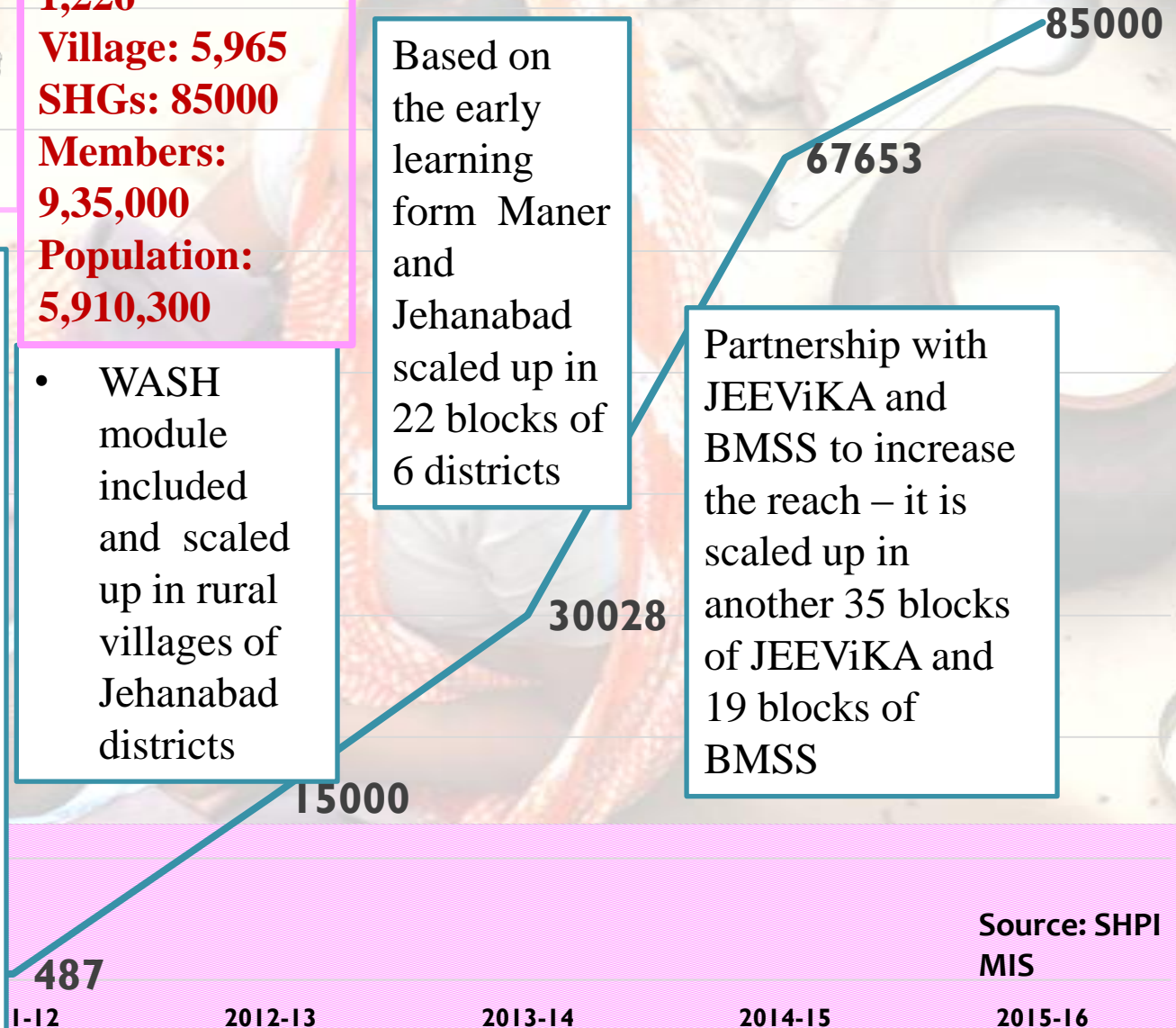
Districts : 19
Blocks: 85
Panchayats:
1,226
Village: 5,965
SHGs: 85000
Members:
9,35,000
Population:
5,910,300

- Two Panchayats of Maner Block of Patna district chosen for the pilot
- Contents of each module was put up for trial in the community
- Tools such as Picture cards were field tested

- WASH module included and scaled up in rural villages of Jehanabad districts

Based on the early learning form Maner and Jehanabad scaled up in 22 blocks of 6 districts

Partnership with JEEViKA and BMSS to increase the reach – it is scaled up in another 35 blocks of JEEViKA and 19 blocks of BMSS



Source: SHPI
MIS

Findings from the Pilot in Maner Block.

Indicator	Baseline Findings	End line Findings	% change
Consumption of IFA tablets by pregnant women	65	84	19
Mothers weighed at AWC during pregnancy	26.7	38.3	11.6
Breastfeeding within one hour of birth	53.3	74.7	21.3
Introduction of complimentary feeding after 6 months	29.8	42.9	13.1
Child weighed every month at AWC	19.1	47.8	28.8
Usage of Household toilet	24.6	39	14.4
Households with safe (filtered) water for drinking	0.4	15.4	15

Source: Endline evaluation report by Sunai Consultancy, 2012 - 13

Process

- The intervention initiates and sustains community level dialogue on malnutrition, health, sanitation and water.
- It involves SHGs through a systematic process of community mobilization, using participatory learning and action cycles.
- First to overcome the problems of malnutrition within their families and then in the communities around them.
- The intervention follows the 4 phases of the participatory learning and action (PLA) cycle that are the hallmark of this intervention:
 - Phase 1 - Problem identification and prioritization
 - Phase 2 - Identification and prioritization of strategies
 - Phase 3 - Implementation of strategies
 - Phase 4 - Evaluation.

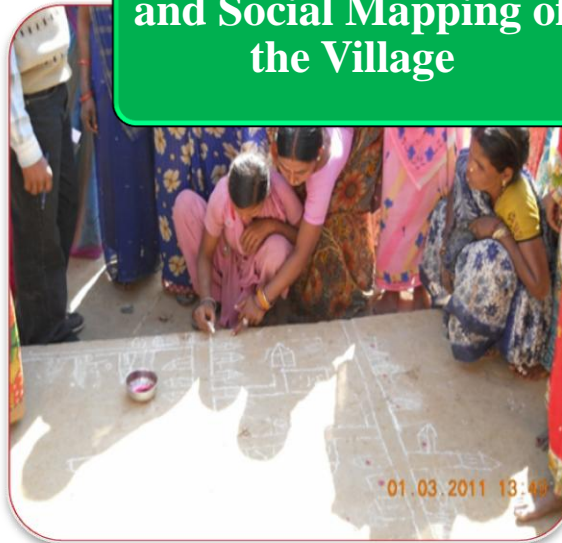
Sensitization to the importance of nutrition is also critical and is done through interactive games and storytelling.

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Pre-implementation



Identification, Orientation and Training of Facilitators



Environment Building and Social Mapping of the Village



Commencement of Meeting Cycle

The pre-implementation phase takes three months



Meeting points in villages



1 meeting : 500 population

- Local woman facilitator from the Group or village
- Each facilitator is responsible for an average 500 population.
- Each group meet twice a month
- Facilitators used manuals to guide their meetings

Source: SHPI MIS

Gram Varta Meetings

Dialogue



In order to ensure participation by women, flexibility maintained in holding meetings specially around festivals, agricultural season and other personal and domestic commitments

Participants



The ideal meeting size is 30-35 participants

Interval



Ideally Gram Varta meetings are held about every 14 days (fortnightly)

Who can Participate



Emphasis is on inclusion, anyone in the community is welcome to attend a Gram Varta meeting



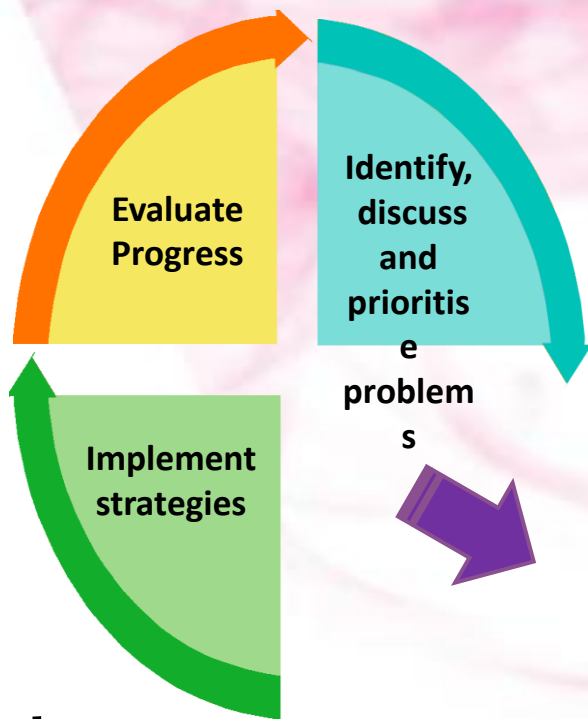
Phase: 1

Introduction of life cycle approach using **stories and pictures** for understanding **under nutrition and the links between:**

