



EMPOWERING COMMUNITIES AND PUBLIC SERVICE DELIVERY PERSONNEL THROUGH PARTICIPATORY PROCESSES



**INSIGHTS
GUIDE
ON
GOOD
PRACTICES**

January 2019



Acknowledgements

We hereby take the opportunity to thank Sasmita Jena, Senior Programme Coordinator, Welthungerhilfe for guiding and supporting us through the conceptualization and design of the study and providing feedback on the report. We would also like to thank Project Coordinators from Welthungerhilfe Partner Organizations – Vikas Singh from NEEDS, Raghunath Singh from Badlao Foundation, Rohit Singh Deo from NEEDS and Rozina Sultana from Pravah along with the field coordinators who were instrumental in supporting us during field work – right from introducing us to the community and local service providers to arranging the logistics. Last but certainly not the least, we thank the community and the local service providers who took out time for us during field discussion and interviews and inspired us to bring out their stories through this document.

Disclaimer

The viewpoints and opinions expressed in this report are of the authors and do not necessarily reflect those of Welthungerhilfe

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Photographs

LEADS, Badlao Foundation, NEEDS, Pravah, Welthungerhilfe, Re-emerging World

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Foreword

Good Governance is possible with people's participation, and people can actively participate in the governance process only when they are aware of their rights.

In India, the Right to Information Act has led to increased transparency and accountability in government functioning. People are more aware of their rights and entitlements. However, certain sections of the society, especially the poorest and marginalized communities living in remote areas, are still largely unaware of their rights. To bridge the information gap and empower people to address malnutrition and poverty, Welthungerhilfe supported by European Union, undertook the project titled 'Initiative for Transparent and Accountable Governance System in Jharkhand' in four most backward districts of Jharkhand viz. Dumka, Pakur, Sahebganj, and Khunti.

This document is an outcome of the good practices that were initiated during the project. It covers the innovative approaches which brought significant changes in the community. These interventions received an impetus in the form of financial support from the European Union (EU) in 2014. During the period, interventions focussed on strengthening community-based organizations having constitutional mandates with an objective to improve the quality of life of people, especially the women and children.

Some of the key innovations mentioned in the document include Mobile for Mothers (MfM), a digital innovation that works towards behavioral change, adoption of good maternal health practices and access to health services. Other best practices include 'Linking Nutrition, Education and WASH,' VHNSC community monitoring tool, a community monitoring tool for schools, participatory microplanning, Pragya Kendra and community radio. These practices have led to increased awareness amongst students and relevant stakeholders such as Anganwadi workers and SMC members, address gaps in service delivery, and improved transparency and access to information.

We want to share this Good Practice Document with all our stakeholders and with other individuals and organizations within and outside Jharkhand.

We are thankful to Re-emerging World, who helped us to prepare this Good Practice Document. Their interaction with various stakeholders, community and capturing the good practice, challenges and way forward, helped us in bringing out this document.

Our special and sincere thanks to everyone, especially all community members, volunteers, mothers, children, teachers, staff, LEADS, Pravah, Ekjut, Badlao Foundation and NEEDS in fulfilling our journey.

Sincerely,

Sasmita Jena
Welthungerhilfe

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List of Abbreviations

AIR	All India Radio
ANC	Ante Natal Care
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BDO	Block Development Officer
BTT	Block Training Team
CDPO	Child Development Project Officer
CHC	Community Health Centre
CHW	Community Health Worker
CMT	Community Monitoring Tool
CSC	Common Service Center
CSP	Common Service Point
ICDS	Integrated Child Development Services
INC	Intra Natal Care
INR	Indian Rupee
IT	Information Technology
JAPIT	Jharkhand Agency for Promotion of Information Technology
LEADS	Life Education and Development Support
MfM	Mobile for Mothers
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MOIC	Medical Officer In Charge
NEEDS	Network for Enterprise Enhancement and Development
NGO	Non Governmental Organization
PLA	Participatory Learning and Action
PMGDISHA	Pradhan Mantri Gramin Digital Saksharta Abhiyan
PMT	Participatory Microplanning Tool
PNC	Post Natal Care
RTE	Right to Education
SCA	Service Centre Agency
SDA	State Designated Agency
SHG	Self Help Group
SMC	School Management Committee
SMS	Short Message Service
STT	State Training Team
ToT	Training of Trainers
VHND	Village Health Nutrition Day
VHSNC	Village Health Sanitation Nutrition Committee
VLE	Village Level Entrepreneur



Why the Insights Guide and How it is Structured ?

Community members from Ranga Village, Barhait Block, Sahebganj District

KEY BASELINE DATA

45 to 61

Infant Mortality Rates

37%

Pregnant and Lactating mothers did not visit VHND meetings

9 to 12%

HH in Sahebganj and Pakur knew about MGNREGA

34 to 36%

HH in Sahebganj and Pakur had ration cards

Welthungerhilfe Intervention Areas :

4 underserved tribal blocks across 4 districts



Study Context and Background

Jharkhand, the 28th Indian state formed in 2000, suffers from “resource curse” – it accounts for 40% of the mineral resources of the country, still 39.1% of its population as per 2011 census live below poverty line and ranks 16 out of 17 states in India State Hunger Index. The development challenge in Jharkhand is multidimensional – one such is low implementation capacity of the public service delivery personnel. Welthungerhilfe found that majority of the developmental challenges lie in four key domains – Food and Nutrition, Health, Education and Rural Livelihoods, and access to already available entitlements and public services. Welthungerhilfe Baseline Study reveals the Infant Mortality Rate in the intervention districts of Jharkhand ranged in between 45 to 61, while 37% of pregnant and lactating mothers did not visit the VHND meetings and one-fourth of the deliveries took place at homes. Only 55% of the respondents shared that Mid Day Meals were served daily at schools. A mere tenth of the sample households in Sahebganj and Pakur districts knew about MGNREGA and hence the job demands were very low.

With a view to improve quality, coverage and access to information regarding public services in food and nutrition, health, education and rural employment, Welthungerhilfe, in partnership with European Union, through their project “Initiative for transparent and accountable governance systems in Jharkhand”, has made several interventions since 2014 in 4 severely underserved tribal blocks of Jharkhand viz. Torpa in Khunti District, Jama in Dumka District, Barhait in Sahebganj District and Littipara in Pakur District. To implement the project, Welthungerhilfe had partnered with 5 NGO partners – LEADS, NEEDS, Badlao Foundation, Pravah and Ekjut – who closely worked with the target beneficiaries, sectoral service providers, local self-governance bodies to a) improve access, coverage and transparency of information related to public services, b) enhance people’s capacities through participatory processes and c) increase responsiveness and accountability of local authorities.

5 Partners



COVERAGE



4 Districts

Khunti, Sahebganj, Pakur,
Dumka



4 Blocks

Torpa, Barhait,
Littipara, Jama



200 villages

50 village under each
of the four partners

IMPACT



76,500

Households



381,000

Direct Beneficiaries



1247

Government
Primary and
Middle Schools



102

Health Centres



681

ICDS Centres



348

SMC



198

VHSNCs



76









Panchayats

Process followed to Nurture, Mature and Document the Good Practices






As a part of the project objective, Welthungerhilfe through its partners, aimed at nurturing innovative processes and best practices that address key constraints in information delivery, service provision and empowerment of self-governance bodies are successfully standardized, demonstrated and replicated by state and district-level authorities or service providers. Among many practices which were developed, several of them were incubated after which the project partners took lead in maturing them. Here, the partners with relevant experience, expertise and resources were allocated the role of maturing a specific good practice; for example, Badlao Foundation and Pravah with ample experience in MGNREGA led the process to develop the Participatory Microplanning Tool. Similarly, Mobile for Mothers and Pragya Kendra were led by NEEDS, Community Radio and CMT for School Management Committees were led by LEADS and Nutrition Garden was led by Pravah. Technical Partner Ekjut with expertise in organizing PLA and developing relevant resources, took the lead in maturing the CMT for VHSNCs. The process of nurturing and maturing the 6 good practices were done during the project period from 2014 to mid-2018.

After the good practices were matured and ready to be transformed into an insights guide, Re-emerging World (ReW) was appointed to document the good practices. The research team from ReW conducted field visits at 4 intervention blocks, studying the good practices with four implementation partners over 8 days – Oct 25th to 26th 2018 with LEADS in Torpa Block in Khunti, Oct 27th to 28th 2018 with Badlao Foundation in Barhait Block in Sahebganj, Nov 3rd to 4th with NEEDS in Littipara Block, Pakur and Nov 5th to 6th with Pravah in Jama Block, Dumka. The study was done through conducting Focus Group Discussions with 112 community members and 5 VLEs, In-depth Interviews with 4 community members and 1 VLE, Key Informant Interviews with 8 sectoral service providers and discussions with 29 Project Team Members including Project Coordinators, Team Members and Field Staff.

Elements of Good Practices Documentation

Sections	Explanation and Key Questions
 In Brief	<p>This section will provide a crisp summary of the innovative and impact aspects of the good practice.</p> <p>Key Question : What are the factors that make this a good practice ?</p>
 Challenges Addressed	<p>In this section, we will explain the need of this good practice – the problems it addressed and the opportunities it captured. It will lay down the ground for the issues in service delivery that triggered the design of this good practice.</p> <p>Key Question : What gaps in the service delivery triggered the design of this good practice ?</p>
 Highlights and Implementation Strategy	<p>In this section, we will describe in detail the main highlights of the good practice, the process flow and the implementation strategy. We will provide adequate and suitable information to inspire replication adopted to the local need.</p> <p>Key Question : What are the key elements of the implementation strategy and the enabling processes ?</p>
 Implementation Effort	<p>We will quantify the resources required for implementation in this section – manpower, infrastructure and technology. We will build this section based on data availability with Welthungerhilfe and the partner organizations.</p>
 Stakeholder Engagement	<p>This section will consist of the different stakeholders who are involved in the successful implementation of the good practice – their roles, responsibilities and contribution.</p> <p>Key Question : What are the roles and responsibilities of the key stakeholders ?</p>
 Impact	<p>We will address both the qualitative and quantitative impact delivered by this good practice at the community level in this section. We will document individual and community success stories based on field work. For quantitative impact, we will depend on the data already collected by Welthungerhilfe and its partner organization.</p> <p>Key Question : What benefits the community has derived from this good practice ?</p>
 Key Success Factors	<p>In this section we will capture the challenges faced during the implementation, how they were overcome and distil the insights around the key success factors for this good practice.</p> <p>Key Question : What are the key success factors for implementing this good practice ?</p>
 Replicability and Sustainability	<p>We will analyse the necessary conditions for replication and up-scaling this good practice supported by technical robustness and financial viability of the initiative.</p> <p>Key Question : What are the prerequisites for replicating and scaling up the good practice ?</p>

Overview of 6 Good Practices

Thematic Areas	Good practices	
Health	 VHSNC Community Monitoring Tool	 Mobile for Mothers
Food and Nutrition Security	 Nutrition Garden	
Education	 SMC Community Monitoring Tool	
Livelihoods	 Participatory Microplanning Tool	
Access to Public Services	 Community Radio	 Pragya Kendra



01 MOBILE FOR MOTHERS

A mobile technology empowering the *Sahiyyas* to facilitate delivery of complete suite of health services to mothers

Sahiyya demonstrating the Mobile for Mothers app in Surajbera Village, Littipara Block, Pakur, Jharkhand



IN BRIEF



Discussion with Mothers in Surajbera Village, Littipara Block

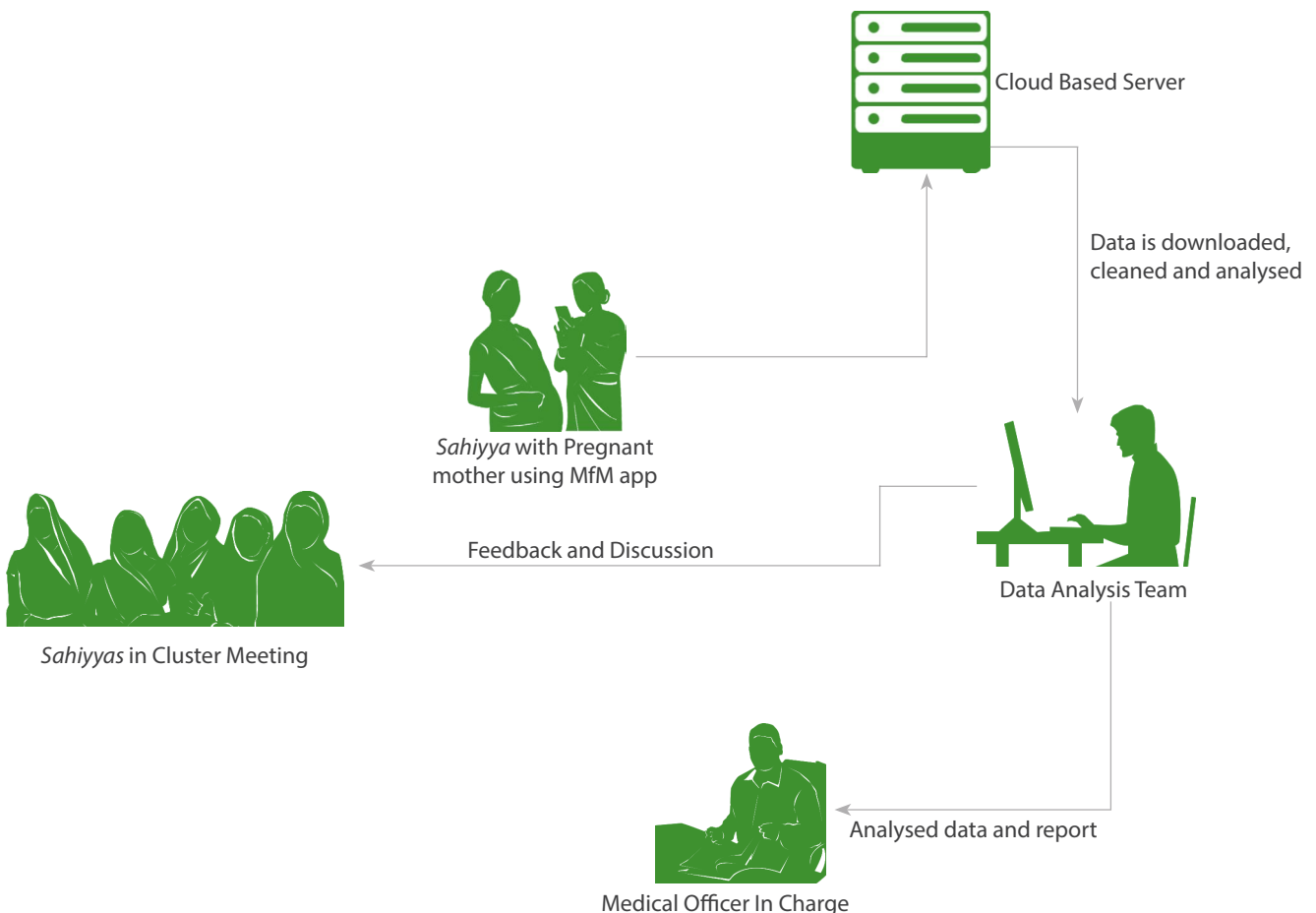
“ Earlier, mothers did not believe what I said, but now they do as the mobile is saying”, shared an excited Sushila Hasda, *Sahiyya* from Surajbera Village who has been using the Mobile for Mothers (MfM) application for over two years now. Susila Hasda is not alone. Welthungerhilfe, in collaboration with partner organization NEEDS, has empowered around 150 ASHA Workers (known as *Sahiyyas* in Jharkhand) in Littipara Block in Pakur District, Jharkhand by training them in the MfM application (app). MfM is a mobile app which helps the *Sahiyyas* in the registration of pregnant mothers, chronologically track and record different health services – immunization, medicines, supplementary food, institutional delivery; the mothers are entitled to and have availed. It also guides on counseling mothers on good maternal and child care practices.

