

Gram Varta Plus: Helping Communities to Help Themselves

1. Malnutrition: A Cycle of Poverty and Lack of Access to Information and Services

In villages across Bihar a combination of poverty, lack of knowledge, inadequate health and nutrition services and lack of essential water and sanitation facilities translates into widespread under-nutrition and consequent poor health outcomes, particularly among women and children and socially excluded groups. In India and other south Asian countries mobilising communities into action against under-nutrition and its determinants has helped break this cycle of disadvantage.

2. “Village Talk” to Generate Community Action

Gram Varta+ (literally “village talk”) was piloted under the DFID supported SWASTH programme, in partnership with the Women’s Development Corporation (WDC) and Ekjut, from September 2011 to May 2013 in Maner block, Patna district (87 groups), and scaled up in 14 districts (48,058 groups). A Participatory Learning and Action (PLA) approach was used to strengthen and mobilise existing women self-help groups to bring about positive change in their families and communities. Selected group members were trained to facilitate a cycle of 20 meetings. Each facilitator is responsible for facilitating 10 to 12 groups, and enabling them to identify and work on key issues related to maternal and child health, nutrition, water, sanitation and hygiene (WASH). Using a range of interactive tools, such as games and story-telling, the groups learn to assess their local situation, identify and prioritise problems, decide on action, take action and review progress. Inviting non-members to group meetings and arranging wider community meetings involving local leaders helps to further spread awareness and foster commitment and support for change.

3. Changes Observed at Community Level

At a review meeting in May 2013 and during field visits, facilitators reported a range of changes resulting from the programme. Initially they encountered resistance from Anganwadi Workers (AWW), who were concerned at a possible increase in their work burden. In fact the reverse has been true as more women now know about, appreciate and use services and activities at the Anganwadi Centre (AWC), without the need for the AWW to undertake individual house visits. This has promoted a positive, mutually supportive relationship between facilitators, AWWs and ASHAs. Behavioural changes among families reported by facilitators and self-help groups in Maner include:

- Pregnant women eat green vegetables, go for ANC check-ups and take their iron tablets, where previously they discarded them.
- New mothers exclusively breastfeed their babies up to six months and then introduce supplementary foods.
- Mothers get their children immunised, de-worm them and insist they eat green vegetables.
- Information about contraception was valued by the women, and facilitators have suggested it should be allocated more time as there is so much to cover and so much interest.
- More families that have toilets are using them and some without toilets are building them.
- More families wash their hands with soap and water (instead of mud) before eating and after defecation.



Case study: In Sadikpur village diarrhoeal disease was widespread during the rainy season and in 2011 two boys died. During Gram Varta+ meetings the community learned about the causes of diarrhoea, chiefly unhygienic food handling, lack of hand washing and use of open wells. They were mobilised to install safe tube wells and to adopt hygienic practices in the home. Since then no further diarrhoea cases have been reported.

- There are signs that families are placing greater value on their adolescent daughters, understanding the cycle of malnutrition from young under-nourished mother to child.
- There is greater awareness of the dangers of early marriage and less willingness to practise it.

“A 16 year old girl was pledged to be married but her mother returned the baarati on the day of cheka after seeing the pictorial depiction of malnutrition life cycle. She was reprimanded by her husband that she doesn't care for family dignity but she said my daughter's life is precious and both she and her baby will be affected and her life will be spoiled if she is married before 18 years. I will not let that happen.”

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

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

4. Building on Existing Institutions Works

A relatively simple intervention that empowers women and strengthens the solidarity of existing self-help group members can change behaviours related to health, nutrition and WASH and promote community understanding of the links between the three. The PLA tools were easy for facilitators to use and enjoyed by participants, who remembered the innovative games and the lessons they taught. Sustaining and building on the behaviour changes begun rests on the personal development of facilitators that has occurred. New family behaviours will become the norm due to reinforcement through the continuing work of groups, ASHAs, AWWs and community leaders.

5. Scaling up

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

Sector Wide Approach to Strengthen Health (SWASTH)

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

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