- early conception,
- low birth weight,
- child under nutrition and poor growth and



Identify, discuss and prioritise the problems



Phase: 2

Groups discuss strategies to address prioritised problems. The facilitators support groups in allocating responsibilities for their implementation and follow-up. At the end of the phase, a community meeting is called to share the identified problems and strategies for implementation

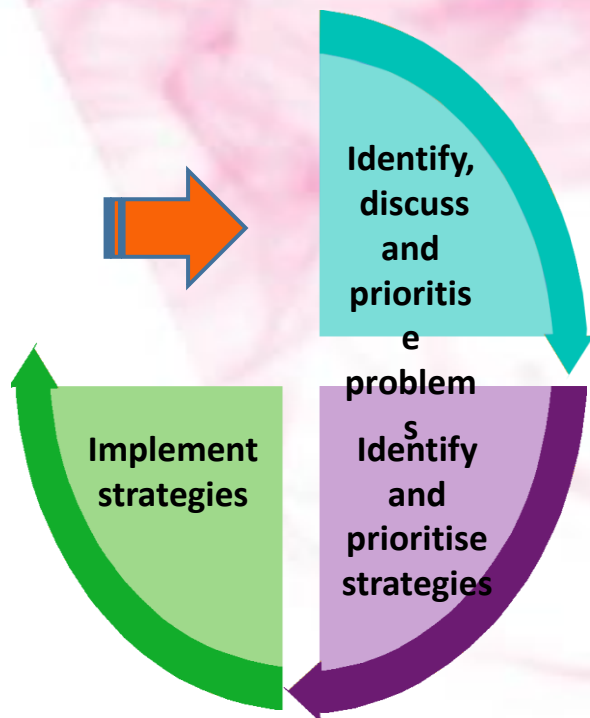




Phase: 3

Groups implement their strategies and periodically review progress, with the help of facilitators





Phase: 4

Groups jointly evaluate progress and success in the implementation of their strategies



Human Resources deployed for the Intervention

At District Level	
DPMs	19
At Block Level	
Block Coordinator	1x85
Master Trainer	132
MIS coordinator	72
At Panchyat Level	
Panchayat Supervisor	866
At Village Level	
Village Facilitators	4602
Grand Total	5562

Strengths of Gramvarta



Leveraging the existing platform of women's Self-Help Groups

It involves wider community

No Parallel system being created

The use of existing institutional fabric provides

sustainability

Low operational cost

Cost of completing one complete cycle ranges between USD 3 to 4

Strengths of Gramvarta

An integrated approach that also recognizes the importance of gender and social inclusion

- ✓ life-cycle approach to understand the links between early conception, low birth weight, child under nutrition and poor growth
- ✓ Social inequities, exclusion and discrimination/ Solidarity
- ✓ Completion of school/right age at marriage/ importance of small family
- ✓ ANC, Safe Delivery and PNC/ Management of low birth weight babies/ Essential Newborn care
- ✓ Diarrhoea Management/Immunization
- ✓ Contraception
- ✓ WASH/Hygiene at home

Knowledge
is not
imposed



Strengths of Gramvarta

Women in the lead

Women facilitators are selected from the same village

Nurtures women's self-confidence, and solidarity

Strengthens, capacitates and ensures retention of knowledge through the local resources

Wednesday, September 11



Strengths of Gramvarta

Power Walk

‘What it is’

‘Voting’ Game

Story telling

‘But Why’?

‘Bridge’ Game

Problems card

Role play

street play

Community
Campaign

Learn

Discuss

Reflect

Act

Female literacy 53.3%



**Using Interactive tools
and methodology**

*Adoption of adult learning methods helped to
engage community*

Outcome

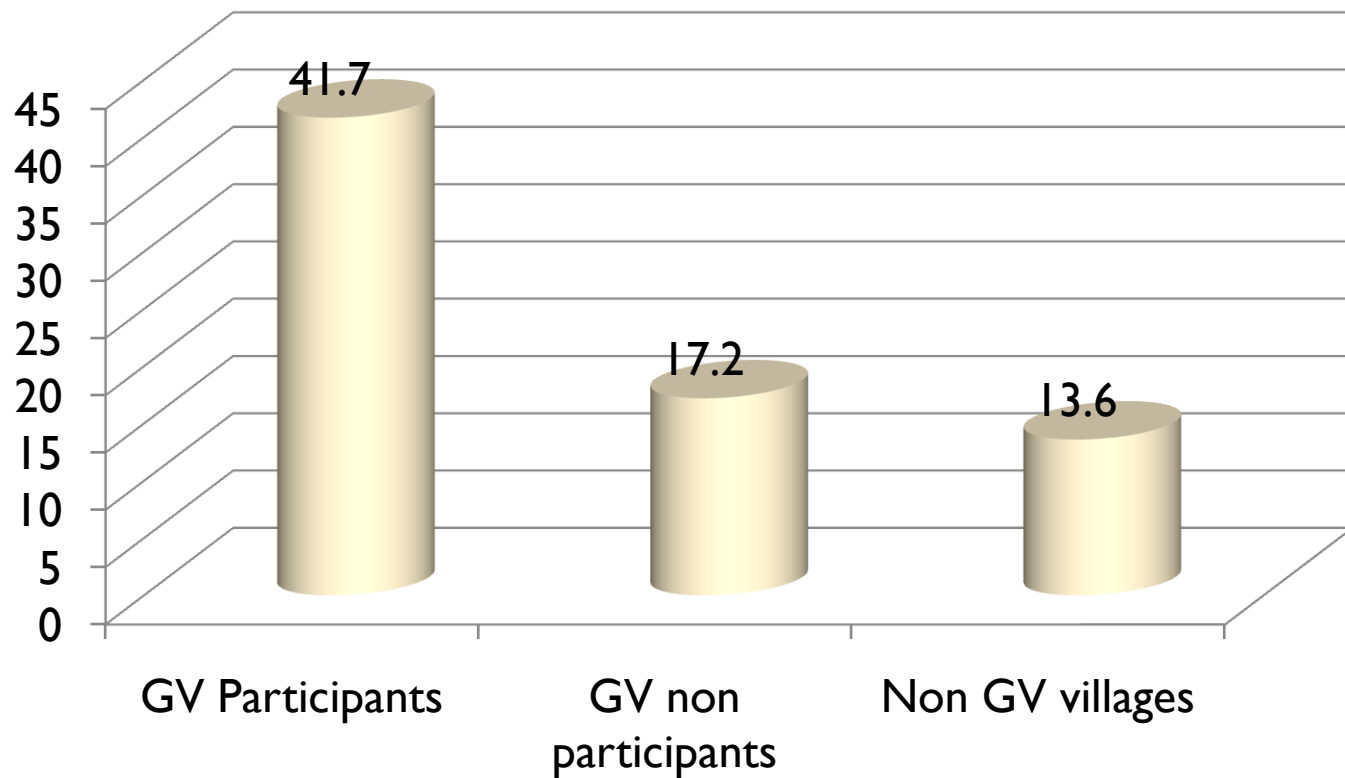
Capacitating families and communities to take control and responsibility for improving their health and nutrition outcomes on the one hand, as well as improving access to reach and responsiveness of the community level services.

Some early results from the WDC intervention blocks:

