

## Health, Nutritional and Sanitation Interventions of JEEViKA in Bihar

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### Abstract

*JEEViKA has made a positive impact on poverty alleviation and women empowerment in Bihar since its inception. The project was expected to reach 1.25 crores mobilisation of women across Bihar by 2021. It provides affordable credit and agricultural training to women in rural Bihar through Self-help groups. There still exists a wide gap between the goals enunciated in the policies and programmes of the government and the explicit status of women in Bihar. JEEViKA provides a platform for the bottom-up approach to development. The change entails the empowerment of the poorest women in both economic and social domains. Health, Nutritional and sanitation interventions of JEEViKA are being presented in the paper.*

**Key words:** *Acute Encephalitis Syndrome, Behaviour Change Communication, Family Diversity Campaign, JEEViKA, Poshan Maah.*

### Introduction

Against the backdrop of persistent poverty and inequality, the Bihar Rural Livelihoods Project (BRLP) was launched in 2006 in six districts and 42 blocks of Bihar with the support of a \$63 million credit (**World Bank, 2007**). In 2012 the program received additional financing of \$100 million to saturate and deepen the program in the six districts (**World Bank, 2017**). The success of BRLP led to the designation of JEEVIKA as the state rural livelihoods mission to implement NRLM, the national-level livelihoods program, built on the lessons learned from JEEVIKA and similar investments in the states of Andhra Pradesh, Kerala, and Tamil Nadu. In 2014, BRLP was scaled up to include all 534 blocks and 38 districts of Bihar. In 2016, the Bihar Transformative Development Project, a \$290 million World Bank project, was initiated to support this scale-up and deepen the next-generation livelihoods approach across Bihar.

development and growth of a society. Poor levels of health, nutrition and sanitation act as major deterrents to the socio-economic development of a society. To overcome the challenges related to the Health, Nutrition and Sanitation (HNS) aspects, JEEVIKA is implementing wide range of health, nutritional and sanitation interventions for awareness creation, adopting of good practices and behaviour change of the rural communities. The approach focussed on the Implementation of a comprehensive Behaviour Change Communication (BCC) strategy, linking households with existing government nutrition programmes and JEEVIKA's livelihood interventions especially nutri-garden and livestock interventions for improved dietary diversity

### **Behaviour Change Communication (BCC)**

One of the key strategies for empowering SHG members on health, nutrition and sanitation practices is by providing training to SHG members on different aspects of HNS through BCC Modules. This strategy is operationalised by JEEVIKA's Master Resource Persons (MRPs), and Community Mobilizers (CMS), core block and district teams. The MRPs and CMs are the key facilitators in the process who orient SHG members on health, nutrition and sanitation modules during one of the four SHG meetings held in a month and follow up on the actions in the subsequent weekly meeting to reinforce the messages. The CMs are oriented by MRPs, who in turn, receive trainings from district resource persons. The CMs orient SHG members on one topic every month. The CMS are also entrusted with the identification and orientation of Health Sub-Committee (HSC) members at Village Organization level. These Health Sub-Committee members visit targeted households which include pregnant women, lactating mothers and mothers of children under 2 years of age. These HSC members provide advice, required support and encourage them to adopt recommended health and nutrition practices.

They work in close coordination with Accredited Social Healthcare Activists (ASHA) and Anganwadi members (AWWs), mobilise the women and children to avail services at Village Health and Nutrition Day (VHND) and Annaprashan Diwas. Community Nutrition Resource persons have also been identified and trained to facilitate awareness and mobilisation drives on HNS issues at village or panchayat levels. Two modules on COVID-19 were developed and rolled out in SHG meetings. First session focused on prevention measures by use of mask, physical distancing, hand washing and information on symptoms of COVID-19. Second session focuses on immunity booster. The progress made under this intervention is as in table below:

SL	Modules	Total No. of SHGs provided training till March 2021	Total No. of CMs trained on Modules till March 2021
	<b>Module-1</b>		
1	Session-1 (linking HNS with Livelihoods)	6,16,857	56,580
2	Session-2 (Breast-feeding)	5,78,718	
3	Session-3 (Complementary feeding)	5,28,015	
4	Session-4 (Maternal diet diversity)	5,13,720	
	<b>Module-2</b>		
5	Session-5 (Nutri-Garden)	2,21,491	26,432
6	Session-6 (Identification and Management of diseases)	1,81,478	
7	Session-7 (Disease Prevention among infants)	1,44,478	
	<b>Module-4</b>		
8	Session-12 (Sanitation BCC [Part 1])	4,46,230	36,311
9	Session-13 (Sanitation BCC [Part 2])	4,39,091	
10	Session-14 (Sanitation BCC [Institution Building])	4,48,914	
11	Session-15 (Sanitation BCC [Toilet Technology])	4,33,382	
	<b>Module-5</b>		
12	Session-16 (Preventive Measures of COVID-19)	8,92,837	71,303
13	Session-17 (Improving Immunity during COVID-19)	8,73,590	