Once a *Sahiyya* turns on the app, it asks a series of questions to the mother related to Antenatal, Intranatal and Postnatal care – depending on the pregnancy stage of the mother. The audio-visual prompts of the questions make it easier for the *Sahiyya* to ask

and the mother to understand. After recording each answer the app auto-plays a narration related to the question and helps the *Sahiyya* effectively counsel the mother. After the counseling is done the *Sahiyya* sends the recorded data to a cloud-based server. Currently, Welthungerhilfe partner NEEDS is responsible for downloading, tracking, analysing the data and sharing it further with the Medical Officer In Charge (MOIC).

The app today serves as an effective tool for the *Sahiyyas* in facilitating the uptake of health services from different community health workers like ANMs and Anganwadi Workers. This is through the seamless tracking and counseling – right from the beginning of pregnancy to the end of postnatal care.

How Mobile for Mother Application works?





CHALLENGES ADDRESSED

In 2014, Littipara Block of Pakur District, Jharkhand the MfM intervention area had only 90 *Sahiyyas* against 272 positions across 270 villages. Hence, the community had very little knowledge of good maternal health practices and were averse to adopting new ones. On the service delivery side, the existing *Sahiyyas* lacked knowledge, experience and communication skills which could influence behaviour change in the mothers. In this scenario, MfM directly helped in the capacity building of the *Sahiyyas* and build trust between the *Sahiyyas* and mothers – thereby contributing to bringing a gradual behavioural shift in the maternal health practices.

Low awareness among Mothers in good maternal and child health practices leading to little change in behaviour

Mothers had little or no knowledge on good maternal health practices, courtesy age-old traditional beliefs in the community. Additionally, most villages did not have CHWs or *Sahiyyas* appointed and even if there were, the CHW was not knowledgeable or experienced enough to guide the mothers. Moreover, during that time regular VHNDs, ANCs and PNCs were not being conducted. As an outcome, there were negligible institutional deliveries, low incidence of vaccinations and low consumption of iron tablets by mothers.

Little knowledge and low capacity levels among the *Sahiyyas*

Sahiyyas were trained once after their recruitment, but their work was mostly unmonitored. Moreover, they neither received any refresher training nor got any ready reckoner or checklist which can help them counsel the mothers effectively. Hence, over time, they used to forget crucial points during their home visits.

Problem with crude data management systems

Very few *Sahiyyas* in Littipara received formal education, less so beyond elementary levels. Hence, it was difficult for them to do the record keeping and maintain a database of mothers. The practice was mostly to write down key health data on a piece of paper which have high risks of getting misplaced. In some cases, husbands or literate members of the families used to accompany the *Sahiyyas* in meetings who used to write down on her behalf.

Low trust levels for the *Sahiyyas* among Mothers

Though the *Sahiyyas* were selected from the community, they experienced low acceptance by the mothers, who believed in their traditional practices of maternal and child health. So, despite repeated home visits and counseling sessions by the *Sahiyyas* the mothers refrained from adopting the good maternal and child health practices



Meenu Murmu, Tara Devi, Sushila, Lakshmi Devi, *Sahiyyas* from Littipara Block



IMPACT

“The mothers think as the Mobile is telling it must be something right” shares an elated Sushila Hasda, *Sahiyya* of Surajbera Village Littipara Block. This experience is not only limited to Sushila, but the majority of the *Sahiyyas* in Littipara were vocal about this experience. Apart from the growing trust, the *Sahiyyas* shared that the MfM application has helped them build their knowledge and increased their capabilities in counseling the mothers during home visits. On the other hand, the mothers now listen to what “the mobile says”.

1¹

Block

234²

Villages covered

234³*Sahiyyas* TrainedKey Impacts on *Sahiyyas* and the CommunityImproved trust between Mothers and *Sahiyyas* resulting in behavioural change in maternal and child care practices

Teresa Besra, *Sahiyya* from Rampur village shares, “Earlier, I used to find it difficult to convince mothers in practicing good maternal and child health practices. But now as the mobile speaks the mothers believe what I say”. MfM has increased the trust levels of the mothers on the *Sahiyyas* which now helps the *Sahiyyas* to counsel the mothers.

Increased Capabilities of *Sahiyyas* and Improved Service Delivery

MfM has provided the *Sahiyyas* with a mobile ready reckoner and checklist. This helps them in counseling the mothers on each point and not missing out on anything important. “I am also learning from the mobile. It is easier to counsel now”, tells us Tara Devi, *Sahiyya* from Jayeshwar Village. MfM has turned out to be a self-training tool for the *Sahiyyas* who earlier did not have any training material to refer. Interestingly, after the *Sahiyyas* have mobile phones, now they get direct calls on their mobiles for “Mamta Vahans” (vehicles for taking pregnant mothers to hospitals) – reducing the delays.

Easier Data Collection and Management

“We do not always have a diary or a pen” says Tara Devi, *Sahiyya* from Jayeshwar Village. Now the mobiles are helping the *Sahiyyas* take down data from the mothers whenever and wherever they meet. As the mobile prompts what data to collect the process has become easier for both *Sahiyyas* and the mothers. The *Sahiyya* then sends the data to a cloud-based server which can later be downloaded and analysed. This has minimized the risks of loss of records and missing data.

Teresa Besra has been working as a *Sahiyya* from Rampur Village, Littipara Block since 2008. The village has around 427 residents and 85 Households. Teresa found it difficult to make mothers understand the good practices of maternal and child health. But after she started using Mobile for Mothers it became easy for her to counsel the mothers and educate them. “The mobile has pictures and voices, I think that’s why mothers think that the mobile will not lie”, says Teresa.





Malati Murmu



Case Study

Malati Murmu, 26, mother of two, embraced the learnings from the MfM Application and successfully avoided the difficulties during her second delivery which she had during her first one

Malati Murmu was 21 when in April 2013 she gave birth to her son, her first child. "Earlier, I did not know the advantages of medicines and vaccinations", shared Malati. Due to her unawareness and fear of injections, she avoided all vaccinations and medicines. Additionally, the *Sahiyya* at that time was less knowledgeable, and herself did not know what to advise. When she was about to deliver her child, she preferred a home delivery with a local tribal midwife instead of going to the nearest health center. As a result, she suffered much pain and loss of blood during her delivery and her condition became critical. Her son was born weak.

Transformation at a Glance

	1 st Child	2 nd Child
Year of Birth	2013 (Before MfM)	2016 (After MfM)
Delivery	At Home with local tribal midwife	Institutional Delivery at Littipara CHC
Vaccinations and Medicines	NIL	All vaccinations and medicines taken. All ANC's availed.
Condition of Child after Birth	Very Weak, as delivery at home weight was not measured	Weight = 3Kg Healthy Child
Condition of Mother after Delivery	Profuse blood loss, mother was in critical condition	Mother was healthy after delivery

In 2016, when MfM application was introduced in the community, Malati's mother-in-law persuaded her to listen to what the *Sahiyya* wanted to tell. "I did not want her to go through the same pain as she did last time. Child and mother have died before in this village during delivery, so I was afraid", shared Chandmani Marandi, Malati's mother-in-law. *Sahiyya* has visited Malati 3 times with Mobile. With learnings from the mobile voice and pictures and *Sahiyya's* counseling Malati agreed to improve practices and

- Took all vaccinations
- Consumed iron tablets regularly
- Availed "Mamta Vahan" (vehicle for carrying pregnant mothers for institutional delivery) services under Janani Suraksha Yojana
- Availed Institutional delivery at Community Health Centre Littipara

“ I believed what *Sahiyya* said when she visited with Mobile ”

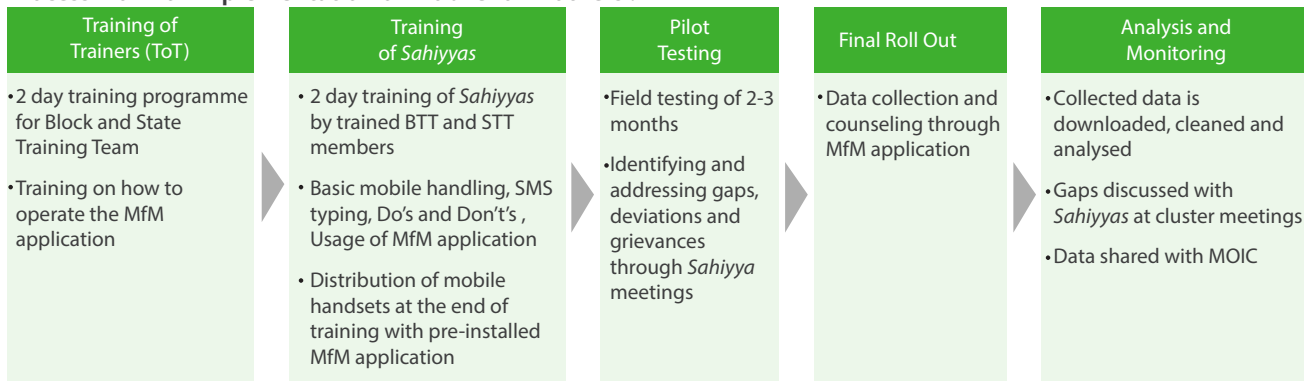
Malati gave birth to a beautiful daughter, Merinda in October 2016 and both the mother and child were healthy after delivery.



HIGHLIGHTS AND IMPLEMENTATION STRATEGY

The implementation strategy begins with designing and developing the mobile app NEEDS had developed the Mobile for Mothers application and tested in a separate program area. Welthungerhilfe identified an opportunity for replication and introduced it in Littipara, liaising with relevant government representatives – e.g. block and state training personnel under National Health Mission for training the *Sahiyyas* and MOIC for periodic monitoring of the data collected.

Process Flow for implementation of Mobile for Mothers :



a) Training of Trainers (ToT) Program : Welthungerhilfe partner NEEDS conducted a two-day ToT program for 3 Block Training Team members and 2 State Training Team members. In these two days, the 5 Trainers were trained on how to operate the MfM application and were developed as resources to train the *Sahiyyas* further.

b) Training of *Sahiyyas* : As most of the *Sahiyyas* did not operate a mobile phone before the training started with basic mobile handling, SMS typing, Do's and Don'ts and finally how to run the MfM application. Each batch of 45 *Sahiyyas* were trained by 2 to 3 trainers with theoretical and practical demonstrations. During the training one keypad mobile phone was given to each *Sahiyya* each where the MfM application was installed with the help of a chip inserted into it. In these phones, the application was coded in Java. The phones accompany chargers and sim cards with INR 50 pre-paid talk time.

c) Pilot Testing : Post-training the *Sahiyyas*, the application was tested on the field for 2-3 months. The data captured and shared through the MfM application was kept under watch and gaps, deviations and grievances were addressed during meetings.

d) Final Roll Out : After the test duration was over, MfM was rolled out completely with necessary troubleshooting. The *Sahiyyas* captured the data and sent to the cloud-based server through SMS based service.

e) Analysis and Monitoring : The data is downloaded from the cloud-based server, cleaned and analysed. Then the data and analysis is shared with the Medical Officer In Charge. A feedback session is arranged at cluster level with the *Sahiyyas* wherein they are provided feedback on gaps and deviations observed.



IMPLEMENTATION EFFORT

The key resources required to implement Mobile for Mothers successfully are mentioned below:

a) MfM Application and Mobile Handsets : IT software and hardware resources which form the basis of the intervention



b) Master trainers for ToT : To train the Trainers who in turn will conduct the *Sahiyya* training

c) Training Resource for *Sahiyyas* : Mostly members from Block Training Team and State Training Team who will conduct the *Sahiyya* training

d) Technical Resource for troubleshooting hardware and software issues : Who can be the point of contact for the *Sahiyyas* in challenges faced with the mobile hardware or the application

e) Resource for Data Analysis and Monitoring : Responsible for tracking, analyzing and monitoring the data captured by the *Sahiyyas* along with providing feedbacks and conducting follow-ups with the *Sahiyyas*

Table: Key Costs associated with interventions in Mobile for Mothers

Interventions	Expense Heads	Cost
Mobile Application (One time expense)	Development and periodic maintenance of the app	INR 0.5 to 0.6 million for Java Version INR 0.15 million for upgradation to Android Version
2 Day ToT for BTT and STT	Food and Travel Allowance	INR 800 per BTT and STT
2 Day Residential MfM Training for <i>Sahiyyas</i>	Travel, Accommodation, Food, Stationaries	INR 1000 per <i>Sahiyya</i>
	Total Cost of Utilities like Generator, Fan, Light etc.	INR 3000 (per day)
Mobile Phones with MfM Application	Mobile Handsets	INR 4,000 to 5,000 per <i>Sahiyya</i> (should separately consider INR 500 per <i>Sahiyya</i> per year for repair and maintenance)



STAKEHOLDER ENGAGEMENT

Mobile for Mothers is disseminated in the community through an ecosystem of technology partners, training partners, users and beneficiaries.

Sahiyyas

Accredited Social Health Activist (ASHA) or *Sahiyyas* as they are known in Jharkhand are the primary users of the MfM application which helps them to counsel the mothers and record key maternal and child health indicators

Medical officer in charge

Government health representative at block level responsible for periodic monitoring of the data and providing feedback for action

Mothers

Mothers in their ANC, INC and PNC stages are the direct beneficiaries of the MfM application



Training Partners

After being trained by the Master Trainers of the program the training partners, usually from the Block Training Team or State Training Team, are resource responsible to train the *Sahiyyas* on the use of MfM application

Technology Partners

The organization or team which is responsible for developing the mobile for mothers application for feature and smart phones. They are also responsible for troubleshooting of software issues and periodic upgrades when required



KEY SUCCESS FACTORS

With the introduction of the MfM programme, most *Sahiyyas* were using mobile phones for the first time and initially struggled with handling a mobile handset and typing and sending SMS's. Also as the intervention for first 90 *Sahiyyas* in Littipara were through chip based Java application through feature keypad phones, many a times chipsets were dislocated causing deletion of the application. Keeping these challenges in mind, the key success factors listed below will provide seamless dissemination of the program

- Identify mobile phone aware *Sahiyyas* or, as a part of the initial *Sahiyya* training, design a module for basic mobile handling
- Android version of the application will eliminate deletion of the application by dislocation of chipsets. Welthungerhilfe partner NEEDS has already trained two batches of *Sahiyyas* on Android version of MfM application in November 2018
- Closely track, monitor and analyze data sent to the cloud-based server and provide feedback to *Sahiyyas* regularly
- Keeping abreast with the latest technology and mitigating the risks of technology obsolescence



REPLICABILITY AND SUSTAINABILITY

The Mobile for Mothers application is replicable without any additional investment in redeveloping the app. NEEDS, Welthungerhilfe's program partner who has developed this app had used the technology in a separate program area in Deoghar District earlier, and replicated the same in Littipara Block in Pakur District. The app is already available and can be used in other program areas as well.

The sustainability of Mobile for Mothers can be strengthened by setting up an easily accessible helpdesk to troubleshoot the hardware and software issues. Additionally, the app can be integrated with existing Government schemes and initiatives like Home-Based Newborn Care visits, and funds can be allocated accordingly.

पाकशाला



02 NUTRITION GARDEN

Embedding Nutrition Gardens in Schools and Anganwadi Centres – impacting nutrition and nurturing conscious future citizens of the country

Students from Utkramit Madhya Vidyalaya, Madhuban, Jama Block, Dumka District, showing their Nutrition Garden



IN BRIEF

Nutrition Gardens have always been an effective intervention for the rural households to maintain all-year-round food and nutrition security. The household members, primarily women, use a small open space outside the house to grow seasonal vegetables and fruits for consumption of the family. In the process, they cut down expenses on the market bought food items and improve the health and nutrition of the family by regular intake of micronutrient rich, fresh and chemical free vegetables and fruits.