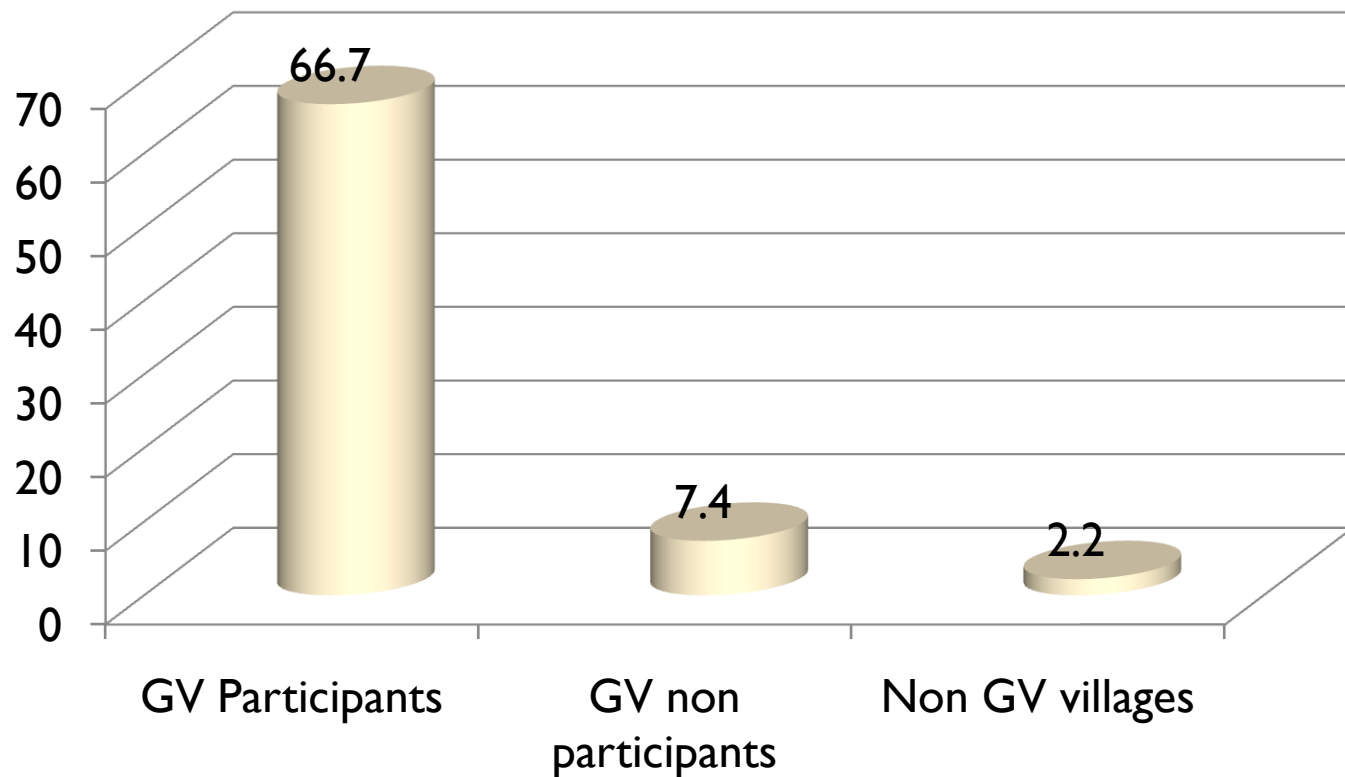
- **Outcomes indicators**

- Neonatal care
- Identification and care of malnourished children.
- Child feeding practices
- ANC related issues
- Family Planning related issues
- Sanitation and Hygiene

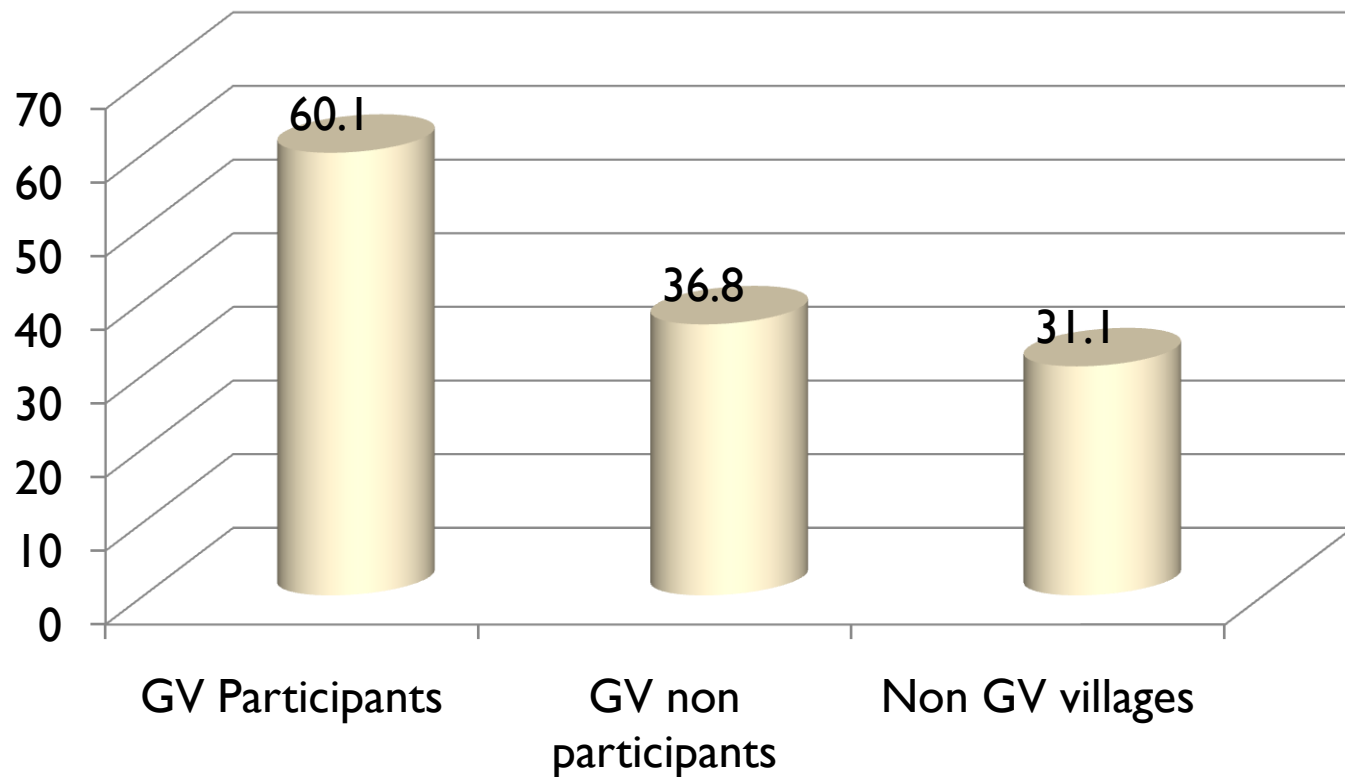
% of respondents reported at least 2 symptoms of malnourishment among children



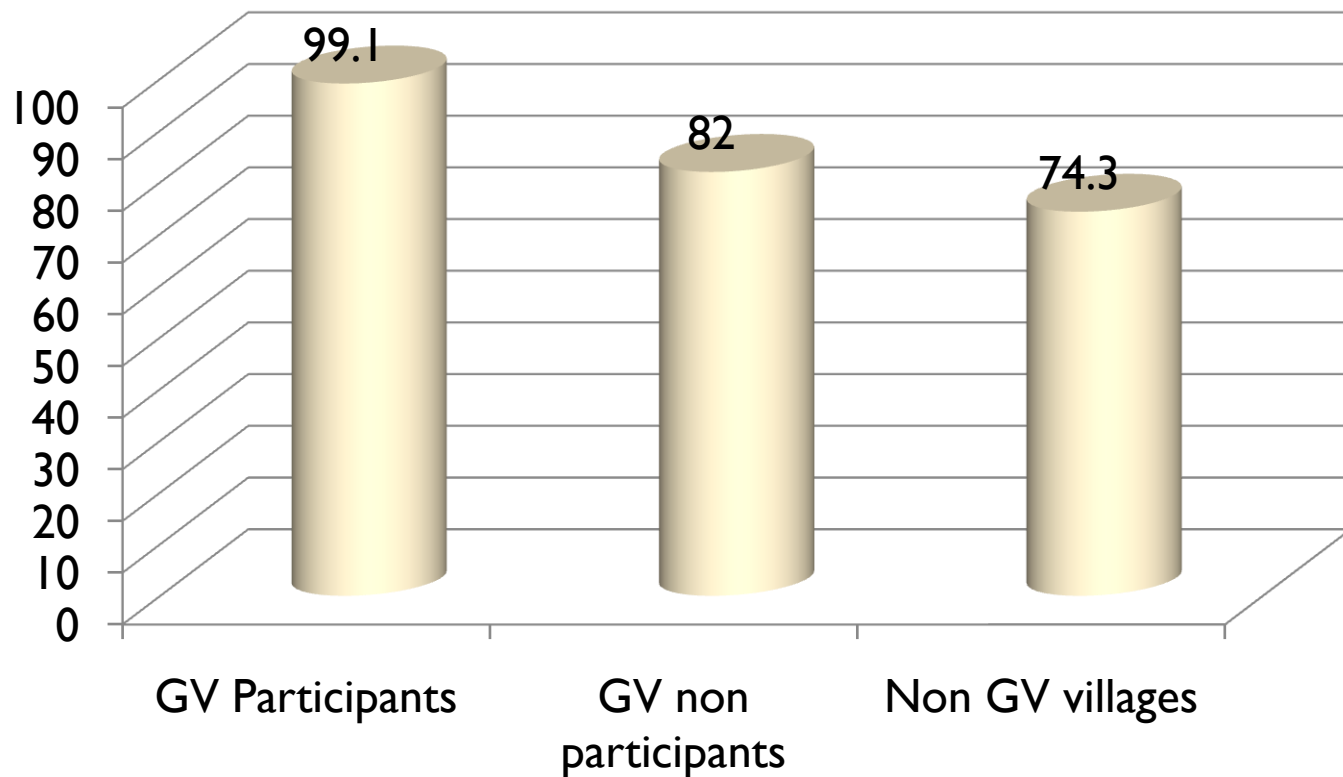
% of respondents reported knowing MAUC tape for measuring the nutritional status among children



