

## **B-TAST**

Gram Varta is an intervention that plans to initiate and sustain community level dialogue on issues related to Malnutrition, Health, Water, Sanitation and Hygiene practices. It involves SHGs through a systematic process of community mobilization, using participatory learning and Action (PLA) cycle. It is a process of 20 PLAs based meeting cycle which is delivered to SHGs every fortnight. The technical content is delivered through Games, Stories and Activities that make the meeting interesting and help the Groups, to identify and prioritize problems. Based upon their urgent needs they prepare plans and strategies to overcome the identified problem. The Department of Social Welfare, Government of Bihar is providing fund support to BRLPS through WDC. The project is supported by DFID.

Gram Varta is implemented in 65 blocks in 11 districts (5 old districts such as Purnea, Madhubani, Madhepura, Supaul, and Gaya, and 6 new districts i.e. Sitamarhi, Katihar, Bhagalpur, Rohtas, Vaishali and Jamui districts). This scale up will cover 60,000 SHGs in near future. For supporting and facilitating the community cadres in organizing PLA meetings and consolidating the Data at block level, the Block team is supported by Gram Varta Programme Executives and MIS executives respectively. It has increased its reach to every household in saturation mode through the members of Self help Groups.



## BBC

Jeevika has entered into an agreement with BBC to use their communication materials to promote health and nutrition related behaviours in the community. BBC Media Action's communication projects are rooted in local people's experiences and understanding. It is mainly aimed to produce radio and television program, social media, mobile phone services and enable face to face dialogue to build knowledge and bring about shifts in attitude, norms and behaviour in the areas of

- Governance and Rights
- Health
- Resilience
- Humanitarian emergencies.

Khidki Mehndi Wali (Listeners club) presents a set of familiar problems faced by women in their daily lives and suggests way to address them. The radio show of Khidki mehndi wali effectively delivers quality healthcare information in an entertaining way to rural Indian woman. Thus, Community radio is an effective tool in disseminating the right message to the target population through SHG/VO/CHNCCs and to bring about the desired behavioural change in the community. Khidki Mehndi wali audio episodes along with CD set will be provided to 260 Village Organizations across 26 Blocks of 8 Districts across Bihar. It will be used by health cadres of the community for disseminating Health, Nutrition and Sanitation related messages through SHG/ VO/CHNCC.



### **Decentralized Fortified food intervention**

The objective of this project is to provide fortified food to ICDS beneficiaries and rural poor households. This was target to set up four prototype unit in Gaya and Khagaria for the production of extruded proprietary food. The unit, first of its kind in the State shall have a production capacity of 900 kilograms per day on a two shift operation basis. The unit will be operated by women from a self help group; and the extruded food made available to the beneficiaries in the ICDS project within the operational block. This would result in an increased availability of supplementary food for children and mothers; greater community participation; increased varieties to reduce monotony; and satisfaction within the community.

Jeevika had done tripartite MoU between Nidan, Global Alliance for Improved Nutrition (GAIN) and BRLPS (JEEVIKA).The NGO Nidan shall coordinate the deployment of women from a SHG in the area to operate the unit and provide assistance for day to day operations and logistics involving receipts and disbursement of material. GAIN shall provide for the entire capital investment for the unit including machinery, electrification, erection and commissioning, pre-operative expenses and working capital margin money. They shall also engage a consultant to train the women on operational procedures to produce a product with laid down specifications.

### **ICDS**

MoU has been signed between ICDS and BRPLS to distribute



**“Fortified Food”** as Take Home Ration at the Anganwadi Centers across 44 blocks in Bihar. This is an important and encouraging decision of government of Bihar to start fortified food distribution to malnourished children enrolled in Anganwadi Centers.

### WASH

Poor sanitation has linked with poor productivity and malnutrition as it has direct relationship with livelihoods of poor household. Hence focus on sanitation and hygiene will be on priority in WASH at Jeevika. Promotion of open defecation free villages and personal hygiene includes regular hand wash before eating and after using toilet with soap and usage of toilets by all members of the family. Further need based other components of sanitation may also be included in the project. Integrating Water, Sanitation and Hygiene (WASH) with particularly focus on rural sanitation services transfer into the livelihood projects provides the opportunity to make a significant contribution to tackle key human development challenge and contribute to the economic development of the rural poor.

BRLPS has MoU with Public Health Engineering Department (PHED) for 64 panchayats in 10 districts of 24 blocks. This MoU extends construction of 1, 24,000 (approximately) individual household toilets under Swachh Bharat Mission Gramin. Unicef, DFID and Action for community empowerment (ACE) are providing technical assistance for appropriate toilet technology options for rural areas.



## **Jeevika – PCI Partnership Programme (JTSP)**

Bihar Rural Livelihoods Promotion Society (BRLPS) and The Project Concern International (PCI) has started partnership program to advance the health , nutrition, water and sanitation agenda among the poor communities, specially the marginalised communities and reduce disparity on family health indicators through promoting new and strengthening existing women groups in 101 blocks across 11 districts of Bihar through the existing Jeevika system.

The objective of this collaboration is to provide technical assistance(TA) to Jeevika in order to build institutional capacity of BRLPS/Jeevika team at State, District, block and village level to develop a scalable Jeevika model to integrate and promote maternal and child health, family planning, nutrition and sanitation activities through community platform and track progress.

The JTSP's goals are to:

- Enhance quality of life on a sustainable basis by improving maternal, child health and nutrition outcomes in Bihar with a focus on family planning, women and children nutrition, appropriate management of diarrhea , and newborn and child health
- Integrate and internalize the Health and Nutrition within Jeevika program's mandate, capacity and systems to drive HN integration, leaving a sustainable integrated livelihood, health and nutrition (LHN) system in place



### **CHNCC (Community Health and Nutrition Care Center)**

Community Health Nutrition Care Centre (CHNCC) is a hamlet based institution established by the Village Organization with financial and technical support from Jeevika. The objective of CHNCC is to improve nutrition along with health and nutrition seeking behavior among pregnant and lactating mothers and their children. The CHNCC focuses on the following aspects such as:-

- Providing with 3 times cooked meals to enrolled beneficiaries, as per the fixed diet chart prepared by expert dietician as per Indian Council of Medical Research's standards
- Providing health education by a trained community cadre so as to bring about the required awareness among the beneficiaries.
- Promotion of nutri garden with the ownership of community so as to provide with a habit of including organic and fresh green leafy vegetables, and fruits in daily diet and ensuring its availability from the village only.
- To ensure regular growth monitoring of children.
- To ensure that beneficiaries undergo important clinical tests during pregnancy so as to identify critical cases and take the precautionary measures accordingly.
- Promoting income generation activity at CHNCCs so that enrolled beneficiary get a chance to earn at CHNCC and pay their contribution amount there only.

The specific nutrition indicators targeted by the intervention are weight gain during pregnancy, body-mass index during reproductive age and anaemia amongst women by improving nutrition of pregnant and lactating mothers. This intervention also addresses the issue of malnutrition among children as it focuses on the very crucial 1000 day child care.