Welthungerhilfe through its program partners have used this concept and replicated the model inside Schools and Anganwadi Centres (AWC) alongside the conventional Household nutrition gardens. In schools, the nutrition gardens are maintained regularly by students under the guidance of

Poonam Devi and Anju Devi in front of Nutrition Garden in their home in Chikaniya Village, Jama Block

trained SMC members. A hands on exposure of students on growing and maintaining the nutrition garden helps them understand what contributes to good nutrition and how to obtain them sustainably. In Anganwadi Centres, the Anganwadi Workers are responsible for growing and upkeep of the nutrition garden with support from the local community, especially mothers who water the plants and bring seeds and bio-fertilizers from their homes. The harvests from the garden are put into the mid-day meals prepared in the schools and AWCs.

This innovation has led to increased awareness levels on nutrition gardens in the community especially students and key stakeholders like parents, Anganwadi Workers and SMC members. Additionally, use of fresh chemical-free vegetables has increased the quality and quantity of the mid-day meals served at Schools and AWCs.



CHALLENGES ADDRESSED

Nutrition Gardens aim to address the challenges in the community about low awareness levels and hence high expenses in growing their own food, and reduced consumption of fresh seasonal fruits and vegetables.

Low awareness levels in the community about the benefits of nutrition garden

Nutrition gardens are traditional practices wherein the women in the house grow fruits and vegetables in open spaces of the household premises for consumption of the family. Yet, due to shift in farm practices (with cash crops and chemical fertilizers) over the years, the community largely lost touch of the simple practices.

Low consumption of fresh fruits and vegetables in Schools, AWCs and Households

The meals served at Government Schools and Anganwadi Centres have high levels of carbohydrates and proteins. However, they seldom contain fresh vegetables and fruits. Nutrition Gardens at schools and AWCs aim to address the challenge of this nutrition deficiency. Moreover, due to the additional supply from the nutrition garden, the schools need not buy fruits and vegetables everyday.

High expenses due to market-bought food and use of chemical fertilizers at Household Level

In the absence of a nutrition garden, the community grows food for own consumption in their main farmland which contains harmful chemicals. Else they depend on bought food bought from the market. In either practice, there is a negative impact on the health and economy of the family.



Nutrition Gardens have improved access to food and nutrition security at schools, Anganwadi centers and individual households. It has also reduced dependency on the market bought food items and hence minimized costs. Moreover, nutrition gardens are developed and maintained with bio-inputs like cow dung, cow urine, jaggery (ingredients for Amrut Jal) which keeps the soil naturally fertile. Nutrition gardens at schools and AWCs have also served as an awareness creating medium on good practices of nutrition gardens.

33⁴

Nutrition Gardens in Schools

29⁵

Nutrition Gardens in
Anganwadi Centres

2125⁶

Households with
Nutrition Gardens

Access to Improved Food and Nutrition Security at Schools, AWCs and Households

Students at schools and children enrolled at Anganwadi Centres get seasonal fruits and vegetables fresh from their garden as a part of their meals. At the household level, the family gets better nutrition with fresh and nutritious fruits and vegetables.

Reduction in Costs

Nutrition Gardens have caused a reduction in market bought food items at schools, Anganwadi Centres and households and minimized their expenses on the market bought food.

Awareness in the Community in good practices of developing Nutrition Gardens

At schools, the students are learning the good practices of nutrition gardens like growing seasonal crops, preparation, and use of organic farm inputs, etc. and cascading the learning to their homes. In many instances, the family has started to grow a nutrition garden after learning from their children. Mothers who come to Anganwadi Centres also learn the practices of Nutrition Garden.

4,5 & 6. Data Source : Pravah, Welthungerhilfe Partner

Case Study

Nutrition Garden in Utkramit Madhya Vidyalaya of Pipra Village is helping the students develop ownership, learn organic farm practices and get fresh, nutritious food



Madhulal Murmu and Sujit Kumar Khirhar,
SMC Members

In August 2018, SMC members of Utkramit Madhya Vidyalaya Pipra, Madhulal Murmu and Sujit Kumar Khirhar received a one day training on Amrit Krishi (process to develop Ganga Maa Model nutrition garden with Amrit Jal and Amrit Mitti) in Ranchi followed with a one day exposure visit. They learned how to construct the Ganga Maa model, how to prepare organic fertilizers and what kind of crops to select in their school. After coming back from the training, they shared the learnings with other SMC members in the school and the Bal Sansad students. Madhulal and Sujit's children currently study in the same school, and their nutrition betterment motivates them the most. Hence when the school remains closed for vacation, they come regularly to maintain the garden. "Nutrition Gardens will provide our children with fresh green vegetables," shared both in unison.



The students drive the crop selection, fertilizer preparation, and maintenance of the nutrition garden. Apart from providing them seasonal fresh vegetables and fruits, nutrition gardens are also serving as an effective awareness tool for the students, who from early childhood are learning and implementing the good practices of organic farming, growing food for themselves and developing an ownership and team work to create something for the community. The parents shared, many students have taught them how to grow nutrition gardens, and now they are following the practices at their homes too.



“ I have learned how to prepare Amrit Jal and have grown brinjals in this nutrition garden. Every morning when I come to school, I water the crops.”

Phool Kumari, 8th Standard



“ Till now we have prepared brinjals, 'saag' (leafy greens), raddish and tomatoes from the nutrition garden. Market-bought vegetables usually become stale. The children can now have fresh vegetables due to the garden which is good for their health.”

Suman Devi, Pramila Devi and Baha Soren;
Mid-day meal workers



HIGHLIGHTS AND IMPLEMENTATION STRATEGY

01 Schools

In schools, Nutrition Gardens were promoted through the School Management Committee (SMC) members and Bal Sansad (Student Committee). The steps below outline the implementation strategy of Nutrition Gardens in schools :

- a) **Capacity Building of Selected SMC members :** 3 to 4 SMC members were selected from each school and trained on Ganga Maa model, a Nutrition Garden model developed by Birsa Agricultural University, Jharkhand. On the first day, the SMC members were trained on the preparation of organic farm inputs like Amrit Jal (a mixture of Cow Urine, Cow Dung, Jaggery and Water), construction of the Ganga Maa model and the second day, they were taken for exposure visit of model Nutrition Gardens.
- b) **Orientation to SMC by trained SMC Members :** The trained SMC members then cascade their learnings to the other members in the committee and Bal Sansad. In subsequent meetings, they discuss which land to select, what crops to grow, who will do what.
- c) **Development of Nutrition Garden :** After agreeing on the key decisions and responsibilities the SMC members along with the students start to construct the nutrition garden. The model is constructed with 480 bricks on a 750 sq.ft land, with segments outlined for planting different varieties of crops. The crops are arranged based on their gestation period.
- d) **Regular maintenance by Students :** At schools, nutrition gardens largely remain a student-driven initiative. 40 to 50 students can maintain the 750 sqft nutrition garden looking after it 2 to 3 days a week. Each student or a group of two students are handed responsibility for a portion of the nutrition garden which they take ownership of. The students irrigate their portion of land and add naturally available fertilizers, usually brought from their homes.

Ganga Maa Model Nutrition Garden in School



Utkramit Madhya Vidyalaya, Madhuban, Jama Block, Dumka District

02 Anganwadi Centres

Anganwadi Centres have an inherent space constraint, and thus the nutrition gardens cannot be scaled the way it can be done in schools. Instead of Ganga Maa model, the nutrition garden here is grown in a fenced land adjacent to the Anganwadi Centre building. The Anganwadi Worker takes sole responsibility for planting and maintaining the garden. However, the community, especially the mothers who come to the Anganwadi Centre sometimes water the crops and add natural fertilizers which they bring from their homes. In addition to this, the Anganwadi Centres have also initiated a practice called 'Akshay Patra' – where every child enrolled with the AWC brings one vegetable or fruit from their homes which cumulatively is used in preparing the meal.



Akshay Patra



Nutrition Garden at Anganwadi Centre



Khichdi – meal at Anganwadi Centre

03 Households

In households, the implementation of a nutrition garden is done by the household members, primarily women, where they grow vegetables and fruits with locally available inputs. The practice is to water the crops while doing domestic chores of the house like cleaning, washing or bathing.



IMPLEMENTATION EFFORT

At Anganwadi Centre, the key resource to operationalize the nutrition garden is the Anganwadi Worker. At times, the mothers of AWC going children also lend a helping hand to manage the nutrition garden. The key farm inputs like seeds, water and fertilizers are mostly shared by the community. Apart from the providing a fence, there are no key implementation and operational costs in AWC Nutrition Gardens.

In the community households, the family members drive the implementation and maintenance of nutrition garden. Naturally available farm inputs and regular irrigation upkeep the nutrition garden. There are negligible costs involved in household nutrition gardens.

The key resources required to successfully implement **Nutrition Gardens at Schools**:

- a) **Space inside school premises** : Land where the 750 sq. ft model will be implemented
- b) **Trained SMC Members and Students** : Responsible for driving the implementation and maintenance of nutrition gardens in school
- c) **Farm Inputs** : Seeds and Organic fertilizers required to grow the nutrition garden



KEY SUCCESS FACTORS

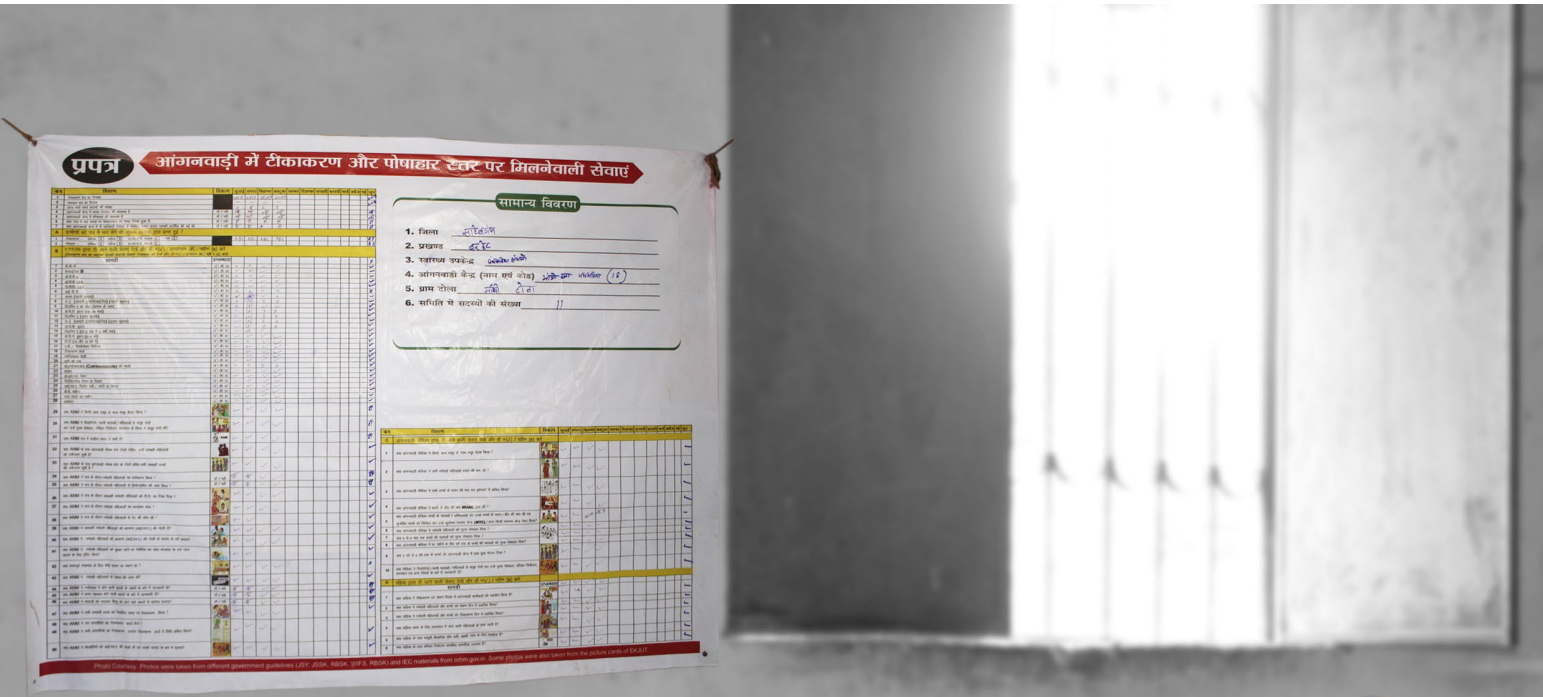
- Trained SMC members and motivated student representatives
- Space inside school premises to fit in the model nutrition garden
- Proper agro-climatic conditions to grow seasonal fruits and vegetables
- Key farm inputs like seeds and fertilizers shared by the community



REPLICABILITY AND SUSTAINABILITY

The Ganga Maa model for nutrition gardens at schools can be easily replicated with funding support and training the SMC members. However, we observed that in Anganwadi Centres the open area surrounding the building is smaller in size and may not always provide enough space for growing nutrition gardens.

Nutrition gardens are self-sustaining interventions once the learnings are disseminated in the community. The implementation and running of nutrition gardens are driven by the community, and the key farm inputs are naturally available. The major stakeholders – SMCs, students, Anganwadi workers understand the impact of a nutrition garden and want to continue the practice. Additionally, if a farmer wants to replicate this practice in his farm, he can do that with little or no cost at all.



3.1 VHSNC COMMUNITY MONITORING TOOL

In discussion with VHSNC members from Uyur Village, Torpa Block, Khunti District



IN BRIEF

प्रपत्र

आंगनवाड़ी में टीकाकरण और पोषाहार स्तर पर मिलनेवाली सेवाएं

सामान्य विवरण

1. जिला _____
2. प्रखण्ड _____
3. स्वास्थ्य उपकेन्द्र _____
4. आंगनवाड़ी केन्द्र (नाम एवं कोड) _____
5. ग्राम टोल _____
6. सफिति में सदस्यों की संख्या _____

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48	आंगनवाड़ी में आंगनवाड़ी सहायिका की सुविधा उपलब्ध है			
49	आंगनवाड़ी में आंगनवाड़ी सहायिका की सुविधा उपलब्ध है			
50	आंगनवाड़ी में आंगनवाड़ी सहायिका की सुविधा उपलब्ध है			

Community Monitoring Tool for VHSNCs

Photo Courtesy: Photos were taken from different government guidelines (JSS, JSSK, RBSK, WFS, RBSK) and IEC materials from mhnp.gov.in. Some photos were also taken from the picture cards of EKJUT.

responsibilities of frontline health workers and provide information on “which services to be availed from whom”. Hence, the tool provides transparency to the community members about the services they are entitled to. On the other hand the tool serves as a ready reckoner and constant reminder to the frontline health workers and makes them accountable to deliver their services. To do that, the CMT documents 50 checkpoints mapped to ANM, 10 mapped to AWW and 6 mapped to *Sahiyya* with a provision to track compliances every month. The CMT is physically placed at a common access point in the village, mostly at Anganwadi Centres.

The VHSNC members sit down every month, on Village Health Nutrition Days (VHND) to fill up the CMT . For compliances against service delivery, the corresponding checkpoint is marked with a tick (✓) while gaps are marked with a cross (x). “Earlier vaccinations were not provided on time. But now when there is a cross (x) on the chart ANM-didi brings it,” shared Vina Malto VHSNC member from Argora village.



CHALLENGES ADDRESSED

The Village Health Sanitation Nutrition Committee was an initiative by the Government of India under the National Rural Health Mission to decentralize village health planning. VHSNCs should be a minimum 11-member team with *Sahiyya* (ASHA in Jharkhand) of the village being the member secretary and convener of the committee. The roles and responsibilities of the VHSNCs include: awareness creation, carrying out surveys, promoting best practices, monitoring and supervision of Village Health Nutrition Day (VHND), supervise functioning of Anganwadi Centres, act as grievances redressal forum on health and nutrition issues and involving ANM, AWW, ASHA and ICDS Supervisors to identify health and nutrition needs of the village.