**Source: JEEViKA Annual Report 2020-21, p.33**

### **Family Dietary Diversity (FDD) Campaign**

To sensitize SHG members on issues of malnutrition in newly born child and female between 15 and 49 years of age Family Dietary Diversity Campaign was organized. For this, 2 days campaign on FDD was conducted at VO level. First day of the campaign focussed on pregnant women, lactating mothers and infants (0-6 months). Second day of the campaign was dedicated to mothers of children between 6-23 months.

During the campaign community members were oriented to improve behaviour dimension on maternal diet and complementary feeding. To improve the nutritional intake, members were motivated to establish kitchen garden for ensuring availability of seasonal vegetables and fruits round the year. Food group demonstration campaign was organized at VO level for creating awareness on different food groups and its importance in diet. The campaign also aroused awareness on exclusive breast-feeding and complementary feeding of children between 6 and 23 months for prevention of stunting, wasting and undergrowth in the children.

Community Nutrition Resource Persons and Health Sub Committee members visited critical households identified during campaign and provided required support.

**Table 2: Status on FDD**

SL	Particulars	Progress in FY 2020-21
1	Number of districts covered	38
2	Number of blocks covered	534
3	Number of CLFs covered	1112
4	Number of VOs covered	62171
5	Number of targeted HHs covered	1216667
6	Number of pregnant women visited	356112
7	Number of infant HHs (0-6 months) visited	224431
8	Number of children between 6-23 months covered	636124

**Source: JEEViKA Annual Report 2020-21, p.34**

### **Poshan Maah/ National Nutrition Month**

Poshan Maah or National Nutrition Months is a month-long campaign organized in the month of September across the state. This month-long campaign during the FY focused on creating awareness on complementary feeding of children in 6- 23 months age group and dietary diversity. Besides dietary diversity, the campaign focused on promotion of nutri-garden, to encourage hand washing, proper usage of mask and other preventive measures during COVID. The project proficiently adopted digital and electronic platforms for dissemination of messages through radio, advertisement on television, newspapers, video shows, etc. Prabhat pheris, rallies, rangoli making were also organized at community levels for ensuring maximum awareness.

At SHG level, special meetings are organized on complementary feeding in 1<sup>st</sup> week, hand washing, oath taking on nutrition in 2<sup>nd</sup> week, promotion of kitchen garden in 3<sup>rd</sup> week and awareness on food groups in 4<sup>th</sup> week.

At VO levels, practical demonstrations on food groups, their importance, availability and recipes were covered. Community members were also encouraged to participate in annaprashan divas and VHSND.

**Table 3: CBOs Participation in Poshan Maah**

1	Number of districts covered	38
2	Number of blocks covered	534
3	Number of CLFs covered	1105
4	Number of VOs covered	43452
5	Number of SHGs participated	522828

**Source: JEEViKA Annual Report 2020-21, p.35**

### **Acute Encephalitis Syndrome**

Acute Encephalitis Syndrome is a deadly disease resulting in loss of life especially children every year in Bihar, Government of Bihar entrusted JEEVIKA with the responsibility of taking up activities for creating awareness on AES amongst the community members and provide support for prevention of disease. 26 most affected blocks of Muzaffarpur (16) and East Champaran (10) have been selected for intensive mobilization and Implementation work.

Vulnerable households with children between 1 and 15 years of age were listed by VOs. These households were regularly visited or contacted over phone for providing information on AES. AES leaflets were provided to around 61000 households. The households were asked to ensure that children are not empty stock before going to bed or while going outside. The VOs also ensured availability of food items and other essential items like jaggery, sugar, Glucon-D, Chiwra, ORS etc by procurement and distribution to SHG households/targeted households through FSF intervention. The VOs also kept contact numbers of ambulance/private vehicle owners for emergency need.

