



SHAKTI VARTA



# Future is Within

"Shakti Varta"

A Community Based, Convergent

Intervention in Odisha



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# Foreword

On April 30, 2013, the Chief Minister of Odisha, Shri Naveen Patnaik launched Shakti Varta, a community process initiative led by the Department of Women and Child Development, Health and Family Welfare and Rural Development under Odisha Health and Nutrition Sector Programme (OHNSP).

Shakti Varta is a demonstration of Govt. of Odisha's and DFID's commitment to tackling health, nutrition and water and sanitation - and to empowerment of our communities, especially women, to drive their own development solutions.



## **The program will:**

- Empower communities to take ownership of local problem identification and solution, and stimulate higher quality, more responsive services.
- Work with 140,000 women's self-help groups
- Work in 24,000 villages
- Train 7,000 Shakti SHG members as facilitators
- Reach more than 10 lakh women

As a community mobilisation strategy, Shakti Varta works directly with women's Self-Help Groups (SHG) tapping into the enormous resource represented by women in communities, and building on the success women have already achieved within their communities through activities such as savings and credit and promotion of income generation.

Shakti Varta nurtures and develops the capacity for decision making and contribution to community development which these women have already demonstrated.

Shakti Varta uses a newly developed PLA cycle that builds on state, national and global learning, enabling the women participants to identify and prioritise their own problems and develop strategies for action.

This new PLA cycle works simultaneously on a broad range of interconnected technical areas within health, nutrition and WASH, where previous PLA initiatives have focused more narrowly on single issues.

Shakti Varta entails a high level of convergence on community process through collaboration between Mission Shakti, NRHM, the Departments of Health, Women and Child Development, Rural Development supported by DFID and TMST.

This document describes the design and implementation of this massive initiative and the challenges overcome.

# Preface

Despite its economic backwardness, the state of Odisha has been showing progress in health outcomes in recent years. Demographic, health, and nutrition status have shown slightly mixed trends, though overall progress has been sustained. Gender disparity still looms as a cross-cutting factor, and of major concern as a structural determinant of health outcomes. Many women in Odisha suffer discrimination, illiteracy, poverty, sexual violence, exploitation, and lack of self-determination. Constraints to the basic rights of women provide a deep structural barrier to human development, inhibiting health and nutrition gains, and thus the development of the state.

It is in this context that DFID stepped in providing financial assistance (FA) and technical assistance (TA) in key areas of concern. DFID will provide £100m (over 2007-2015) to the Government of Odisha to improve health and nutrition status, under the Odisha Health Sector and Nutrition Plan (OHSNP).

OHSNP is being implemented by the Government of Odisha, specifically the Department of Health and Family Welfare, the Department of Woman and Child Development and the department of Rural Development. OHSNP receives technical support from the Technical and Management Support Team (TMST), which comprises the joint lead agencies, Options Consultancy Services, UK and IPE Global, India, with partner CARE India. Specific technical support is also provided by BBC Media Action and Valid International.

OHSNP, nearing completion of its eight year term, is well on its way to impacting a host of health and nutrition indicators such as maternal mortality, infant mortality, child malnutrition, anemia, contraceptive prevalence rate, institutional deliveries, breast feeding, complementary feeding, immunisation, increase in use of bed nets to prevent malaria, and others.

OHSNP was designed with four outputs in mind that would reinforce each other and help bring about a sustainable health and nutrition situation in the state. Its expected outputs are:

1. Improved access to priority health, nutrition and water and sanitation services in underserved areas
2. Public health management systems strengthened
3. Positive health, nutrition and hygiene practices and health seeking behaviour of communities improved
4. Improved use of evidence in planning and delivery of equitable health, nutrition and water and sanitation services

An analysis of the first phase of OHSNP indicated the need to move beyond strengthening government systems and directly address the underlying social determinants of health, nutrition, water and sanitation (HNWASH); catalyse community capacity and improve community management of services.