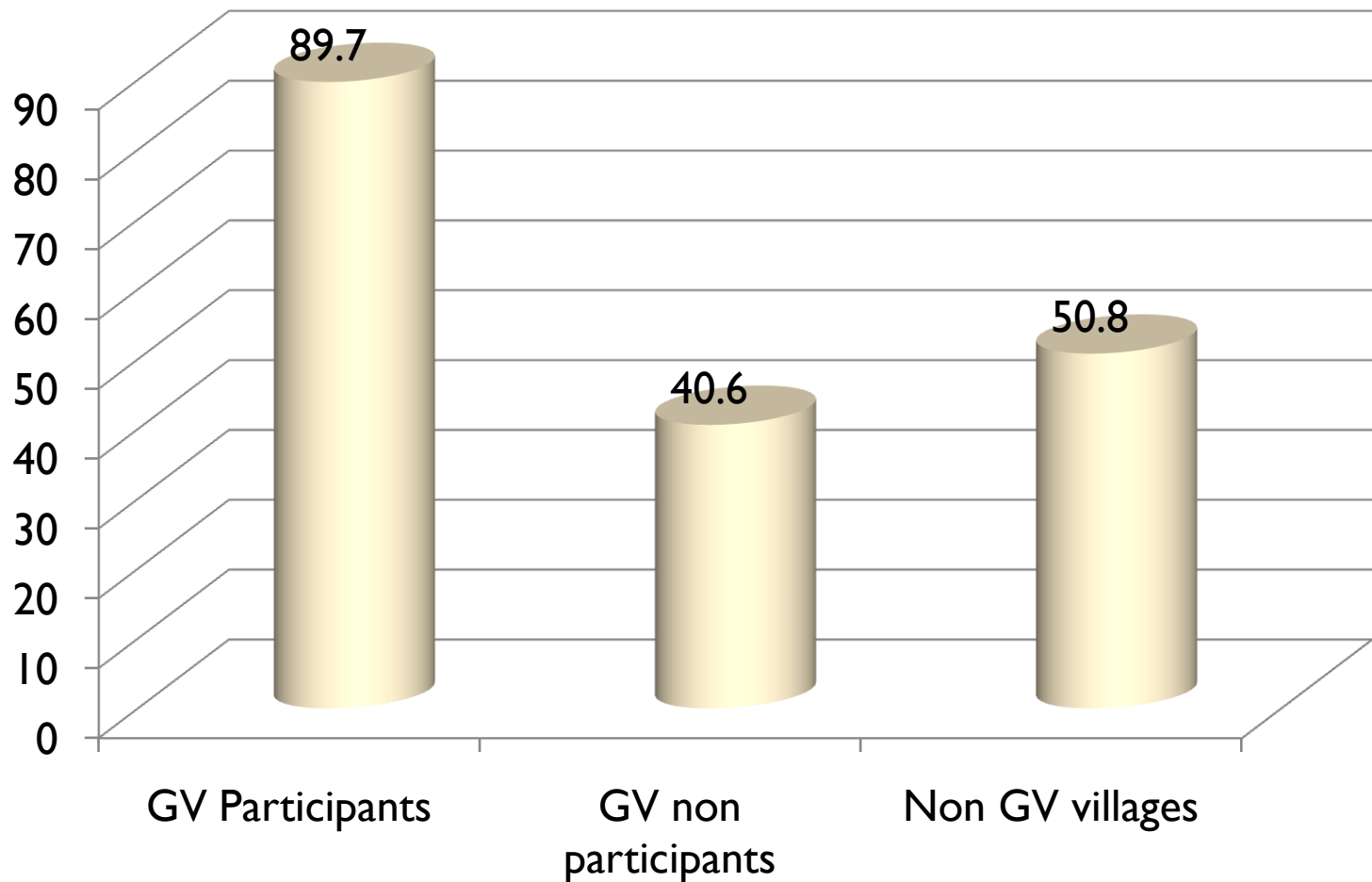
% of respondents having knowledge of supplementary food (Why it is important, how many times it should be given, in what form it should given)



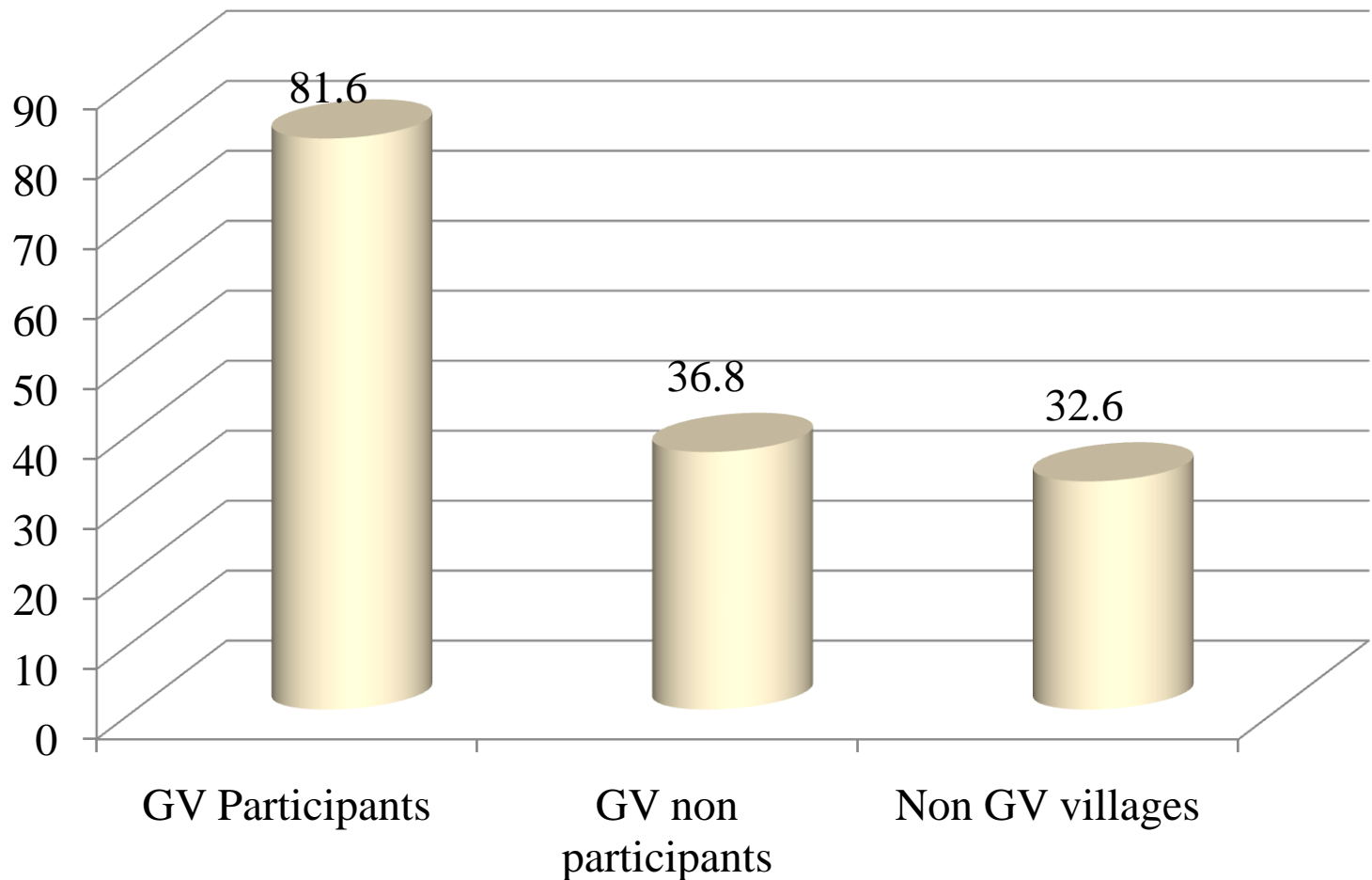
% of respondents know the importance of adding oil/ghee in the meal of child 6-59 months