However, the implementation of the initiative was weak in Jharkhand. When Welthungerhilfe partners carried out an initial survey in 2014 they found in almost all villages VHSNCs were non-functional and the members themselves were unaware that they were member of the committee. After Welthungerhilfe partners reconstituted the VHSNCs and made them aware of their roles and responsibilities through training; the CMT was introduced as an instrument for sustainable and continuous improvement of the service delivery.



Gaps in health and nutrition service delivery

Earlier, the inert nature of the VHSNCs led to limited information and service delivery and monitoring. Key stakeholders like ANM, AWW, ASHA and ICDS Supervisors worked in isolation and never as a team which restricted a shared understanding. The Village Health Nutrition Days were also irregular (VHND) which resulted in limited community engagement, information dissemination and service delivery.

Lack of Transparency in services entitled to the community and Accountability of service providers

The community members too, especially pregnant and lactating mothers, were unaware of what services they were entitled to. Additionally, as they did not understand the benefits of good maternal and child health practices like vaccinations, taking medicines and institutional deliveries. The service providers, on the other hand, were not being questioned on unavailable and irregular services.



IMPACT

At the outset, the community monitoring tool provides a snapshot of the health and nutrition services delivered in a village on a monthly basis. It has brought in awareness about the entitlements of the mothers and child and imparted much-needed transparency to the community. Today, with this awareness, the uptake of institutional deliveries, vaccinations, consumption of medicines, benefits of Janani Suraksha Yojana has increased in the intervention villages.

148⁷

VHSNCs Covered

72%⁸

HH from where pregnant women participated in VHNDs

93%⁹

Pregnant women registered during VHSNCs

Improved Transparency to services entitled and Accountability of Service Providers

- Regularity in Village Health Nutrition Days conducted by ANMs, AWWs and *Sahiyyas*
- Increased compliances in registrations at Anganwadi Centres
- Proper health and nutrition data management of the village by *Sahiyya*
- Tracking and monitoring of all the services entitled to the community

Increased knowledge and Capability of VHSNCs and Service Providers

- List of services available as ready reckoner which are to be provided by ANMs, AWWs and *Sahiyyas*
- Better understanding of who does what in the village health and nutrition services

Increased awareness and uptake of Government schemes by the community

- Increased institutional delivery
- Increased access to Janani Suraksha Yojana scheme
- Increased uptake of vaccinations
- Increased consumption of medicines
- Increased uptake in ICDS services

7. Data Source : Ekjut, Welthungerhilfe Technical Partner
8 & 9. Data Source : Citizens Report Card End line Data



Case Study

How the introduction of Community Monitoring Tool in Uyur village has strengthened the VHSNC and empowered Community

Uyur is a small village in Torpa Block of Khunti District Jharkhand with 77 Households. Before 2014, the year Welthungerhilfe started its interventions in Torpa, the maternal and child health practices were grim and VHSNC remained non-functional. Mothers were not registered in AWC even months after delivery, due to which they were not tracked for providing medicines and vaccinations. VHNDs were irregular, and ANMs were uninformed. The mothers themselves were ignorant of the good health

practices and the services they were entitled to. They mostly ate "Maar Bhaat" (rice and the starch water), did not consume the Take Home Rations and the iron tablets.

In 2014, Welthungerhilfe Partner LEADS ran a campaign to identify the VHSNC members, reconstituted the committee and took them through capacity building programs. In 2016, when the VHSNC became functional and the members were in a position to use the Community Monitoring Tool, Welthungerhilfe introduced CMT.

Key Impacts on the community after the introduction of CMT :

- *Sahiyya* and AWW shared that they are now aware of the vaccination status in the village and clearly understand the different responsibilities of *Sahiyya*, AWW and ANM
- The village got a new handpump after the old one became defunct by applying to the Gram Sabha
- Institutional deliveries and access to benefits under Janani Suraksha Yojana has increased with increase in awareness. Basanti Tigga, mother of 11-months-old Eric, shares "In December 2017 I gave birth to my son in Torpa Referral Hospital. I was taken to the hospital in a Mamta Vaahan and given an allowance of INR 1,400 under the JSY scheme".
- The coverage of MTC referrals has increased. Angelina Bhengra, mother of 1.5-year-old daughter, shared that in September 2018 her daughter was referred to MTC by *Sahiyya* when her daughter was detected with acute malnutrition (MUAC in yellow). Both the mother and daughter were in MTC for 15 days and was given an allowance of INR 100 per day along with medicines, milk and a healthy diet.

VHSNC had applied for a new Anganwadi Centre Building at the Gram Sabha as the old one has become dilapidated. The gap was identified while populating the CMT, and the action was taken in the VHSNC meeting. Last year the village got a new Anganwadi Centre Building

Anganwadi Centre Old Building



Anganwadi Centre New Building

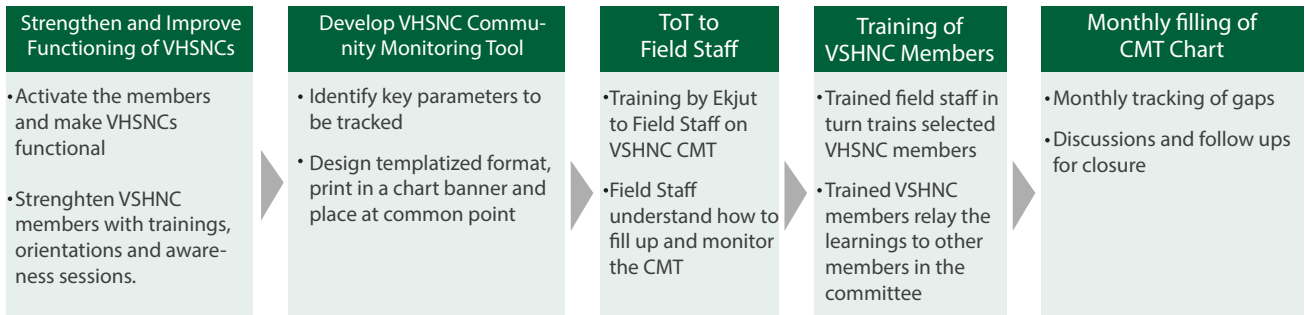




HIGHLIGHTS AND IMPLEMENTATION STRATEGY

The steps below highlight the implementation strategy of VHSNC Community Monitoring Tool from design to dissemination.

Process Flow for implementation of VHSNC CMT :



a) Strengthen and Improve Functioning of VHSNCs : As a pre-condition to implement the community monitoring tool it is necessary to have a VHSNC in the village. During the intervention period VHSNCs were formed and reconstituted and strengthened through trainings.

b) Develop VHSNC Community Monitoring Tool : After a year of strengthening the VHSNCs, Welthungerhilfe felt the need to monitor and improve the service delivery of key stakeholders – AWWs, ANMs and *Sahiyyas*. After ideation and brainstorming with 4 partners, the community monitoring tool was designed by Ekjut. This helped to embed a constant reminder and increased accountability in service delivery.

c) ToT to Field Staff : After developing the tool the field facilitators responsible for training the VHSNC members were given a 2-day ToT on the tool. Master Trainers from Ekjut, Welthungerhilfe’s technical and resource partner in this program had led the ToT sessions.

d) Training to VHSNC Members : All the VHSNCs were requested to select and send 2-3 active members who were oriented by the trained field staffs in understanding, populating and monitoring the VHSNC CMT.

e) Monthly filling up CMT Chart : The trained VHSNC members now cascade their learnings to the other members of the committee and fill up the tool on VHND. Against non-compliances (to service delivery), the members put a cross (x) and to compliances, they put a tick (✓). After populating the chart, the VHSNC members along with the community and service providers, discuss the reasons for non-compliance and action plan for gaps.

This tool was implemented in the field for 2 years. After one year of field implementation, the tool was revised. New vaccinations were included and # symbol was added if the service is inadequate on the day of VHND.



IMPLEMENTATION EFFORT

The key resources required to implement VHSNC Community Monitoring Tool successfully, are mentioned below :

- a) **Trainers** : Master Trainers are required to train the field staff, who in turn will build the capacity of the VHSNC members on how to use the Community Monitoring Tool
- b) **Printed CMT Flex Banner** : This is the physical form of the tool which will be used to capture the service delivery status of the village
- c) **Functional Village Health Sanitation and Nutrition Committee** : This team will lead the use and promotion of the tool on ground

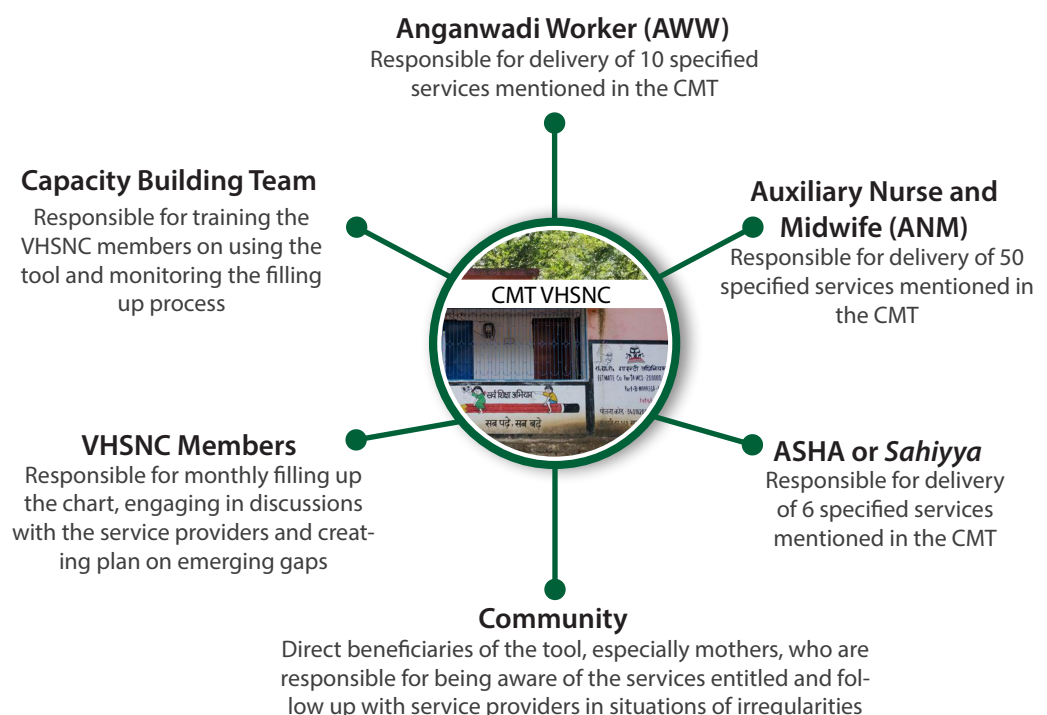
Table : Key Costs associated for interventions in developing and dissemination of VHSNC CMT

Interventions	Expense Heads	Cost
CMT Flex Banner	Print of Flexes	INR 400 to 500 per Flex Banner
2 Day ToT of Staff and Volunteers	Food, Stationary, Travel, Accommodation	INR 1000 per Trainee
	Training Cost of Master Trainer (can train 20 to 25 people per batch)	INR 3000 per Trainer
Training of VHSNC Members on CMT use (2 to 3 representatives from each VHSNC)	Food	INR 150 per VHSNC member
Monitoring of Proceedings (1 staff required)	Travel, Food	INR 300 per time



STAKEHOLDER ENGAGEMENT

The development, training, and dissemination of the VHSNC Community Monitoring Tool involve key service providers, trainers and the community.





KEY SUCCESS FACTORS

- A functional VHSNC which can comprehend the Community Monitoring Tool
- Use of pictures makes the tool easy to understand
- An exhaustive list of services which becomes a ready reckoner checklist for service providers
- A pre-notified common place and day when the VHSNC members and community will come together and fill up the tool every month; this contributes to shared understanding and transparency
- A common place in the village where the filled in CMT is visible to all



REPLICABILITY AND SUSTAINABILITY

The community monitoring tool is already developed and can be easily replicated without any design changes. However, for replication, it will require an activated VHSNC to start with and training budget for VHSNC members.

Initially sustainability of the tool was at stake as some cost was associated with this. The same concern was discussed with the VHSNCs if they wished to continue with the tool and how. Few feasible suggestions came while discussing the issue, some VHSNCs agreed to spend INR 400-500 to reprint the tool for the wider purpose but the most adoptable suggestion was simply erasing the response from the previous year and start it fresh for the next year which means VHSNCs do not need to reprint this tool year after year.

With a motivated VHSNC and aware community, CMT is easy to sustain. Some motivated VHSNCs in Welthungerhilfe's project intervention areas also plan to allocate the sum from the INR 10,000 annual untied fund they receive, to reprint the tool.

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3.2 COMMUNITY MONITORING TOOL FOR SCHOOLS

Empowering the community and School Management Committees to access and monitor entitlements under RTE

Students from Utkramit Madhya Vidyalaya, Madhuban, Jama Block, Dumka District



IMPACT

The community monitoring tool mirrors requirements as per the Right To Education Act 2009. It has brought in awareness about the rights and entitlements of the schools and its students, teachers and SMC members and imparted much-needed transparency to the community.

175¹⁰

SMCs Covered

79%¹¹

Students going to schools regularly

86%¹²

Schools opening regularly and for full duration

Improved Transparency in rights and entitlements and uptake of related Government programs

The CMT has been templated as a ready reckoner of the rights and entitlements laid down in the RTE. With pictorial representations, the communication of this information is simplified. This has improved the transparency among key stakeholders like the students, SMC members and the community about their entitlements.

Strengthened School Management Committees

The School Management Committees in the intervention villages were either non-functional or non-existent. The few who were functional had minimal knowledge of what was expected out of them. When the CMT was introduced SMCs started using it as an instrument to understand their roles and responsibilities and a resource to collate and measure compliances against key parameters.

Improvement in resources, operations, and infrastructures in schools

With the increase in awareness among the key stakeholders the demand in resources and infrastructure gained traction. The monthly tracking through CMTs caused a recurring reminder. This helped the intervention schools in revamping basic infrastructure like school buildings, boundary walls, toilets, kitchens, classroom furnishings, etc.

10. Data Source : Project Data shared by LEADS, Welthungerlife Partner
11&12. Data Source : Citizen's Report Card End line Data



Case Study **The introduction and regular use of Community Monitoring Tool helped Rajkiya Madhya Vidyalaya to revamp functioning of the SMC, improve its infrastructure and increase the awareness levels in the community**



Rajkiya Madhya Vidyalaya in Sundari village of Khunti district was struggling with student absenteeism, unavailability of teachers, poor infrastructure and non-functioning SMC among many other hindrances. On the other hand, the community including parents and students were not aware of their rights and entitlements about primary education. When Welthungerhilfe Partner LEADS identified and activated the SMC members with the regular organization of meetings, things started to improve. After the committee started functioning and strengthened LEADS introduced the Community Monitoring Tool in 2017 which helped them identify the key requirements, understand the gaps and track and monitor progress against those parameters.

Transformation at a Glance

	Before	Now
No. of Teachers	01	10
No. of Students	90	183
No. of Toilets	01	2 Toilets – Separate for Boys and Girls
Participation in SMC meetings	2 to 3 participants	30 to 40 participants
Student Absenteeism and Drop Outs	High	Negligible
Kitchen Shed	Absent	Present
Functional Library	Absent	Present
Nutrition Garden	Absent	Present
Handwashing Facility	Absent	Present

Community Monitoring Tool



The SMC members at Rajkiya Madhya Vidyalaya have been using the CMT for over a year now and have brought changes through regular monitoring. One of the parents shared, "Now we also understand what is needed in a school." This awareness in the community has helped increase the number of students and teachers, reduce absenteeism, improve the infrastructure, improve the quality and quantity of Mid Day Meals. The committee has developed a practice of addressing the gaps during the daily morning prayer of the school where everyone is present.