Phase II of OHSNP focused on strengthening demand for various services from the community. The interventions aimed to strengthen and leverage community processes for improved HNWASH practices and outcomes under outcome 3 of OHSNP. Also they aimed at convergence of HNWASH services and resources at local level.

The Community Process (CP) package thus envisaged was not a standalone package. It included a variety of interventions that built on existing government programs and initiatives at the ground level.

Government of Odisha examined approaches and mechanisms that would gel with the specific conditions obtaining in the state. Community processes can be successful only if the approach and mechanism take into account community situations and perceptions on HNWASH and are well suited for scaling up. It was as a result of this search that the government arrived at the game changing strategy to use PLA as the approach and Mission Shakti women SHGs as the conduit for implementing community processes at a never before witnessed scale of operations. This innovative community process model was termed as “Shakti Varta” (dialoguing with women).

The real challenge was to design a programme to implement the community-based approach model. An assessment was carried out to identify appropriate community based workers who will be the backbone of program implementation. The result showed SHGs have a social mobilisation capacity. GKS had financial issues within and was not a suitable ground level institution. ASHAs and AWWs were overburdened and could not be entrusted with organising village meetings. A quick assessment of SHG capacity confirmed their potential to take on large scale intervention.

Shakti Varta uses a community-based approach based on the PLA method to address HNWASH issues. It leverages the capacities of the SHG federations built in Mission Shakti and works hand-in-hand with the ICDS structure. It is a government-led program, closely monitored by a Project Steering Committee. State institutions such as SIHFW have played an important role in planning the content for the program.

The development of a state-specific model of community behavior change process was not an easy one. The existing PLA model followed in the cluster randomised pilot study was not geared for scaling up nor was it readily deployable to the health and nutrition priorities of the state. An entirely new design, content and structure are the hallmark of this initiative, Shakti Varta, that has already reached 18,000 villages in the three Wave 1 districts of Khandamal, Bolangir and Rayagada.

Of the 15 high burden districts – with IMR more than 100 based on DHS data – Kandhamal, Bolangir and Rayagada were covered under Wave 1 of Shakti Varta. The remaining 12 districts have been included in Wave 2 implementation.

The Shakti Varta model is based on the premise that community mobilisation through systematic and quality PLA exercises encourages community consciousness and solidarity to act on particular issues. It has already proved that it has the potential to address the social determinants of health and nutrition, and the social norms and power dynamics that influence care practices and health care access, going by hundreds of case stories collected from the field and anecdotal evidence.

Implementation of Shakti Varta is being guided by a carefully designed MIS and a concurrent monitoring system which provide trends of women’s participation and highlight areas for follow-up and mid-course corrections. It also maintains a profile of the block coordinators and gram panchayat facilitators, including their payment status – a crucial factor for smooth implementation. A user-friendly online Shakti Varta Resource Centre (SVRC) backed by a physical centre are providing 24x7 support to program implementors.

Shakti Varta has created appropriate structures for program implementation in consultation and collaboration with existing government structures in health and nutrition delivery. Huge capacities have been built in civil society partners in master trainers who train gram panchayat facilitators and in the latter to mobilise and conduct village level community meetings.

With the completion of the design, setting up of structures, processes and systems in the Wave 1 districts, the program is ready for rapid scale up to the additional 12 districts. The scale-up phase is expected to throw up a host of logistics issues but the experience and capacities gained in the Wave 1 districts will stand in good stead.

By leveraging on the vast and resourceful self-help group network present in Odisha, Shakti Varta is well on its way to establishing the fact that community driven projects can deliver public goods in fragile settings where the reach of government service is not optimal or the vulnerability levels are higher.

We hope that this document, which describes the path we have taken, the milestones we have crossed, and the travails that we have overcome in taking a community process to scale in vulnerable settings will be of help to practitioners in other states who wish to implement a large community-led approach to behavior change in HNWASH and for that matter in any other sector.



# Acknowledgements

**This Process Document could not have been possible without the constant support and inputs of** all stakeholders involved in the implementation of the Shakti Varta program at every level.