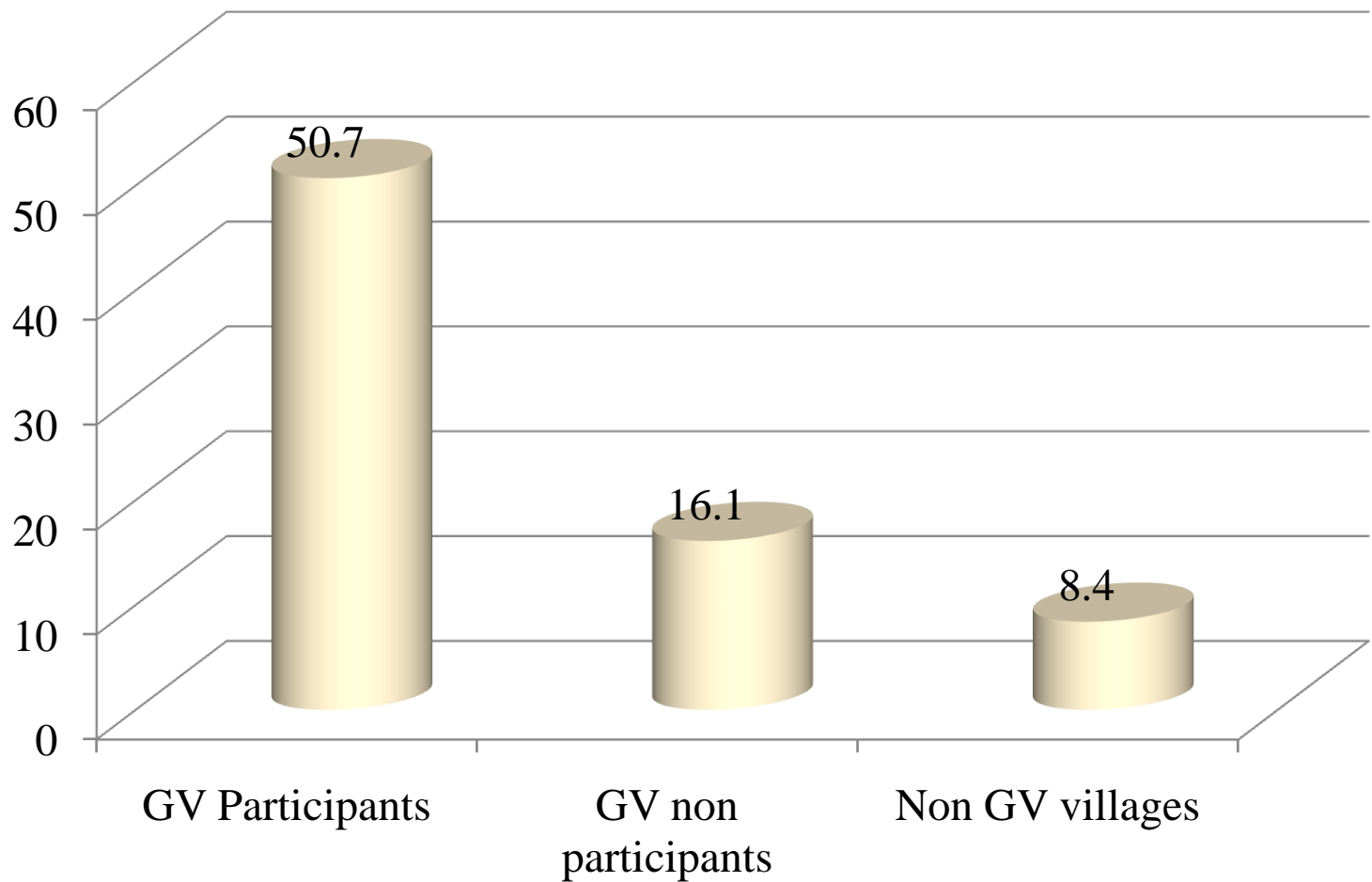
% of respondents knowing best options for feeding-bottle or bowl-spoon



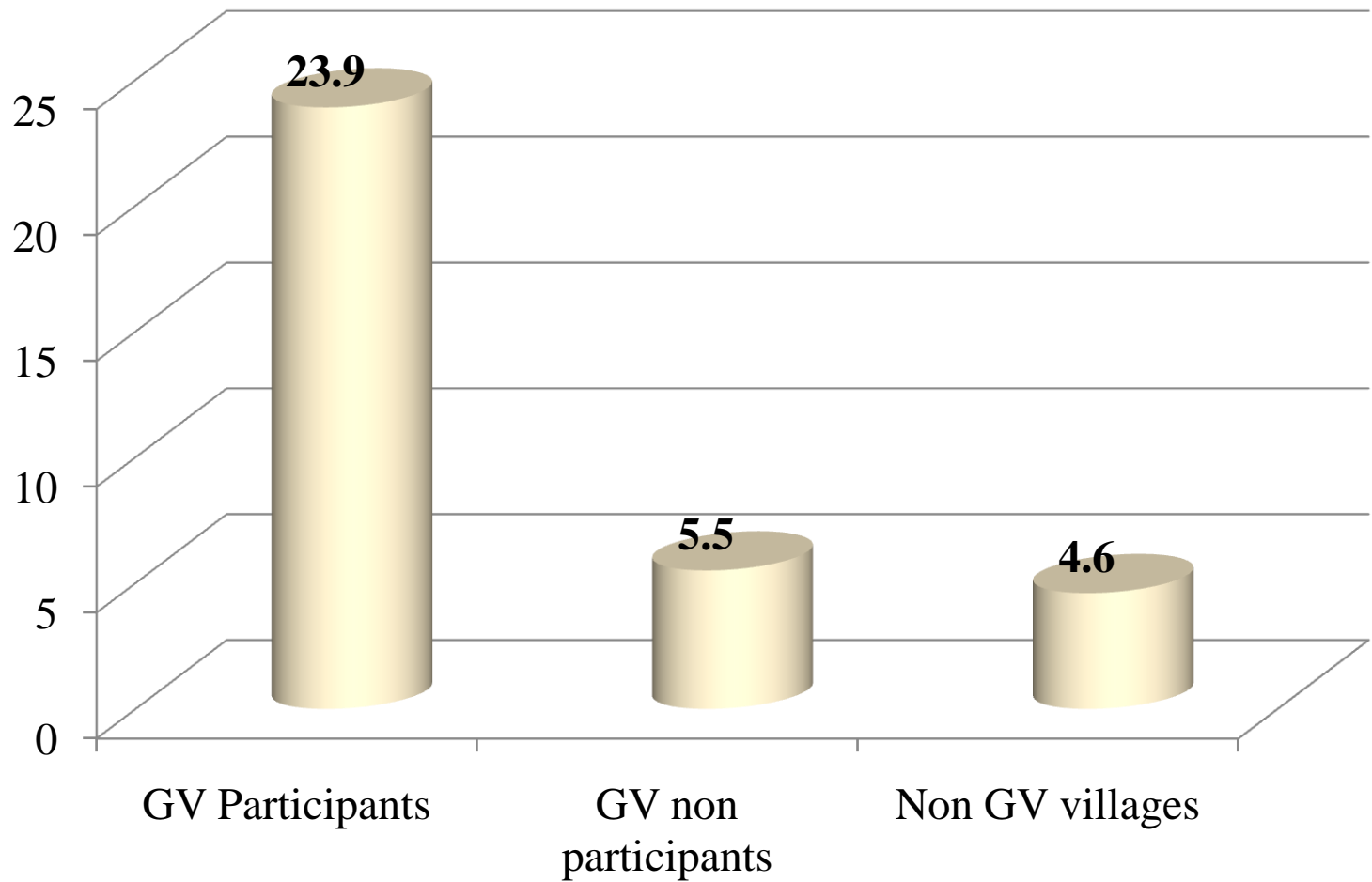
% of respondents know how to care underweight children (care of underweight child at birth and how to keep under weighed baby warm)



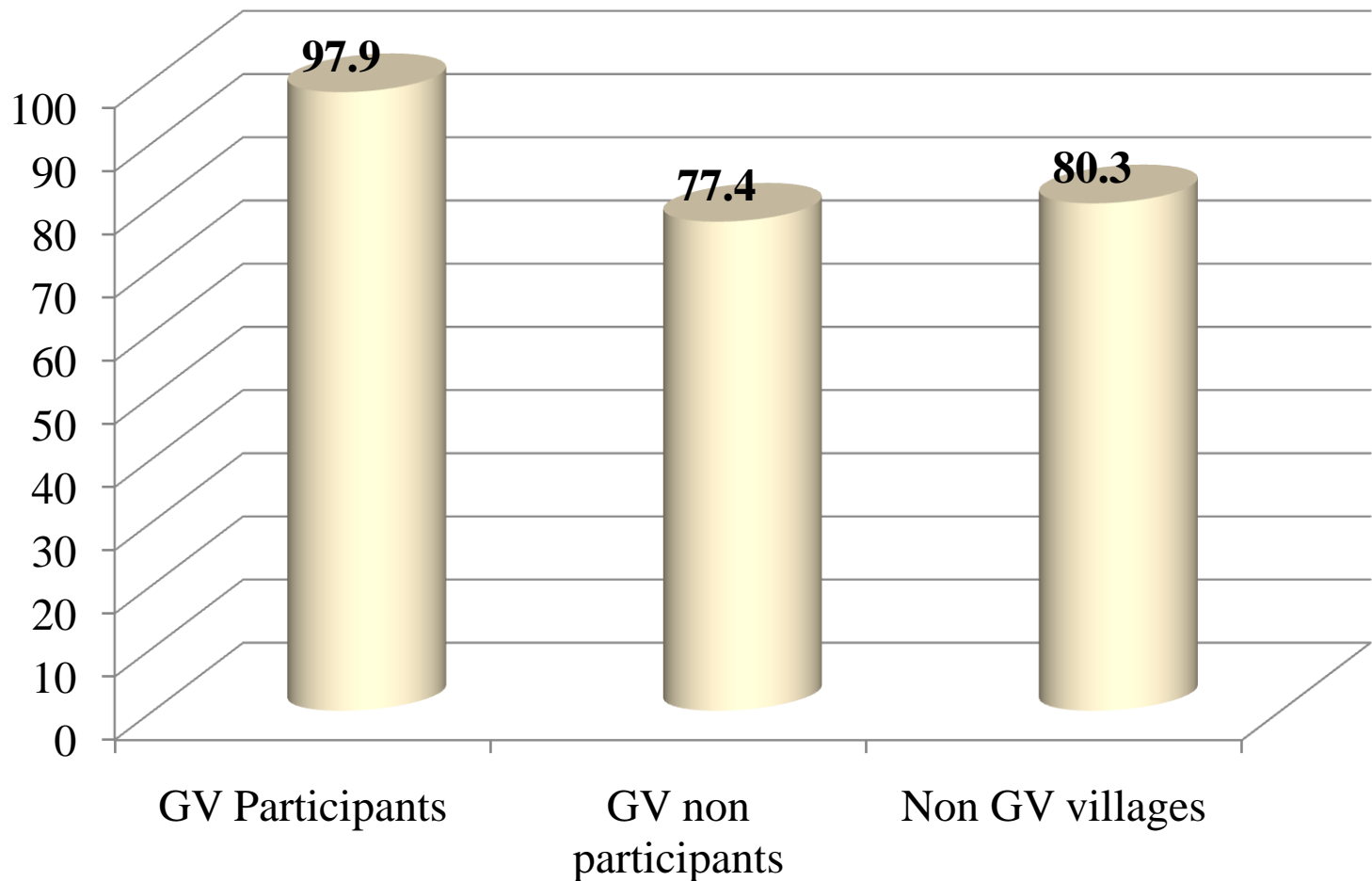
% of respondents can demonstrate kangaroo care properly