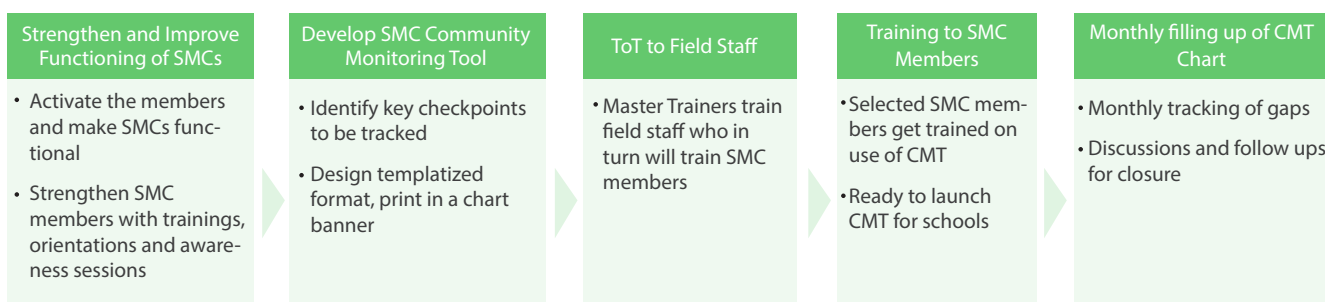
In Pictures : Improvement in Infrastructure



HIGHLIGHTS AND IMPLEMENTATION STRATEGY

The steps below highlight the implementation strategy of SMC Monitoring Tool from design to dissemination.

Process Flow for implementation of Community Monitoring Tool for Schools :



a) Strengthen and Improve Functioning of SMCs : As a pre-condition to implement the community monitoring tool, it is necessary to have a fully functional SMC with members aware of the role of the committee. In intervention villages where the SMCs were non-functional or non-existent, Welthungerhilfe reformed the SMCs and strengthened them with awareness sessions, training and orientations.

b) Develop SMC Community Monitoring Tool : After a year of strengthening the SMCs, Welthungerhilfe felt a need to monitor and improve the functioning of the committees. After ideation and brainstorming with all partners, the community monitoring tool was created under the leadership of LEADS. The CMT mirrors the guidelines under Right to Education and provides a checklist under 7 Key checkpoints with 44 parameters for the SMCs to monitor monthly.

c) ToT to Field Staff : After developing the tool the Field staff were taken through a 2-day ToT on the tool to prepare them as Master Trainers.



d) Training to SMC Members : The Master Trainers, in turn, trained the SMC members and helped them launch the community monitoring tool.

e) Monthly filling up of CMT Chart : The trained SMC members meet on a pre-notified day every month and fill up the tool in the presence of student and parent representatives. Against non-compliances, the members put a cross (x), and to compliances, they put a tick (✓). After populating the chart, the SMC members discuss the reasons for non-compliance and action plan for gaps.



IMPLEMENTATION EFFORT

The key resources required to implement Community Monitoring Tool for Schools successfully are mentioned below :

a) Trainers : Master Trainers are required to train the field staff, who in turn will build the capacity of the SMC members on how to use the Community Monitoring Tool

b) Printed CMT Flex Banner : This is the physical form of the tool which will be used to capture the progress against the efforts of the SMCs

c) Functional School Management Committees : This team will lead the use and promotion of the tool on the ground

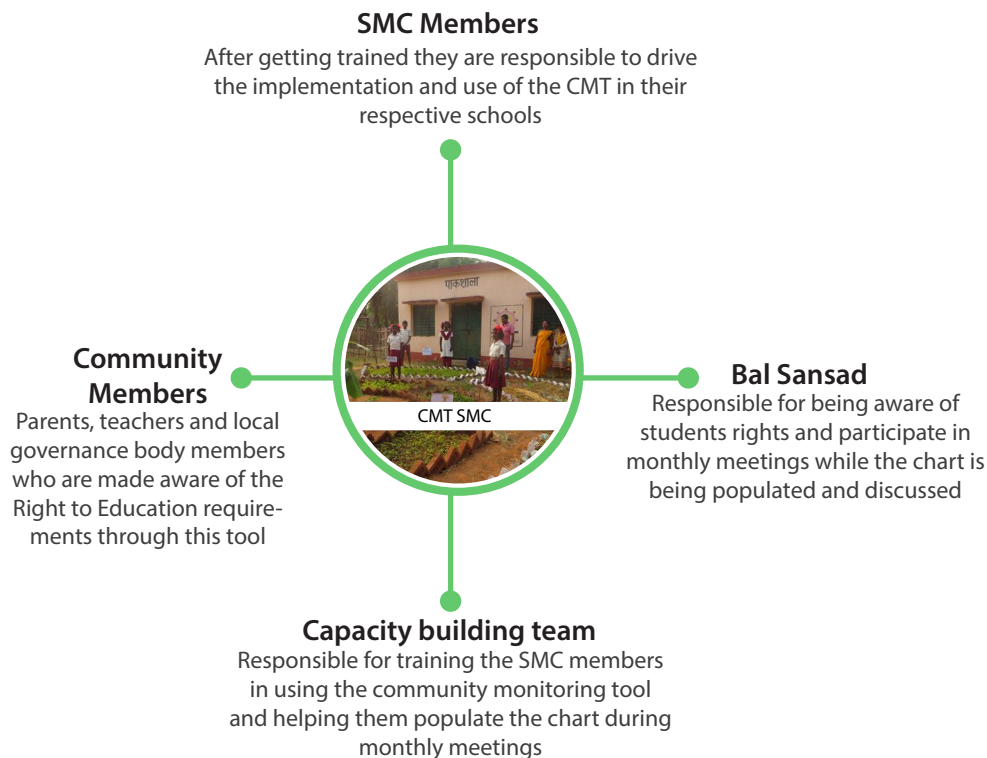
Table : Key Costs associated with interventions in developing and dissemination of SMC Monitoring Tool

Interventions	Expense Heads	Cost
CMT Flex Banner	Print of Flexes	INR 400 to 500 per Flex Banner
2 Day ToT of Staff and Volunteers	Food, Stationary, Travel, Accommodation	INR 1000 per Trainee
Training of SMC Members on CMT use	Food	INR 150 per VHSNC member



STAKEHOLDER ENGAGEMENT

The development, training, and dissemination of the Community Monitoring Tool involve key School Management Committee members, Bal Sansad, Trainers and the community.



KEY SUCCESS FACTORS

- A functional School Management Committee with aware members who can comprehend the Community Monitoring Tool
- An exhaustive list of requirements mirroring the Right to Education Act compliances with updation of the chart at regular intervals to accommodate new requirements
- Involving key stakeholders like teachers, non-teaching staff, parents, students, local governance bodies while filling up the tool, so that everyone is aware of the existing gaps along with the action plan



REPLICABILITY AND SUSTAINABILITY

The community monitoring tool is already developed with standard RTE requirements and can be easily replicated without any design changes. However, for replication, it will require an activated SMC to start with and orientation training budget for SMC members.

Few SMC's with whom we have interacted shared that they want to continue using the tool as it helps them track the compliances and use the findings in key development areas of the school. However, SMC members are reorganized every three years, and periodic training are required for new members. Additionally, the schools will need to allocate a printing budget of INR 400 to 500 every year to continue using the tool.



04 PARTICIPATORY MICROPLANNING TOOL

A flipbook with simple texts, pictures and illustrations guiding the community on stepwise implementation of village level microplanning



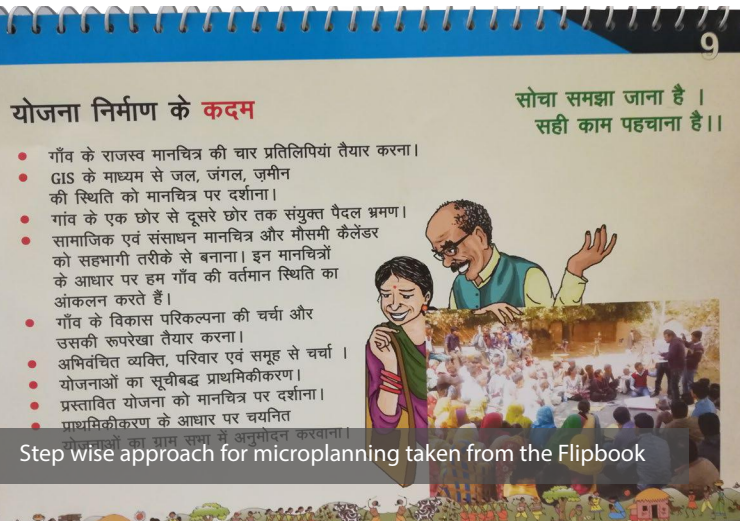
IN BRIEF

In 2015, the Government of Jharkhand launched the *Yojana Banao Abhiyan* with an aim to decentralize planning of schemes to enhance livelihood, manage natural resources and improve basic infrastructure in the rural areas. However, the community had limited understanding of their role in this decentralised planning process, resulting in weak implementation and low uptake of the scheme. Welthungerhilfe with its partner organizations Badlao Foundation and Pravah introduced the Participatory Microplanning Tool as an enabler to empower the community to play a lead role in village microplanning so that they can create community and household assets and additionally earn from livelihood schemes.

The Participatory Microplanning Tool is a flipbook which through pictorial messages, sketches, and illustrations

provides a step wise approach on how to develop a village level microplanning. The flipbook was published as a part of the European Union-Welthungerhilfe supported project "Initiative for transparent and accountable governance systems in Jharkhand." With contributions from Badlao Foundation, Pravah, Jharkhand State Livelihood Promotion Society, NREGA-Watch and Right to Food the resource guide was developed for grassroots planners to help them in carrying out the micro-planning process at the community level.

The 20-page flipbook through simple texts, pictures and illustrations takes the community through the importance of microplanning, what to keep in mind while preparing micro plans, how to perform village observational walks, how to prepare resource maps, social maps and weather calendars, and how to identify, list down and prioritize the planning. The flipbook has become a reference guide for village level microplanning and an effective tool for volunteers to train the community on village level microplanning.



CHALLENGES ADDRESSED

To provide at least a hundred days of work wages to rural adults to enhance their livelihood security, the Government launched the MGNREG scheme in 2006. But in Welthungerhilfe program intervention areas it was observed that a significant number of eligible adults did not even have job cards, leave aside getting access to waged work days. This was primarily due to the presence of middlemen-contractors in the process, lack of awareness in the community and unaccountability of the local service providers, e.g., Rozgar Sevaks.

Additionally, the community lacked the knowledge and the skills to participate in the *Yojana Banao Abhiyan* – community initiative to prepare microplans for their villages. As a result there was limited demand generation of bottom up work demand.

Unaccountability of the local service providers (Rozgar Sevaks)

- Major delays in producing job cards and allocation of work by Rozgar Sevak
- Unavailability of Rozgar Sevak in office
- No role in counseling the community in the process of application and getting access to the benefits entitled
- The Panchayat Bhawans remained closed most of the time and were not functioning regularly

Limited awareness and Lack of Transparency within the community in the rights and entitlements under MGNREGS

- Limited awareness within the community about the rights and entitlement under MGNREGS and the process of accessing the benefits
- Lack of channels providing transparency and coverage in information related to MGNREGA – leading to inadequate knowledge about Rozgar Divas, what forms were required, where to get them from etc.



Presence of Middlemen in the chain leading to major process deviations

- Work routed through middlemen who would often breach minimum wages and working hours, create delays in payments
- Middlemen at times retained the job cards in their custody

Lack of capable resource person in the community to lead microplanning activities and low accountability of responsible PRI members

- Limited awareness leading to lack of resources in the community to lead the microplanning activities
- Lack of accountability from PRI and MGNREGA Monitoring Committee (*Nigrani Samiti*) members to monitor the ongoing work at regular basis



IMPACT

The participatory microplanning tool has helped the community increase their awareness levels in rights and entitlements, build their capabilities in participatory microplanning for their villages, increase the resources and infrastructure in the villages and improve the accountability of local service providers.

The State Government of Jharkhand has adopted the tool and scaled up for the entire district of Pakur.

71%¹³

Have heard about MGNREGA

62%¹⁴

Households have Job Cards

90%¹⁵

Job card holders have job cards in their own custody

Improved Awareness and Transparency within the Community on MGNREGA rights and entitlements

The participatory microplanning tool has been implemented as a community-driven practice enhancing the knowledge and transparency in the community. This has resulted in :

- Increase in access to job cards
- Increase in work demand
- Compliance in wages and work hours
- Knowledge in accountabilities of Rozgar Sevaks

Increased capabilities of the Community members in microplanning

The community has been made responsible for analyzing the situation of the village, design the social and resource maps and weather calendar. This has improved the capabilities of the community members and has resulted in :

- Sustenance of the program by empowering the community
- Better understanding in the community of their village

Increased resources and infrastructure in the community

Participatory microplanning has helped the community demand the infrastructure required by them and has helped their villages increase resources like ponds (dobha), wells, handpumps, etc.

Increased accountability of local service providers

The empowered community now understands the services Rozgar Sevaks are supposed to deliver and can question them if there are deviations. This has increased the accountability of the local service providers.



Case Study

How the introduction of Participatory Microplanning Tool in Pipra Village strengthened the community in accessing the benefits under MGNREGA

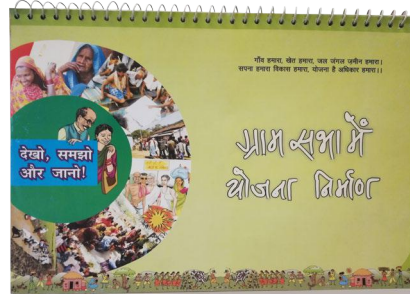
“Our job cards were with the *Bichoulis*; payments were as late as 1-1.5 months”, shared the community from Pipra village of Dumka district. The community did not know how to get work under MGNREGA. In 2015, Madhulal and Nandeshwar, two representatives from the community, were selected as volunteers and were trained in participatory microplanning tool by Welthungerhilfe partner-Pravah. The volunteers led the village walkthrough and identified existing gaps. Along with the community members, the

volunteers prepared social map, resource map, and weather calendar. After that, the participatory microplanning was done and presented at the Gram Sabha. Since 2016, the village has been witnessing an increase in work demand and common assets. Today, the community also uses a community microplanning tool to monitor the progress in MGNREGA entitlements regularly.