**Table 4: Awareness Generation on AES through Mobile Vani**

<b>SL</b>	<b>Episodes</b>	<b>Number of listeners (HHs) till March 2020-21</b>
1	Episode-1 (General information regarding AES)	55556
2	Episode-2 (Identification of symptoms of AES)	42305
3	Episode-3 (Take appropriate steps after identification of symptoms of AES)	43351
4	Episode-4 (Things to be kept in the mind in case of AES)	49108

**Source: JEEViKA Annual Report 2020-21, p.36**

**Table 5: Progress on AES Intervention 2020-21**

1	Number of Intervention blocks covered	26
2	Number of cadres trained on AES leaflet developed by JEEViKA	2647
3	Number of staff trained on AES leaflet development by JEEViKA	109
4	Number of cadres trained on AES leaflet developed by District Administration	3592
5	Number of staff trained on AES leaflet development by District Administration	150
6	Number of cadres trained on AES Flip Book	1245
7	Number of staff trained on AES Flip Book	45
8	Number of VOs procured grain through FSF	1430
9	Number of HHs provided grain through FSF	144832
10	Number of VOs procured Jaggery, Sugar, Glucon-D, Chiwda, ORS	1046
11	Number of HHs provided Jaggery, Sugar, Glucon-D, Chiwda, ORS	45387
12	Number of Mahadalit HHs provided Jaggery, Sugar, Glucon-D, Chiwda, ORS	28750
13	Number of HHs having children in the age group of 1-15 years	241045
14	Total number of Children in the age group of 1-15 years	426782
15	Number of HHs visited having children in the age group of 1 and 15 years Children	344362
16	Total SHG members to whom mobile Vaani services has been reached	57794
17	Total number of calls made to SHG members under mobile vani	313834
18	Number of AES confirmed cases in children	78
19	Number of cured cases in children	61
20	Number of casualties (Children)	17

**Source: JEEViKA Annual Report 2020-21, p.36**

Self Help Groups (SHGs) are the primary level institutions of the community- based organizations that aid in achieving self-reliance among poor women, strengthening and institutionalizing the habit of regular saving, their control over economic resources, Improving access to microcredit and overall empowerment of rural women. Through SHGs, the rural women are encouraged to plan at the local level to enhance status of their health, nutrition, education, sanitation & hygiene, legal rights, economic upliftment and other social, economic & political Issues for bringing betterment in living conditions.

From past few years, the platform of SHGs and their federations have been utilized for Implementation of various large-scale programs like Lohiya Swachha Bihar Yojana, Jal Jeevan Hariyali, Ration card preparation under Public Distribution System, Mask Production, Satat Jeevikoparjana Yojana, Ujwala yojana, Custom Hiring Centre, Immunization against COVID-19, scaleup of community kitchen (Didi-Ki-Rasoi) across state, the establishment of the nursery (Didi-Ki-Nursery) for plantation work etc.

With its scale and outreach in Bihar, JEEVIKA is the largest state mission implementing community-based livelihoods programming in India. The program has thus far mobilized more than 10 million rural women into more than 923.000 self-help groups, which are further federated into nearly 60,000 village organizations and 1,045 cluster-level federations. These community institutions have emerged as effective platforms for economic inclusion, linking the poorest to the formal banking system, and for enabling a range of services, including insurance, regular financial literacy, credit counselling, and orientation in sound financial practices, as well as new modes of financial transactions such as digital and mobile banking (**World Bank, 2018**). This large institutional platform has enabled households from the poorest areas of rural Bihar to collectively access banking services from more than 3,672 rural bank branches. Under the program, community institutions have leveraged credit worth roughly \$1.5 billion from banks, while generating nearly \$130 million in community savings.

### ***References:***

1. *Banerji, Anita and Sen, Raj Kumar (2003), Women and Economic Development, Deep and Deep Publication, New Delhi.*
2. *Batliwala, S (1993), Empowerment of Women in South Asia: Concept and Practices, FAO, New Delhi.*
3. *Bhuimali, Anil (2004), Education, Employment and Empowerment of Women, Serials Publications, New Delhi.*

5. *Goel, Aruna (2009), Women Empowerment: Myth or Reality, Deep and Deep Publication, New Delhi.*
6. *JEEViKA Annual Report 2020-21.*
7. *Ray, Bharati (2005), Women of India: Colonial and Post-Colonial Periods, Sage Publications, New Delhi.*
8. *Sinha, A K (2010), Panchayti Raj and Empowerment of Women, North Book Centre, New Delhi.*
9. *www.brlps.in*
10. *www.shg.brlps.in*
11. *www.worldbank.org*