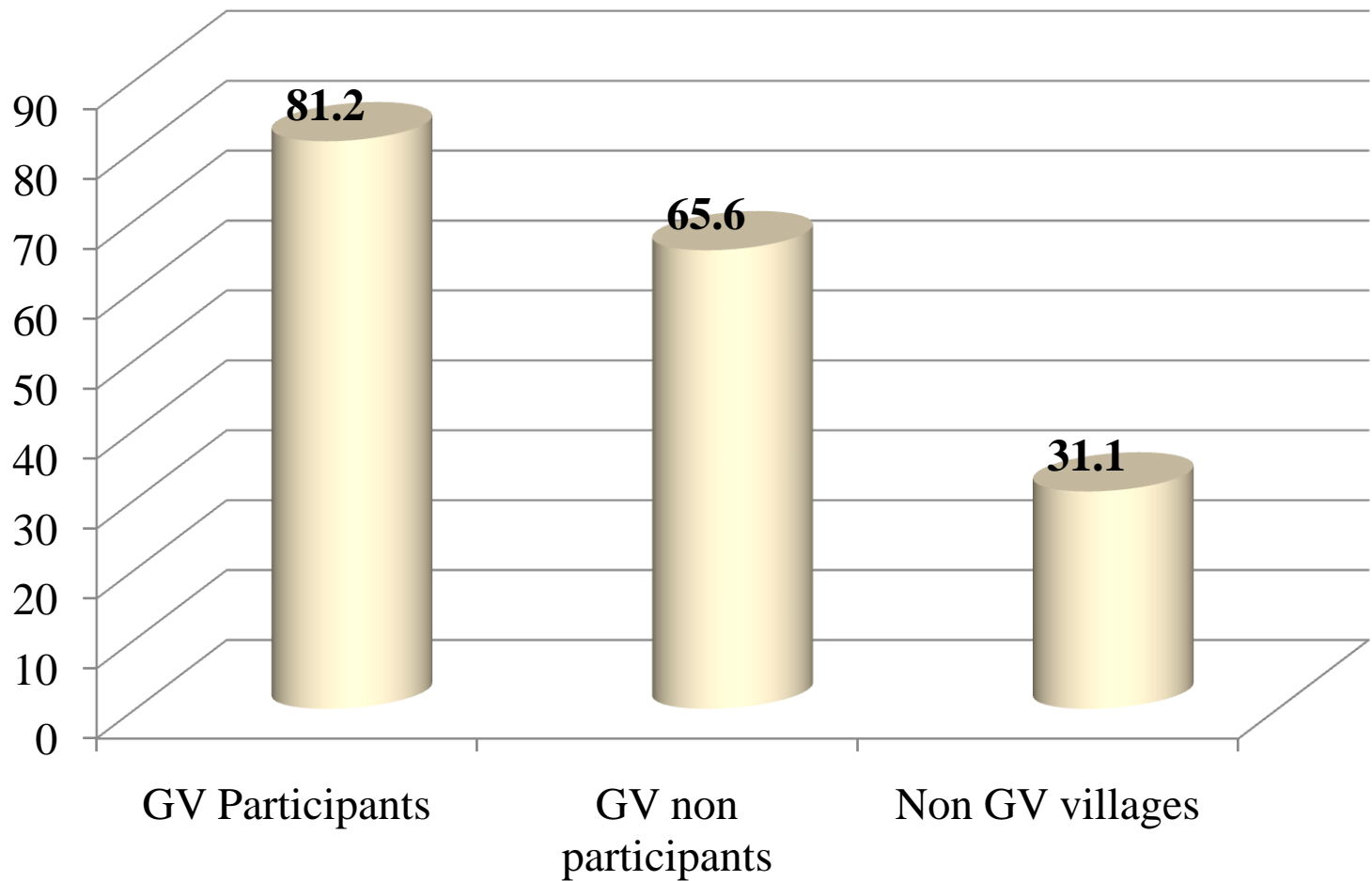
% of respondents aware about NRC



Awareness of inter linkage between child marriage and mal nutrition

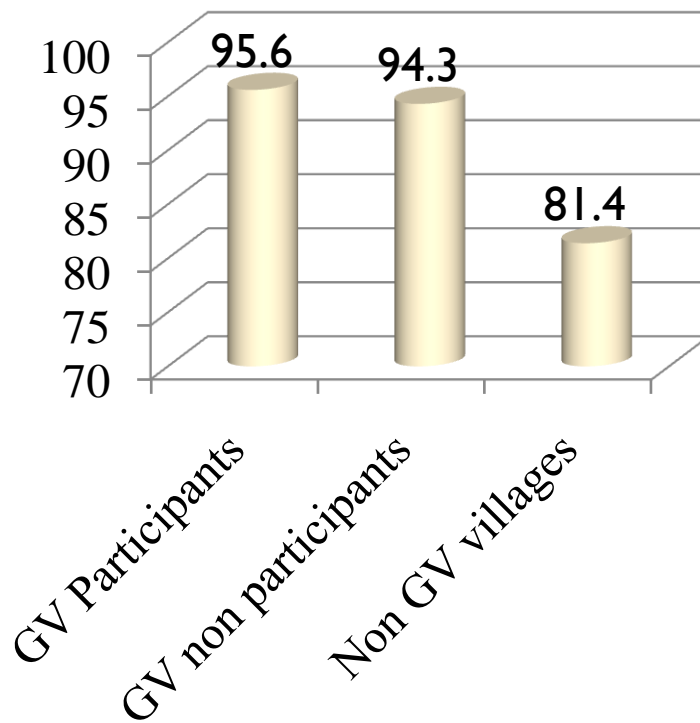


% of respondents know what kind of food should be given to pregnant/lactating women

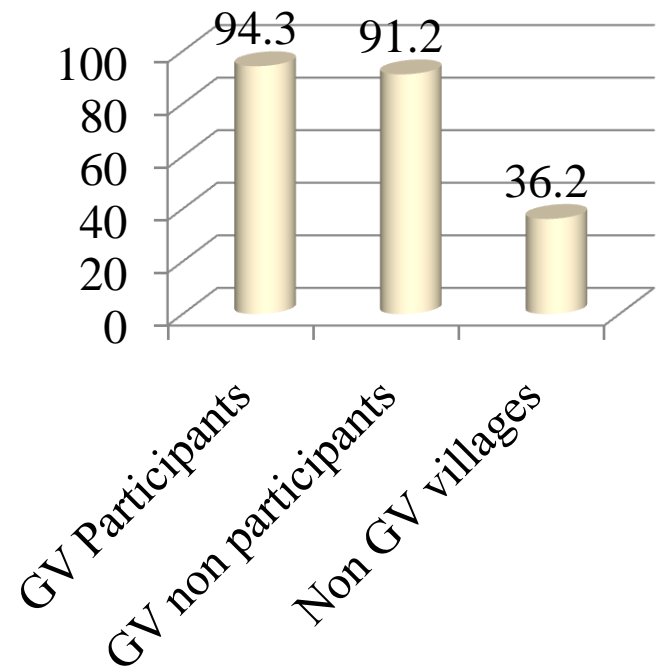


% of respondents who know what should be done to recover malnourishment among women