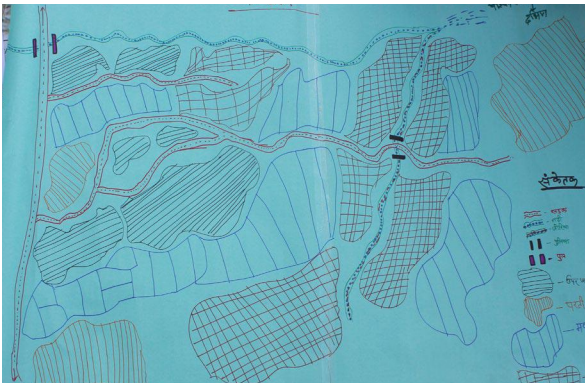
Social Mapping



Microplanning Flipbook



Resource Mapping



Seasonal Calendar



Assets Developed in Pipra Village since 2016

30 +
Dobha

4
Open Wells

5
Ponds

2 Acres
Mango Garden



Sukhdev Rai, Villager Pipra

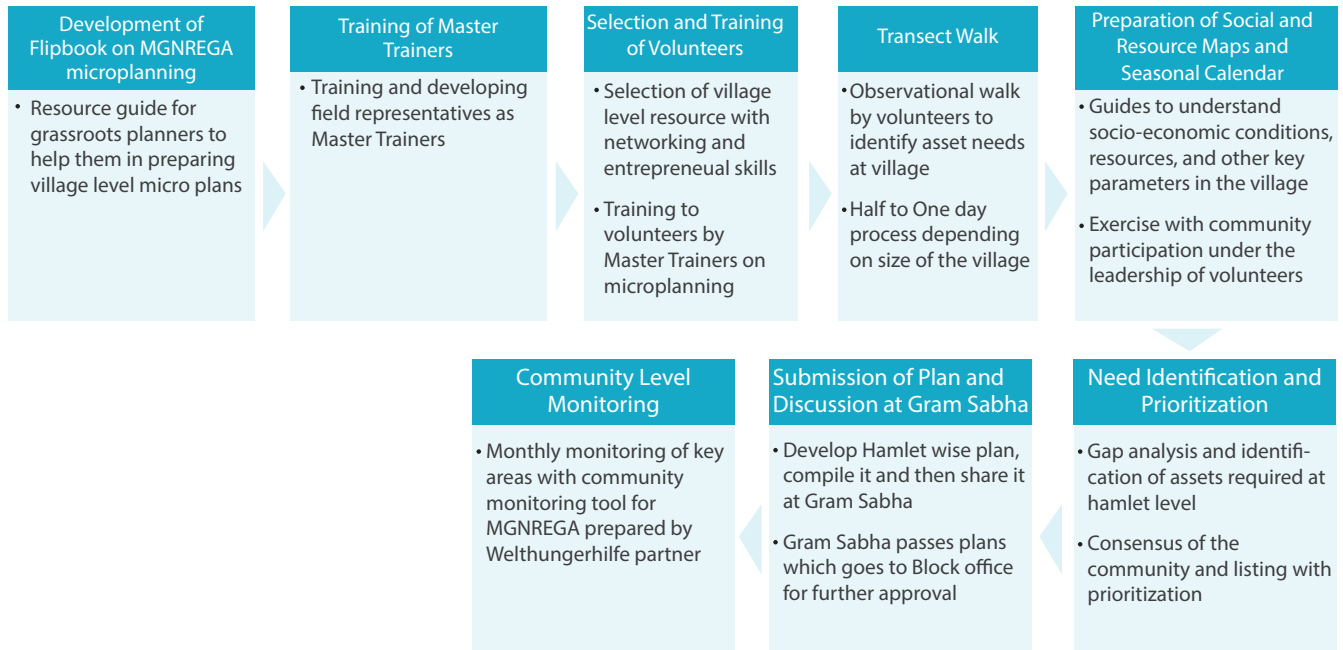
Till 2016, Sukhdev Rai, a small farmer from Pipra village used to have only one agricultural season (Kharif) during monsoon where he used to grow Maize. Due to lack of irrigation source his land remained uncultivated in Rabi season. In 2017, Rai constructed an open well (in picture) with the help of 7 other family members under the MGNREG scheme. Last Rabi season, Sukhdev grew 10 Quintals of wheat from his land increasing his agricultural income. Moreover, he could grow potato, tomatoo, brinjal, and mustard for own consumption. Additionally, the MGNREGS work provided him 60 days of wages.



HIGHLIGHTS AND IMPLEMENTATION STRATEGY

The process from developing the microplanning guide, training the resources to the dissemination of the learning into the community and monitoring, the proceedings is laid down stepwise below.

Process Flow for implementation of Microplanning using Participatory Microplanning Tool



a) Development of Flip-Book on MGNREGA Microplanning : The flip-book on MGNREGA was published as a part of the European Union-Welthungerhilfe supported project "Initiative for transparent and accountable governance systems in Jharkhand." With contributions from Badlao Foundation, Pravah, Jharkhand State Livelihood Promotion Society, NREGA-Watch and Right to Food the resource guide was developed for grassroots planners to help them in carrying out the micro-planning process at the community level. The flip-book includes pictorial messages, sketches, and illustrations so that the rural target group can understand it easily.

b) Training of Master Trainers : After the flip-book was field tested and ready to be launched, field staff from Welthungerhilfe Partner organizations were developed as Master Trainers. They were given a 3-day training in Ranchi on the final draft of the flip-book and made responsible for training the village level volunteers.

c) Selection and Training of Volunteers : Two volunteers were selected from each intervention village. Volunteers who have close interactions with the community and having entrepreneurial skills were preferred during selection. The Master Trainers conducted a 3-day training with the selected volunteers on participatory microplanning with the help of the flip-book. Post-training, the volunteers, along with selected members from the community, carried out a situational assessment of the village with a village walkthrough and preparation of social map, resource map and weather calendar.

d) Village Walkthrough : During village walk through the volunteers along with selected members from the community conducted an observational walk across the length and breadth of the village to identify gaps and explore microplanning opportunities. The volunteers here usually look for village resources and infrastructure conditions, e.g. ponds, handpumps, Anganwadi Centres, Schools, wells, roads, etc. This can stretch from half day to one day depending on the size of the village.



Training on PMT Flipbook

e) Preparation of Social Map, Resource Map and Seasonal Calendar : After completion of village walk through the volunteers prepare social map, resource map and seasonal calendar for the village. All the 3 resource guides are sketched with community participation on chart papers with colour coding and legends. The 3 guides become the basis of micro planning.

Social Map : A social map gives the socio-economic condition of the village including underserved groups, physically challenged, senior citizens, landless communities, etc. on a hand-sketched map of the village.

Resource Map : A resource map enlists the current resources in the village, e.g. types of soil, wells, water bodies, water levels, forest land, hills, etc. which can be referred to while microplanning

Seasonal Calendar : A seasonal calendar is a hand-sketched month-wise analysis of key determinants like food availability, drinking water availability, monsoon, migration, income generation, festivals, marriages, diseases, etc. in the village.

f) Need Identification and Prioritization : The village walkthrough and preparation of social and resource maps and seasonal calendar provide existing gaps and current needs in the village. The requirements are listed down by priority with consensus from the community members. This planning is done at Tola or hamlet level in the villages.

g) Submission of Plan and Discussion at Gram Sabha : The plan is then shared and discussed at Gram Sabha level with the community. Once it passes the Gram Sabha it goes to the Block office for further presentation and approval.

h) Community-level Monitoring : In 2018, Welthungerhilfe partners introduced a community monitoring tool for MGNREGA which monitors the situation of access to entitlements concerning 40 key assessment criteria under 5 thematic areas – Gram Sabha, Rozgar Divas, Job Cards, Work Demand, Work Progress and Payment of wages. The tool is filled up monthly with community participation under the supervision of the volunteers.



IMPLEMENTATION EFFORT

The key resources required to successfully implement Participatory Microplanning Tool are mentioned below :

a) Master Trainers : Responsible for training the village level volunteers on steps to conduct microplanning

b) Flip Book : Resource guide for training the volunteers

c) Volunteers : Responsible for activating the community for participation and leading the microplanning process

d) Community Monitoring Tool Flex Banner : Instrument to monitor the progress and capture situation of MGNREGA in the village

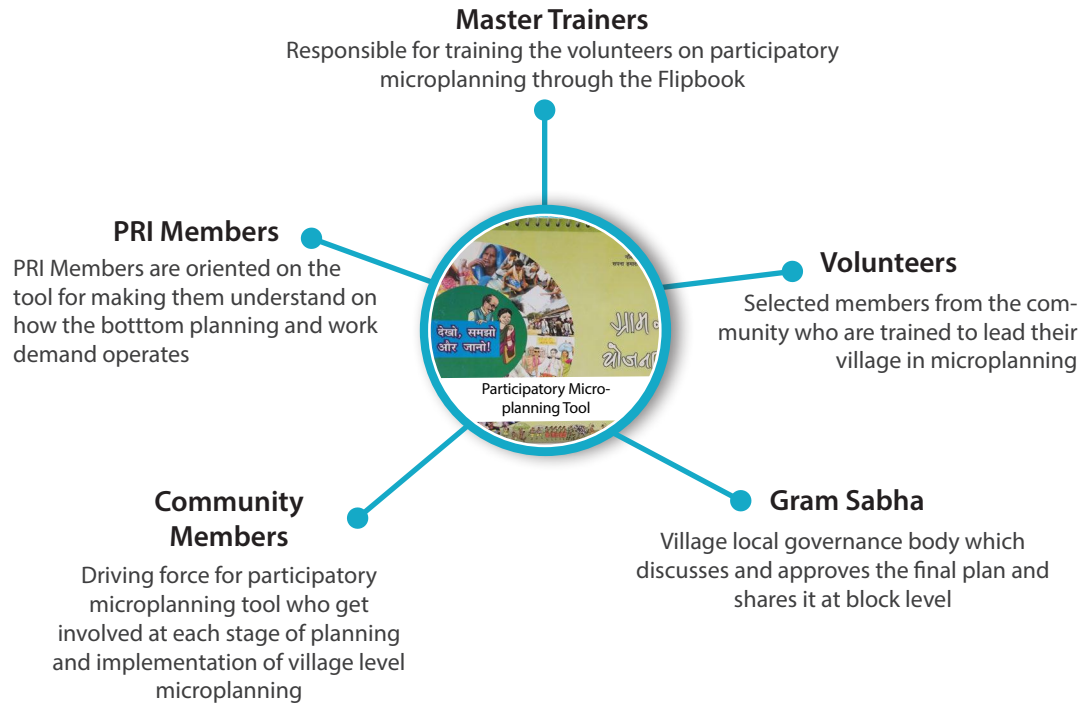
Table : Key Costs associated for interventions in developing and dissemination Participatory Microplanning Tool

Interventions	Expense Heads	Cost
3 Day ToT to Master Trainers	Travel, Food, Accommodation	INR 4500 per head
Flip-Book on MGNREGA microplanning	Printing of Flip-Book	INR 250 per Flip-Book
3-day Volunteer Training by Master Trainers	Food	INR 300 per Volunteer per day
Flex Banner for Community Monitoring Tool	Printing of Flex Banner	INR 400-500 per Flex Banner



STAKEHOLDER ENGAGEMENT

With collaborative efforts from Badlao Foundation, Pravah, Jharkhand State Livelihood Promotion Society, NREGA-Watch and Right to Food the Participatory Microplanning Tool was developed. The implementation of village level microplanning using the flipbook PMT tool involves trainers, village level volunteers, PRI members, Gram Sabha and the community.



KEY SUCCESS FACTORS

- Trained volunteers who can drive the participatory microplanning with ownership
- An aware and activated community who are willing to get involved in the process
- Easy to comprehend flip-book with pictures, sketches, and illustration
- Community monitoring tool which helps the community to track the progress



REPLICABILITY AND SUSTAINABILITY

The flipbook is already developed and available. The training and awareness programmes on village level microplanning and preparation and community participation of microplanning can be easily replicated using the PMT Flipbook. The Government of Jharkhand has already scaled up the practice at district level.

For sustainability of the use of the tool and implementation of village level microplanning, the community needs to be empowered through trainings and periodic refreshers. Additionally, it will require strong motivated village level volunteers who will lead training the community on the tool and the microplanning process.



इस परिचय पत्र को हमेशा अपने साथ रखिए ।

स्कूल/कॉलेज
परिचय-पत्र विवरण

तारिख: 07.10.17 सत्र 2017-2018

छात्र/छात्रा का नाम: सुनम कुमारी

माता का नाम: राजमणी कुमारी

पिता का नाम: जयेश कुमार

वर्ग: III कक्षा: 33

जन्म तिथि: 23.07.16

स्थायी पता: ग्राम (सी) - नावागढ़ी

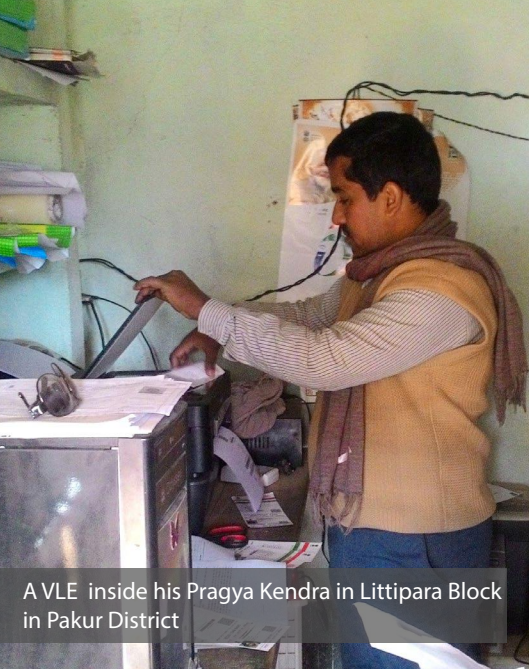
छात्र/छात्रा का हस्ताक्षर: राजमणी कुमारी

पिथि: सुनम कुमारी



05 PRAGYA KENDRA

A blueprint for an economically viable Pragma Kendra delivering services closer to the community



A VLE inside his Pragya Kendra in Littipara Block in Pakur District



IN BRIEF

“Earlier it took us around INR 200-250 to avail any service at the Pragya Kendra taking a minimum of 45 to 60 days. Today we get all basic services at INR 30 in 15 to 20 days, that too without traveling 10-15 Kms to the Block Office”, shared the enthusiastic members from the community at Barpokhar Village, Littipara Block.

CSCs or Common Service Centres termed as Pragya Kendras in Jharkhand, have been designed as multiple-services-single-point model under the National e-Governance plan for providing access to range of public utility services, social welfare schemes, healthcare, financial, education and agriculture services etc.

In 2015, the Government launched the CSC 2.0 scheme to expand the outreach of CSCs to all Gram Panchayats across the country. However, the implementation was retrained – primarily due to limited awareness of the Village Level

Entrepreneurs (VLEs) of their roles and responsibilities and how to run a Pragya Kendra. The VLEs often considered themselves as a Government employee rather than business owners which again led to a lackadaisical approach towards running the Pragya Kendra.

Welthungerhilfe in partnership with NEEDS saw this as an opportunity and developed a Business Plan detailing how a model Pragya Kendra should work. This was followed up by training the VLEs and strengthening them as entrepreneurs to make them aware of how to run the Pragya Kendras sustainably. The VLEs were trained on entrepreneurship, technical aspects of the e-portal, branding & promotions. The interventions improved the quality, range and accessibility of the Pragya Kendra services – increasing the revenues for the VLEs and convenience for the community.



CHALLENGES ADDRESSED

In 2014, Welthungerhilfe partner NEEDS performed a situational analysis of the services of Pragya Kendra in Littipara Block of Pakur. One of the key findings of the study was the community members largely were not aware of Pragya Kendra and the services they can avail there, and even if they knew they could not frequently visit the Pragya Kendra as it was situated in the Block Office, often 10-15 Km away from their villages.

Key Challenges for the Community Members

High Travelling Time

- No Pragya Kendra was operating at Panchayat or village level
- All the functional VLEs were operating from the Block Office, and the community members often had to travel 10 to 15 Km
- Additional travel costs and more time spent to avail services

Middlemen and High Costs

- Community members had to pass through a swarm of Bichoulis or Middlemen to avail the Pragya Kendra services
- Due to this, the prices per services increased up to INR 250 to 300

Major Delays in Service Delivery

- Getting a residence proof, income certificate or caste certificate would take an average 6 weeks to a maximum of even 12 weeks
- They would travel long distances and then were suggested to come on some other day
- Lack of management and attitude of the VLEs towards service delivery

Unavailability of Services

- 2 to 3 basic services like generating caste certificates, income certificates, and residence proofs
- Even these were interrupted when the internet was unavailable

On the service delivery end, only 3 out of 17 Panchayats in Littipara Block had functional VLEs. Out of the remaining 14 Panchayats, 4 VLEs were not functional, and 10 Panchayats did not have VLEs at all. The VLEs neither had any training or handholding on the e-Governance portal nor were aware of the range of the services available. From an infrastructure standpoint, the IT hardware provided to them were rudimentary and had minimal potential to deliver the services effectively.

Key Challenges for the VLEs

No Training or Handholding Support during Pragya Kendra Set Up	<ul style="list-style-type: none"> • No understanding of individual roles as Pragya Kendra owners • Unawareness about how to operate a Pragya Kendra and who are the relevant stakeholders
Basic IT Hardware	<ul style="list-style-type: none"> • In most cases, old and non-functional IT hardware were received by the VLEs • No VLE received internet devices to keep Pragya Kendra up and running
No Training on use of the service portal	<ul style="list-style-type: none"> • Most VLEs knowledge was limited to offering 2 to 3 basic services on the portal, e.g. generating caste certificates, residence proofs, and income certificates • Limited awareness on the portal also limited their potential to earn more and deliver more services to the community
Community's Unawareness about Pragya Kendras	<ul style="list-style-type: none"> • No awareness of branding and promotion activities which led to limited knowledge in the community about Pragya Kendra
Income from Pragya Kendras was not enough to sustain the VLEs	<ul style="list-style-type: none"> • 2 to 3 basic services were provided by the VLEs which did not earn much revenue for sustaining the Pragya Kendra • Low footfall due to limited awareness about Pragya Kendra



The strengthening of the capabilities of the Pragya Kendra owners and easier access have equally benefitted the community and the VLEs.

Impact on the Community Members

Proximity	<p>After the VLEs were made aware, they moved their services from Block office to their respective villages, close to the community. This helped the community members cut down their travel time as well as expenses. The improved proximity of the Pragya Kendras made it convenient for the community to avail the services and increase the uptake. Some community members also shared that now they can avail the services on Saturdays and Sundays which earlier was not possible when the VLEs were in the Block Office.</p>
Reduction in Costs	<p>Due to the reduction of <i>Bichoulis</i> or middlemen, the costs of availing the services have reduced to one-sixth / one-eighth of what the community used to pay. To get a caste certificate, the VLEs charge INR 30 today.</p>
Quicker Turnarounds	<p>Once a community member opts for a service, it takes 7 to 20 days vis-à-vis 1.5 to 2 months earlier. The change has been mostly due to awareness creation among the VLEs which brought in a change in attitude and increased know-how on operating the portal.</p>
Increase in Services	<p>Earlier the VLEs were able to deliver 2 to 3 basic services like generating caste certificates, income certificates, and residence proofs. But, after The Block Coordinators trained the VLEs, they offered more services, in turn benefitting the community. Now the community can avail services like computer courses, PAN cards, telemedicine, etc at the Pragya Kendras.</p>

In 2016, Md. Afzal Ansari from **Barpokhar Village, Littipara** Block underwent the Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA) course for 90 days and later got a part time data entry work which earned him INR. 3,000. Afzal believes in getting more work like this due to his computer training certificate. Afzal had also got his Caste, Residence and Family Income Certificate from his village Pragya Kendra due to which he could apply for an annual stipend of INR 4,400 at his college. Afzal shared, "This is possible only because now the process of availing Pragya Kendra services have turned convenient".



Impact on the Village Level Entrepreneurs

Informed and Trained VLEs with Improved Capabilities

The VLEs are now aware of their roles in the community and responsibilities as Pragya Kendra owners. The training received from the Block Coordinators have also increased their acumen in handling the service portal. With renewed understanding and training, the VLEs are now ready to serve the community better.

Increase in Income

Earlier on an average, the VLEs used to earn INR 100 to 150 a day which now has increased to INR 600 to 700 a day. This is due to serving more people as a result of an increase in the number of services, proximity to the community in the villages, improved branding, and promotions

17¹⁶

No. of Pragya Kendras Set Up

5 Km¹⁸

Average distance of Pragya Kendra from intervention Households

17¹⁷

No. of VLEs trained and developed

3 to 4 Visits¹⁹

Made by beneficiaries from the community to Pragya Kendras Annually

16 & 17. Data Source : Project Data shared by NEEDS, Welthungerhilfe Partner
 18 & 19. Data Source : Citizen's Report Card End line Data

Sunil Chandra Dey,
Littipara Block of Jharkhand



Case Study

Meet Sunil Chandra Dey, an experienced VLE who revamped his capabilities as well as his Pragya Kendra post interventions from Welthungerhilfe Partner

Sunil Chandra Dey from Littipara Block of Jharkhand had started providing Pragya Kendra services in 2011. With minimal support from the Service Centre Agency, Basix and limited know-how on how to operate the service portal online, Sunil used to earn INR 100 -150 a day serving at maximum 30 customers a day. He used to operate from the Littipara Block Office due to which he missed on the opportunity to serve more customers. Dey had the knowledge to provide 3 basic services – generation of caste certificate, income certificate and residence proof. During 2014 -15 Dey came in contact with Welthungerhilfe Partner in Littipara through whose interventions he could revamp his capabilities and Pragya Kendra services

“ When I started the Pragya Kendra, I did not receive any training required to operate the e-governance portal ”

Transformation at a Glance

	Before	Now
No. of Regular Services	03	9 to 10
Customers Served per Day	20 to 30	50 to 60
Daily Income	INR 100 to 150	INR 1000 to 1500
IT Infrastructure	1 Desktop and 1 Printer	2 Desktops, 1 Laptop, 2 Printers
Office Space	Block Office	60 sq.ft. rented space
Support Staff	NIL	02

“ I am planning to take an additional space on rent to start the computer courses under PMGDISHA ”

There are three core interventions due to which Sunil could revamp the Pragya Kendra operations and strengthen his capabilities as a VLE

- Sunil along with other VLEs from Littipara Block were taken to a Welthungerhilfe partner program area in Deoghar for an exposure visit where they learnt the good practices in service delivery, branding and promotions of Pragya Kendra and entrepreneurship skills. This directly helped Sunil to increase and improve the services he was providing and market his services
- There was a VLE group formed in Littipara who used to meet every quarter to brainstorm on solving problems and improving service delivery which helped Sunil in peer-to-peer idea exchanges
- In 2017, Sunil got hands on training on the e-governance portal for the first time from the Block Coordinators, increasing his technical acumen

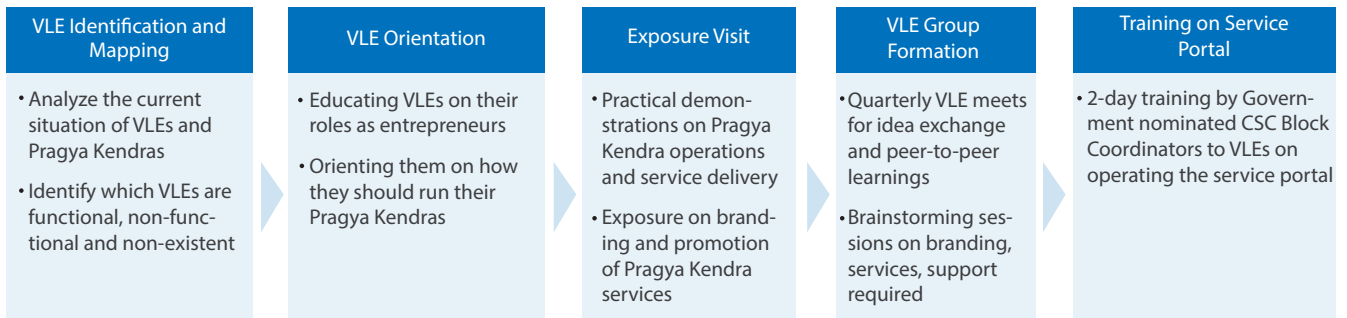
Today, Sunil operates from a 10 feet x 6 feet rented office space at Kamalghati Panchayat and offers around ten regular services at his Pragya Kendra including e-ticketing, e-bill payments. His Pragya Kendra also acts as a CSP for banks. Sunil keeps his Pragya Kendra open from 8:00 AM to 1:30 PM and 3:00PM to 8:00 PM 7 days a week – increasing his business hours as compared to what he used to have at the Block Office. Today, Sunil earns a net income of INR 25,000 to 30,000 per month from his Pragya Kendra after paying salary to his support staffs, rent of the office, office supplies and utilities – primarily electricity and internet.



HIGHLIGHTS AND IMPLEMENTATION STRATEGY

To make the Pragya Kendra services more accessible and transparent to the community, Welthungerhilfe Partners designed the implementation strategy to strengthen the capabilities of the VLEs and make the community more aware of the services available.

Process Flow for strengthening of Pragya Kendras:



a) Identification and Mapping of the VLEs : Welthungerhilfe partners conducted a block level survey to identify the Village Level Entrepreneurs and mapped the villages with Functional VLEs, Non-Functional VLEs and Villages with no VLEs at all. During this stage, the Welthungerhilfe partners conducted a field research on the access and availability of the Pragya Kendra services and the awareness levels of the existing Village Level Entrepreneurs.

b) Orientation of the VLEs : Welthungerhilfe partners conducted a 2-day Orientation Program for the VLEs where they were educated on their roles in the community as entrepreneurs and how businesses should operate. After this, VLEs moved their set up to their villages closer to the community.

c) Exposure Visit : The intervention VLEs were taken to Welthungerhilfe program areas for 2-day exposure visits where more informed VLEs were already implementing good practices of running Pragya Kendras. The key takeaways for the intervention VLEs were learning on additional services and branding and promotion of the Pragya Kendra.

d) Formation of VLE Group : Post the exposure visit, some VLEs upgraded their offering as well as their workspace. However, peer to peer learning was not happening. To exchange ideas among peers, Welthungerhilfe partners formed a group of VLEs per block and moderated quarterly meetings to discuss problems, new offerings and learn from each other. Each meeting spanned for 3 to 4 hours. The VLE quarterly meetings gradually became a knowledge sharing platform where existing gaps were analysed and brainstorming sessions on branding, training and support used to take place.

e) Training of service portal through Block Coordinators : In one of the VLE quarterly meetings it emerged out that since inception they have never been trained on how to use the service portal and have been operating it with their understanding. As a result, Welthungerhilfe partner facilitated a 2-day training wherein the VLEs were trained by Government nominated CSC Block Coordinators in using the service portal alongside various offerings which were not known to them. The training was conducted for 40 VLEs across 3 blocks.



IMPLEMENTATION EFFORT

To adopt the good practices of Pragya Kendra and improve the coverage and quality of the services the below resources are pre-requisites

a) Field Resource Team : To conduct an initial survey and map villages with functional, non-functional and non-existent VLEs. This team will also be responsible for conducting the initial 2-day orientation program where the VLEs will be inducted on entrepreneurship skills and would be clarified on their roles as Pragya Kendra owners

b) Common Meeting Point : This will be the physical point of meeting, training during the program where VLEs can come for orientation, technical trainings, and quarterly meetings. The place should have proper seating arrangements with electricity and provision for internet connectivity

c) Model VLEs and Pragya Kendra : To conduct the exposure visit and peer learnings

d) Training Resource : To disseminate technical trainings on e-governance portals

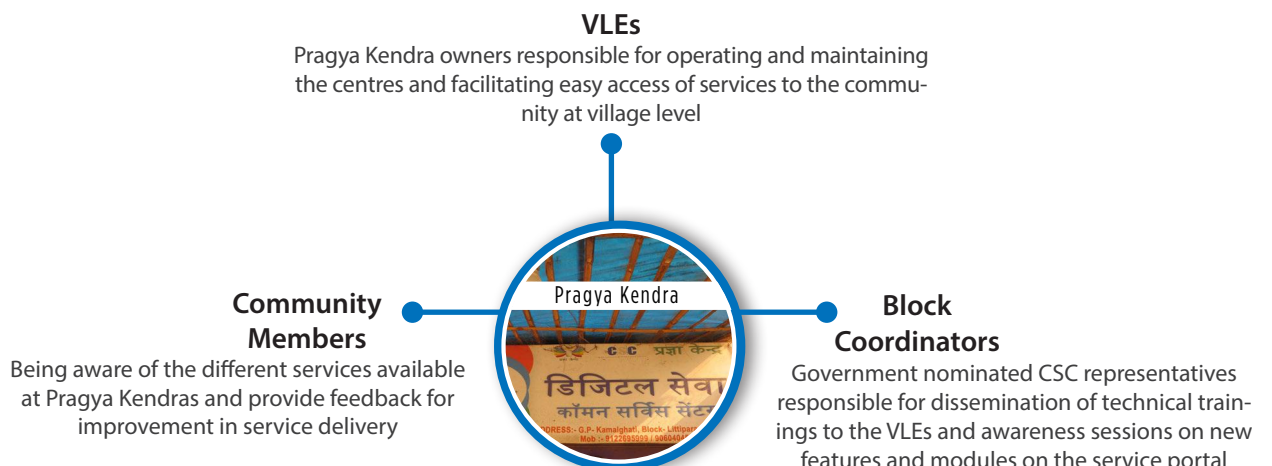
Table: Key Costs associated for interventions in Pragya Kendra

Interventions	Expense Heads	Cost per VLE
2 Day Orientation Program for VLEs	Breakfast and Lunch	INR 300
2 Day Exposure Visit for VLEs	Travel, Accommodation and Food	INR 1000
1 Day Quarterly Meeting of VLEs for 3 to 4 hours	Snacks	INR 50
2 Day Training of VLEs by Block Co-ordinator	Food	INR 300
	Resource Person Travel Allowance and Food	INR 1000 (per Trainer)
Flex banner for Pragya Kendra Promotion	Print of Flex with Pragya Kendra Service Offerings	INR 600



STAKEHOLDER ENGAGEMENT

To implement this good practice, Welthungerhilfe Partners acted as facilitators and brought together the community members, the VLEs and the Government nominated CSC Block Coordinators to increase the uptake and effectiveness of the Pragya Kendras. While replicating the model the Service Center Agency (SCA) can be made responsible for acting as the facilitators.





KEY SUCCESS FACTORS

The key success factors for implementation of Pragya Kendra are defined below :-

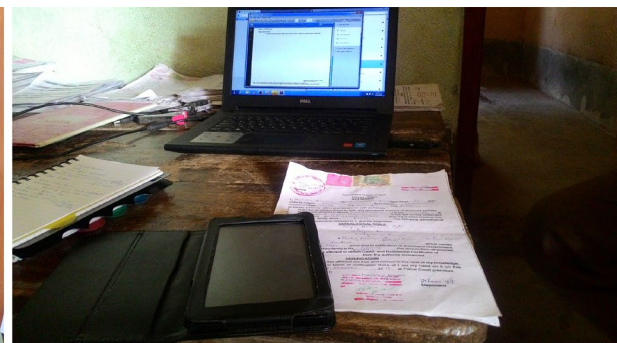
- Improved awareness levels in the community on the services which can be accessed at Pragya Kendras
- Entrepreneurship Training to the VLEs
- Adequate infrastructure including desktops, UPS, printers and internet connectivity
- Diversification of services at Pragya Kendras e.g. PMGDISHA courses, e-ticketing, telehealth services etc.
- Regular VLE training and refreshers to operate the e-governance portal
- Formation of VLE groups for peer-to-peer learnings and idea exchange



REPLICABILITY AND SUSTAINABILITY

The Business Plan documentation has laid down the salient features of an economically viable Pragya Kendra and shares roles of different stakeholders, skills required by a VLE, physical amenities required in a Pragya Kendra, package of common services, branding and promotion requirements, potential monthly earning computations, etc. The document is a ready reference to replicate the good practices. Furthermore, VLEs need to be trained and the community needs to be made aware for effective replication of the model.

A VLE following the good practices of Pragya Kendra can earn anywhere between INR 25,000 to 30,000 monthly imparting an economic viability. Sound revenue flow will be key to sustaining the Pragya Kendras. However, external factors like glitch-free IT infrastructure, periodic refreshers on new e-portal services, will also play a significant role in sustainability of Pragya Kendra.



At a glance : Inside and Outside of Pragya Kendra





06 COMMUNITY RADIO

Amplifying the voice of the community by relaying information on rights and entitlements

Listeners' group along with the community members from Roro Village, Torpa Block, Khunti District



 **IN BRIEF**

Bridging the last mile information dissemination gap in the villages for the entire suite of Government of India flagship schemes, acts and entitlements have always been a challenge. The challenge is more acute in the remote tribal villages of Jharkhand.

The Community Radio aims to fill this information gap and engage the community through the narrowcasting of episodes which deal with five different themes - Maternal and Child Health, Food and Nutrition Security, Livelihoods, Local Governance, and Primary Education.