Knowledge on legal age at marriage

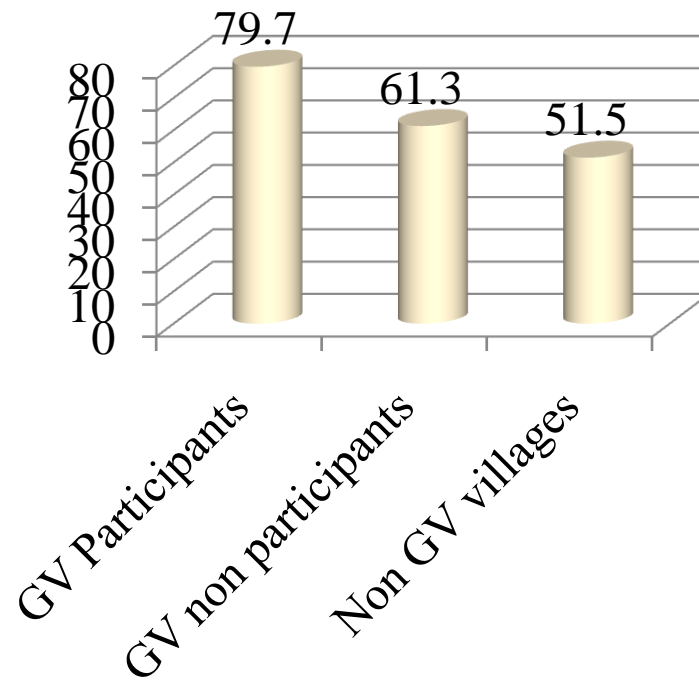


Advisable minimum age for first pregnancy

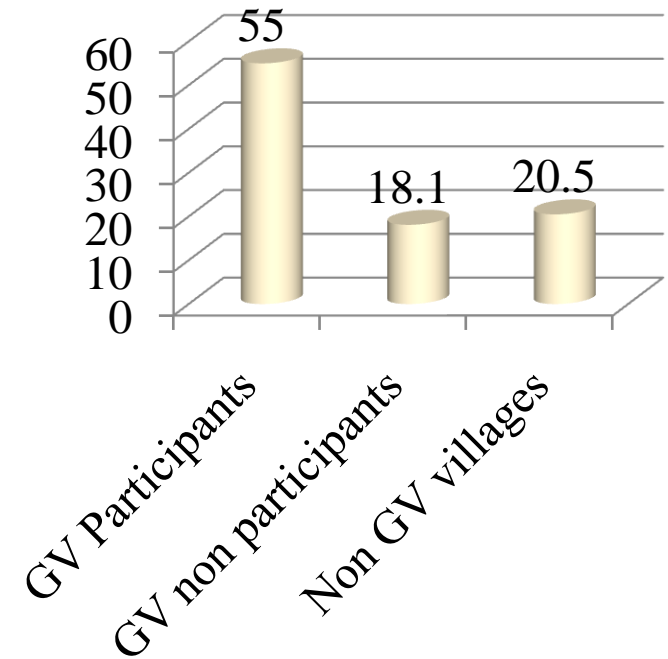


Awareness on symptoms of anaemia among women and consumption of IFA

Awareness on symptoms of anaemia among women

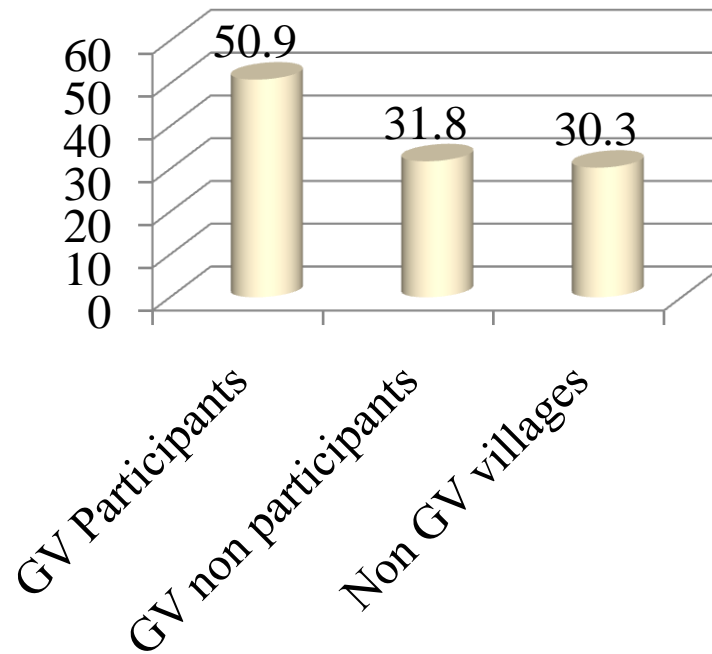


Why IFAs are important for pregnant women

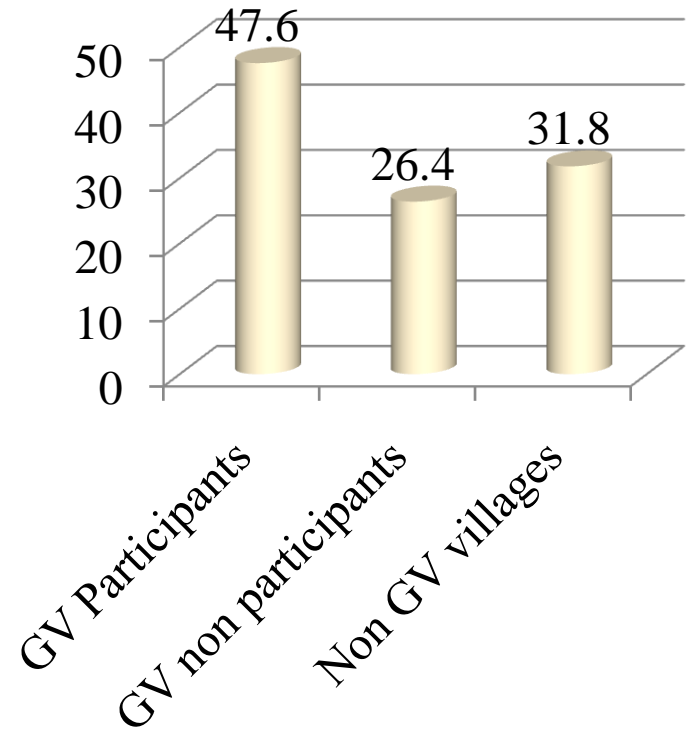


Awareness on Family Planning Methods

Awareness on at least one terminal and two spacing methods

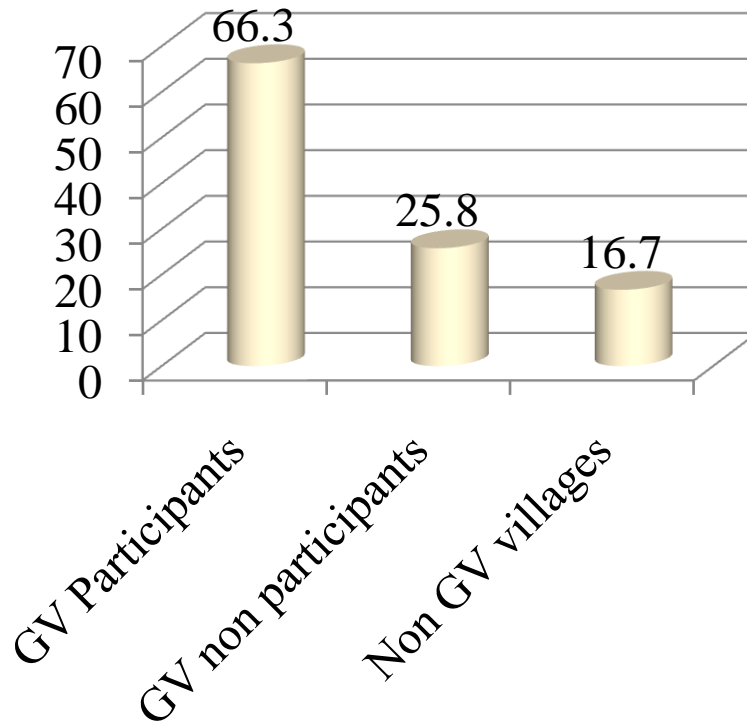


Correct use of Pill and its availability

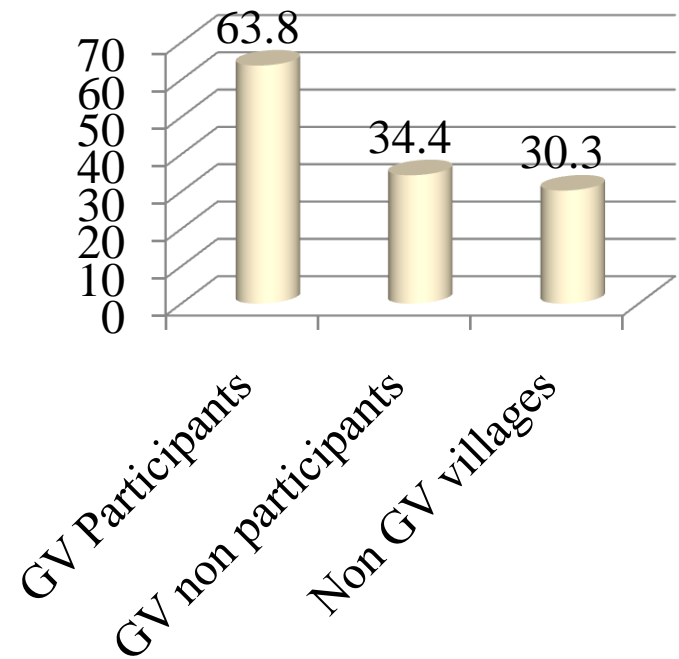


Sanitation and hygiene

Practicing hand wash at least 3 times in a day

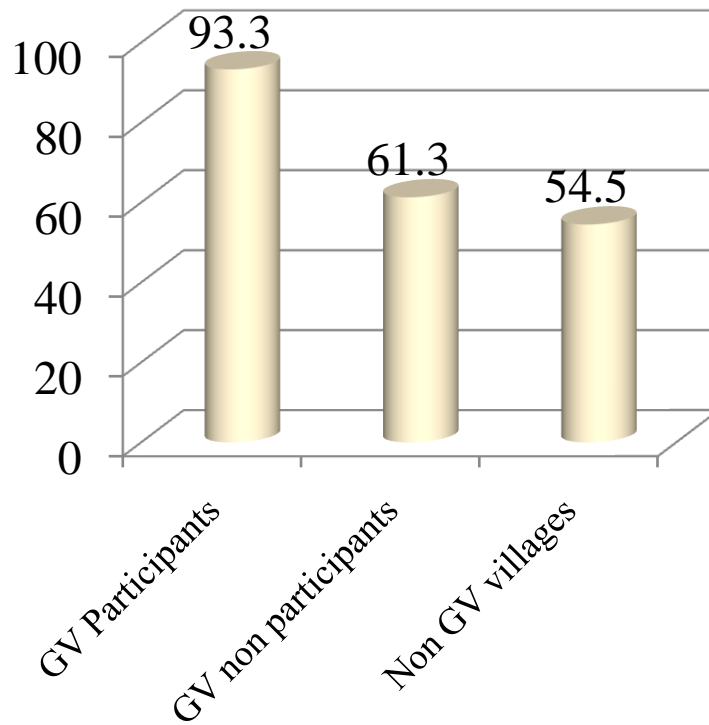


Aware of hygiene practices for portable water

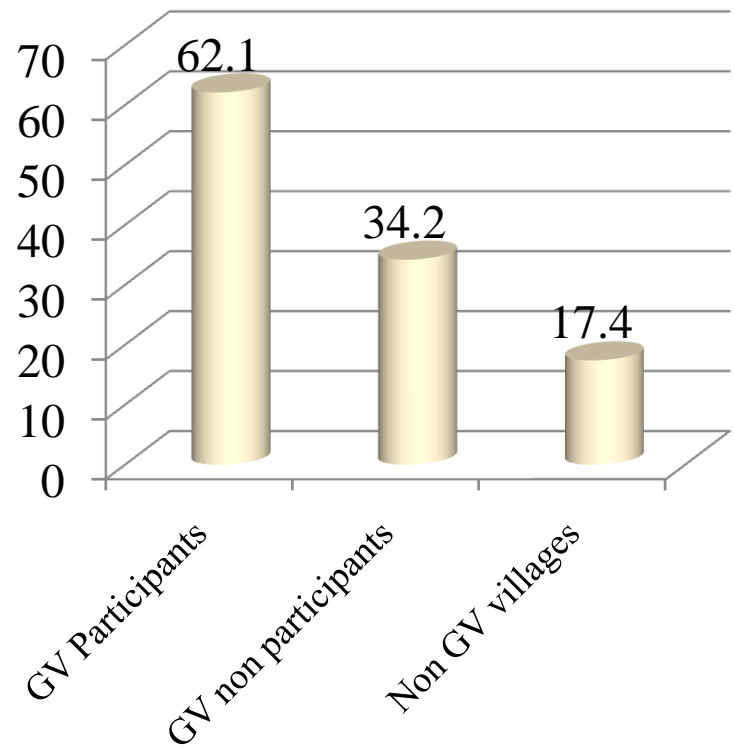


Bad effect of open defecation

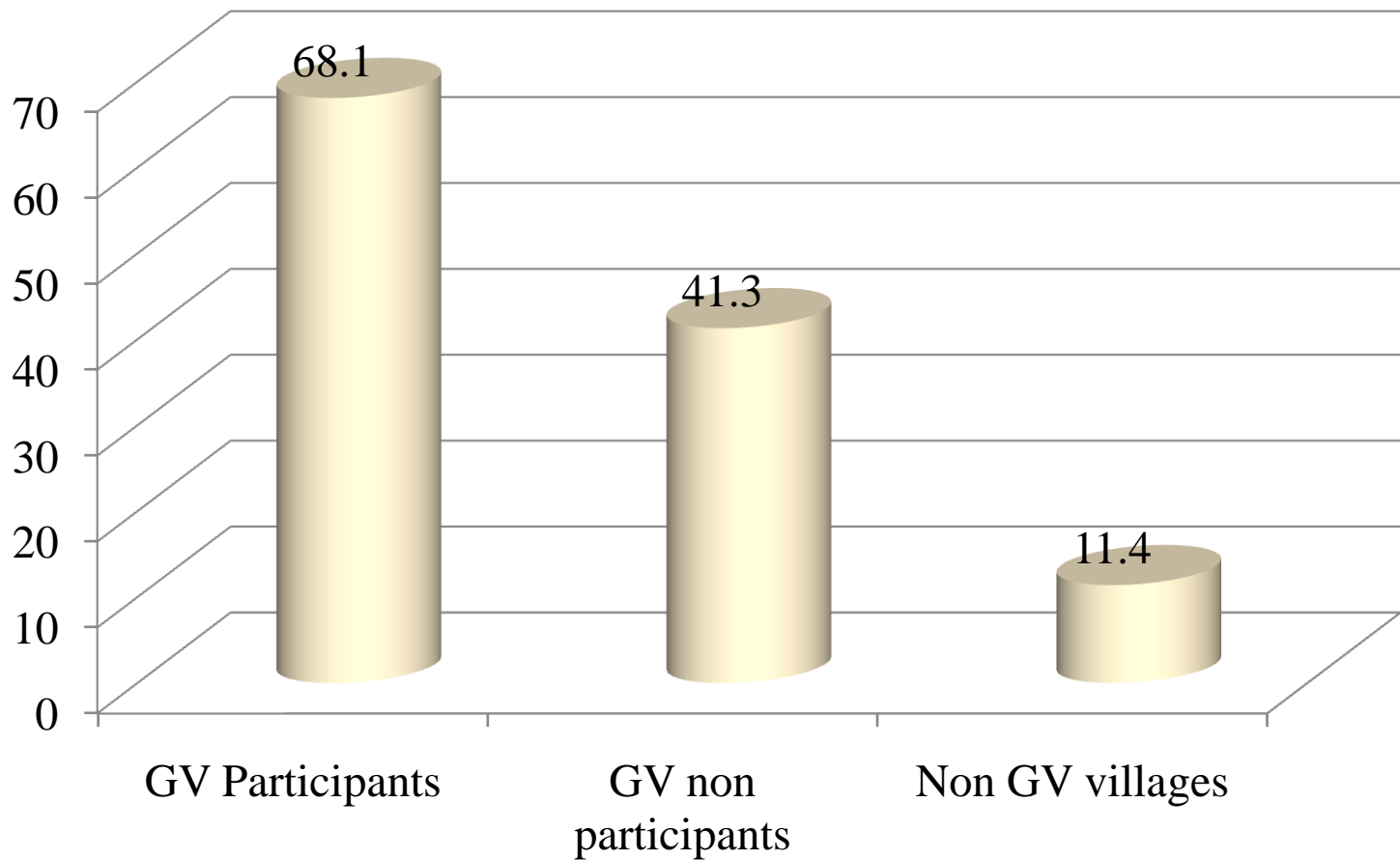
How water get contaminated by OD



How disease spread as a result of open defecation



Awareness of food hygiene



Challenges

- Awareness and practice on all above stated issues are better among GV participants compared to non participants.
- Knowledge diffusion from the GV participants to non participants are very less (apart from Hygiene related issues).
- Participants of service providers like ANM, ASHA, AWW was very poor in GV meeting apart from few places where the training took place in AWC. The reason they said that there was no instruction from their higher authority to participate in those meeting.
- It was difficult for the facilitators to ensure the participation of males in GV meeting.
- The meeting has increased the demand generation but due to lack of supply (both in Health/ICDS system) in some places there was conflicts between facilitators/SHG groups with the service providers.



CAPAM

Commonwealth Association for Public
Administration and Management

Certificate of Distinction

CAPAM takes great pleasure in recognising

*Gram Varta : Village Dialogue - A Women's Group Lead
Community Empowerment Model for Improved Nutrition,
Health, Water, Sanitation and Hygiene Outcomes in Bihar, India*

submitted by

Women Development Corporation, Government of Bihar, India

as a finalist in the 2016 International Innovations Awards category of

Citizen Focused Innovation



Gay Hamilton
Executive Director & CEO



Thank you....