Each episode, 15 to 20 mins long is designed with local music and recorded in two local dialects which keep the community engaged. After the episode is played a community volunteer moderates discussion on the lessons learnt and action with the listeners on the episode for another 45-60 mins. This roughly

1.5-hour session masterfully disseminates key thematic information and further embeds it in the community through the follow up interactive session.

To develop the episodes, Welthungerhilfe partner LEADS collaborated with Manthan and All India Radio (AIR) to provide technical assistance in episode development which includes script design, voiceover, recording and editing the episodes. The episodes are played with a pen drive and player-amplifier set by trained village volunteers selected by Welthungerhilfe partners.

 **CHALLENGES ADDRESSED**

Welthungerhilfe’s project “Initiatives for Transparent and Accountable Governance Systems” mostly had remote tribal villages as intervention areas, where mainstream electronic media like television is hardly available. On the other hand, most programs on the radio are in Hindi, a language unfamiliar to the tribal village community. In this backdrop, channels for accessing transparent and relevant information was not available for the community.

Unavailability of channels delivering relevant and transparent information

The program intervention areas did not have information delivery channels where the community could access relevant and transparent information on their rights and entitlements.

Limited comprehension of Hindi in remote tribal villages

In mainstream, electronic or print media information was mostly delivered in Hindi, a language which has limited comprehension to most residents in the remote tribal villages.

**IMPACT**

In the remote tribal villages of Jharkhand, information related to new Government schemes and programs reached quite late. And even when the information reached the community could not comprehend it. This was primarily due to the language and the channels used to disseminate the information. The community Radio program was designed with an objective to improve the coverage, transparency, and accessibility of relevant information by the community. Hence, the episodes delivered by Community Radio were recorded in local dialects Santhali and Sadri to reach the community effectively. The practices of community radio do not stop at information dissemination but also allow brainstorming within the community on taking actionable measures.

55,549²⁰
People Covered

10²¹
Thematic Episodes Played

24²²
Volunteers Developed

Episodes	Key Impacts in the Community
MGNREGA	<ul style="list-style-type: none"> • 484 new Job Cards issued • 67 Job Card holders got work and payments
Right to Information	<ul style="list-style-type: none"> • 12 Community members gathered information from 14th Finance Commission and different government departments
Right to Education	<ul style="list-style-type: none"> • 4728 students addressed
Gram Sabha	<ul style="list-style-type: none"> • 56 villages understood the importance of Gram Sabha
Janani Surakhsha Yojana	<ul style="list-style-type: none"> • 480 Women benefitted under the scheme
National Food Security Act	<ul style="list-style-type: none"> • 43 PDS shops opened • 528 people received ration cards
Village Health and Nutrition Day	<ul style="list-style-type: none"> • 10050 villagers addressed during VHND
Anganwadi Centre	<ul style="list-style-type: none"> • 2098 institutional deliveries • 1759 pregnant women registered in AWC • Demand for AWC and mini AWC generated
Pragya Kendra	<ul style="list-style-type: none"> • 240 Caste Certificates made • 322 Residential Certificates made
Bal Sansad	<ul style="list-style-type: none"> • 48 Schools decided to conduct regular Bal Sansad meetings • 230 students involved themselves in voluntary maintenance of school premises

20, 21 & 22. Data Source : Project Data shared by LEADS, Welthungerhilfe Partner

Case Study

How the community from Roro came together and leveraged the learnings from Community Radio to propel all-round improvements in their village



Roro is tucked into one of the remotest corners of Torpa Block in Khunti District more than 70 km from Ranchi. The community shared, it takes 1-1.5 years for them to get access to new Government schemes and programs. Hence, when in 2015, the Community Radio program was introduced into the village by Welthungerhilfe Partner LEADS, the reach and transparency of information improved.

Community Radio Volunteers



Community Radio Volunteer Vikas Kumar, Jyotish Mahato, and Vimala Dhodray recalled, "In the beginning, only 2-3 people came to listen to our episodes, but *Sahiyya*, Anganwadi Workers and SHG members helped us to motivate more people to join the sessions". Gradually people started coming by themselves whenever the volunteers visited the village. "There is a demand from the community now to play the episodes," said Vikas. Every Tuesday the Volunteers come with their pen drive and amplifier set, gather the listeners at a common point and play the episodes. The episode is played for 20 mins, post which the volunteers facilitate a discussion with the listeners and jointly make a list of action items. Today there are 15 permanent members in the core listeners group including *Sahiyyas*, SMC members, Gram Sabha President, VHSNC members, and SHG members. The listener's group disseminate the learnings to the village through SHG meetings, Men's group meetings, informal discussions at the handpump while filling water, Gram Sabha, etc.

Key Impacts on Roro Village due to Community Radio :

- "Earlier the awareness in deliveries in hospitals and vaccination was low. Community Radio has helped increase the awareness in Institutional Delivery and vaccinations" – Salomi Gudiya, *Sahiyya*, Roro Village
- "After listening to Janani Suraksha Yojana episode, I got to know about Mamta Vaahan and INR 1,400 allowance for mothers." – Jooni Dotray, Mother, Roro Village
- After the Gram Sabha episode was played the villagers came together and submitted a plan for making an Open Well
- "People now demand job cards from Rozgar Sevaks" – Vimala Dhodray, Volunteer
- "We have demanded another Anganwadi Centre for this village from CDPO as the existing one is small and all the eligible children cannot go"- Emlen Barla, VHSNC President
- Participation in Village Health Nutrition Days has increased
- People from adjoining villages used to come to Roro and listen to the episodes



“I did not know about government schemes related to employment and getting a ration card. But through Community Radio I got informed. In 2016 when I got aware, I applied for Job Card through Rozgar Sevak and got it within two weeks. Last year I did 4 to 5 different MGNREGA works. I am a landless person, and I have now applied for land at the BDO office. I have now got my Ration Card too.”

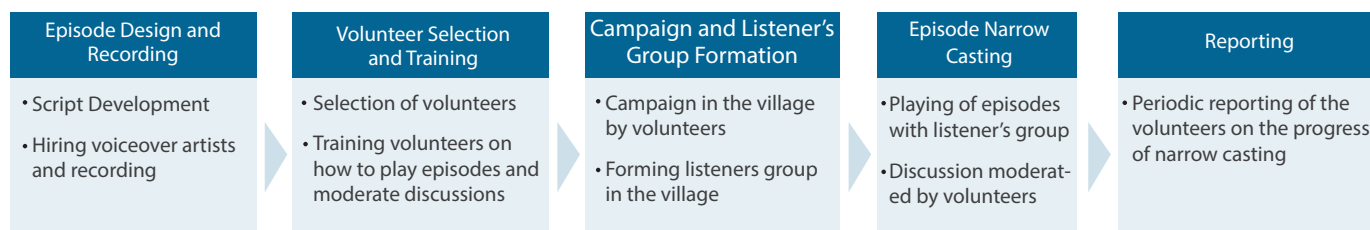
Anuj Bhengra, Villager and SMC Member, Roro Village



HIGHLIGHTS AND IMPLEMENTATION STRATEGY

Implementation of community radio starts from content development and follows a series of steps of selecting and training volunteers from the community, forming the listeners' group and finally disseminating the information by playing the episodes and moderating discussions.

Process Flow for implementation of Community Radio :



a) Episode Design and Recording : Welthungerhilfe partner LEADS collaborated with a resource organization Manthan in Ranchi to develop and record the episodes. Manthan is an organization with 20 years of experience in Governance, Livelihoods, Health, and Education and had previously worked in community radio. All India Radio (AIR) assisted in script design and voiceover. Manthan's in-house studio was used for recording while professional voiceover artists were hired.

b) Volunteer Selection and Training : 6 Volunteers were selected locally from the community for each of the four Welthungerhilfe Partners. The volunteers received 4 days of residential training in Ranchi. They were oriented on the topics to be narrowcasted and how to facilitate the discussions.

c) Campaign and Formation of Listener's Group : Each volunteer was assigned to conduct an initial campaign and form a listener's group in the villages consisting of 20 to 25 people from the village. This will be the core group in front of which the episodes will be played, whose role, in turn, will be to cascade the learnings and information in the villages. The listeners' group would contain the Gram Pradhan, VHSNC members like *Sahiyya*, Anganwadi Workers, School Management Committee members, Mothers, Youth, etc.

d) Design of Rolling Out Cycle and Narrow Casting of Episodes : Welthungerhilfe partner would design and handover rolling out cycle to the volunteers based on which the volunteers would conduct narrowcasting of the episodes. The episodes were rolled out in 4 cycles with 10 villages in each cycle – overall in disseminating the program in 40 villages. The episodes were given to the volunteers in a pen drive along with a battery-operated player-amplifier. The episodes were 15 to 20 mins long, after airing which the volunteers moderated a discussion within the listeners' group where the community used to brainstorm on gaps and action plans for their respective villages. The volunteers would conduct a brief refresher and follow up with the community on the episode played on the previous day.

e) Reporting : The community radio volunteers reported the respective Welthungerhilfe partners weekly and the Welthungerhilfe partners, in turn, reported Manthan on a monthly basis.



IMPLEMENTATION EFFORT

The key resources required to implement Community Radio successfully are mentioned below :

- a) **Episode Designing and Recording Infrastructure and Professionals** : To design the modules with script writing, voiceover, and recording
- b) **Community Radio Volunteers** : Responsible for disseminating the community radio episodes at the village level
- c) **Trainers to train the Volunteers** : To build the capacities of the Volunteers in the episode content and moderation skills
- d) **Pendrive and audio player-amplifier Sets** : Hardware required to narrowcast the episodes for the listener groups. One set is provided to each volunteer
- e) **Listener’s Group at Villages** : Village representatives who listen, understand and disseminate the information locally in their village.

Table: Key Costs associated for interventions in Community Radio

Interventions	Expense Heads	Cost
Episode Development (One time expense)	Script design, Voiceover, Recording and Editing	INR 50,000 per episode
4-day Residential Training of Volunteers	Food, Accommodation and Travel	INR 3000 per Volunteer
Narrow Casting	Allowance for Volunteers	INR 150 per episode
	Pendrive and audio player-amplifier Sets	INR 1500 to 2000 per set



STAKEHOLDER ENGAGEMENT

For development of episodes, narrow casting them and effectively disseminating the information the community radio program engages four key stakeholders





KEY SUCCESS FACTORS

- Prepare the audio modules interesting with local music and songs, an instant attraction in the community
- Develop the episodes using voiceovers in local dialects to make it easy for the community to understand
- Select local volunteers from the community with organization skills – who can convince the community, facilitate discussion and schedule follow-ups
- Choose the timing to narrowcast episodes wisely – this can change with agricultural seasons
- Choose a common meeting point in the village which the listener's group can access conveniently and, in any season, including monsoons
- Test the hardware – pen drive and amplifier sets before playing the episodes
- Select influential people in the listener's group who can help in gathering more people from the community while playing the episodes



REPLICABILITY AND SUSTAINABILITY

Ten episodes on five thematic areas are already developed through this programme and can be replicated with an additional budget allocation for volunteer training, volunteer allowance and pen drive and player-amplifier sets. However, the episodes are recorded in local tribal languages which may limit the replicability in selected areas of Jharkhand. For narrowcasting the episodes outside Jharkhand, the episodes can be re-recorded in relevant local languages.

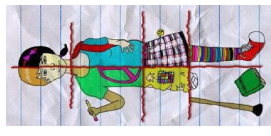
The suite of key Government schemes may change and some of the episodes recorded today may lose relevance some years later. To sustain the Community Radio programme new episodes should be designed and developed on relevant topics.



Annexures

TEMPLATE FOR COMMUNITY MONITORING TOOL FOR SMCs

प्रश्न		विद्यालय प्रबंधन समिति के सदस्यों द्वारा भरा जाये										प्रश्न		
क्रमांक	विद्यालय का नाम :	विद्यालय	अधीन	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	जनवरी	फरवरी	मार्च
1	प्रधान मंत्री की तस्वीर	दिनांक												
2	प्रधान मंत्री के साथ उपस्थित सदस्यों की संख्या	महिला												
		पुरुष												
A	विद्यालय की उपस्थिति	संख्या												
3	विद्यार्थी की कुल संख्या कितनी है ?	संख्या												
	निर्वाचित विद्यार्थी की संख्या कितनी है ?	संख्या												
	पदा विद्यार्थी की संख्या कितनी है ?	संख्या												
4	विद्यार्थियों में उपस्थित बच्चों की संख्या कितनी है ?	महिला												
		पुरुष												
5	नागरिक शिक्षण आवश्यकता वाले बच्चों (CVSN) की संख्या कितनी है ?	महिला												
		पुरुष												
6	प्रधान मंत्री के दिन की बच्चों की उपस्थिति क्या है ?	संख्या												
		कक्षा 1												
		कक्षा 2												
		कक्षा 3												
		कक्षा 4												
		कक्षा 5												
		कक्षा 6												
		कक्षा 7												
		कक्षा 8												
B	आपातकाल संरचना / सुविधा	संख्या												
7	क्या जल के संरक्षण उपकरण हैं? (पाककाल (हैंडपंप))	हो/नहीं												
	क्या जल रिस बचोय है?	हो/नहीं												
8	क्या विद्युत में वोल्टता है?	हो/नहीं												
	बट्टी हैं तो	संख्या												
		क्या भीषणता उपकरणों है?	हो/नहीं											
		क्या भीषणता उपकरणों है?	हो/नहीं											
9	क्या पुस्तकालय क्या उपकरण है?	संख्या												
		क्या पुस्तक की उपलब्धता है?	हो/नहीं											
		क्या पुस्तकों का निर्वाचित उपयोग होता है?	हो/नहीं											
10	क्या पाठन पाठन सामग्री उपलब्ध है? (पाठ, पाठ, पुस्तक आदि)	हो/नहीं												
	क्या पाठन के अलावा शिक्षक द्वारा उपयोग करते हैं?	हो/नहीं												
11	क्या खेल सामग्री उपलब्ध है?	हो/नहीं												
	क्या छात्र एवं छात्राएं उपयोग करते हैं?	हो/नहीं												
12	क्या खेल का मैदान है?	हो/नहीं												



सबको शिक्षा एक समान

TEMPLATE FOR COMMUNITY MONITORING TOOL FOR MGNREGA

समुदाय द्वारा मनरेगा योजना संबंधित कार्य का नियमित निरीक्षण (मार्च 2018 से फरवरी 2019 तक)

दिनांक : क्र. नं.	प्रकार :	ग्राम पंचायत का नाम :	माध्यम :	कुल टोलों की संख्या :	कुल घरों की संख्या :	कुल उपस्थितियाँ :	महीना :	पुरुष :	महिलाएँ :	अपमानित :	अपमानित महिलाएँ :	अपमानित बच्चों की संख्या :
1	गाम सभा	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :
2	रोजगार दिवस	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :
3	जॉब कार्ड	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :
4	काम की मांग	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :
5	कार्य प्रगति	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :
6	भुगतान	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :
7	जॉब कार्ड	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :	गाम पंचायत का नाम :



Welthungerhilfe is one of the biggest non-governmental, non-profit and non-partisan organizations in Germany. It provides aid from a single source: from fast disaster relief and reconstruction to long-term development cooperation projects with local partner organizations, according to the principle of help for self-help. Since its foundation in 1962, more than 8,500 projects in 70 countries have been supported with 3,27 billion Euros – for a world without hunger and poverty. Over the past 55 years, Welthungerhilfe has supported around 1500 rural development projects in South Asia through local partner organizations.



Re-emerging World has one goal: inclusive and sustainable growth in emerging markets. We work with our clients in assessing new growth opportunities, design and pilot business models that deliver innovation, social and environmental impact. Over the last 12 years, we have worked in over 75 projects across 11 countries and 12 sectors.

Re-emerging World is responsible for documenting this Good Practices Insights Guide.



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