We would like to thank the ICDS staff, Mission Shakti staff, SHG federations, ICDS and Mission Shakti Block Coordinators, District Project Coordinators, NGO Block Coordinators and Block Finance Coordinators, Gram Panchayat Facilitators, Quality Managers, SHG PLA Coordinators, for their invaluable support and inputs.

We would like to particularly thank Deborah Thomas of Options Consultancy who gave very valuable feedback in improving the document.

We thank the Technical Agency for meeting stakeholders, conducting interviews and putting together this process document.

**Devjit Mittra**  
**Technical and Management Support Team, Odisha**

# Abbreviations

BFC	Block Finance Coordinator
BLF	Block Level Federation
CDPO	Child Development Project Officer
DFID	Department for International Development (Government of UK)
DHS	District Health Society
DoH&FW	Department of Health & Family Welfare
DPC	District Programme Coordinator
DPO	District Programme Officer
DSWO	District Social Welfare Officer
DWCD	Department of Women & Child Development
FA	Financial Assistance
FLWs	Front Line Workers
FMR	Financial Monitoring Report
GoO	Government of Odisha
GP	Gram Panchayat
HNWASH	Health, Nutrition, Water, Sanitation & Hygiene
ICDS	Integrated Child Development Scheme
INR	Indian Rupees
MIS	Management Information Service
MPR	Monthly Progress Report
MVSN	Mahila Vikash Samabhaya Nigam
NGO	Non Governmental Organisation
NOP	Nutrition Operational Plan
NRHM	National Rural Health Mission
OHNSP	Odisha Health Nutrition Sector Plan
OSH&FWS	Odisha State Health & Family Welfare Society
PIP	Programme Implementation Plan
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health

SHG	Self Help Group
SHS	State Health Society
SIHFW	State Institute of Health and Family Welfare
SPMU	State Programme Management Unit
SRC	State Resource Centre
SRP	State Resource Pool
TA	Technical Agency
TMST	Technical & Management Support Team
TOC	Theory of Change
TOT	Training of Trainers
UC	Utilisation Certificate
WSHG	Women's Self Help Group



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## PROLOGUE

When cold winds sweep the northern parts of India this winter, Odisha will be trying out an experiment on a scale not witnessed before. Just before winter begins, Shakti Varta Gram Panchayat (GP) facilitators along with health service providers will start tracking pregnant women who are expected to deliver in the next couple of months. They will orient them on neonatal care, on wiping the newborn immediately after delivery (in case of home deliveries), wrapping the neonates to keep them warm and encouraging Kangaroo care or skin-to-skin touch of mother and child. This massive experiment that will reach mothers in every village in nearly half the State is expected to considerably reduce neonatal deaths.

## Three seemingly independent developments have converged to make Shakti Varta a reality.

- 1** It is estimated that every year around nine lakh deliveries take place in Odisha's 48,000 villages. Of these around 1,35,000 deliveries require specialised interventions and emergency obstetric care. Such complications could include incidents of sepsis, complications from unsafe abortions, prolonged or obstructed labour, and disorders caused by anaemia. The State stands at the bottom 5 in the national ranking on under-5 mortality, and close to four-fifths of households in Odisha do not have access to toilet facilities.
- 2** The second development is Mission Shakti. The Mission was launched in 2001 as a flagship programme in Odisha with the aim of empowering women through creating women self-help groups (WSHGs). The Mission exceeded its target of creating two lakh WSHGs by 2008 and has gone from strength to strength in creating financial and market linkages for women and building their capacities to start economic activities and pursue livelihood options.
- 3** The third development relates to a cluster randomised control trial in the States of Madhya Pradesh, Bihar, Odisha and Jharkhand using the PLA approach to address women's empowerment, an important underlying determinant of health and nutritional outcomes while focusing on issues related to health and nutrition. It was identified as a "nutrition sensitive intervention" that could enhance other nutrition- centric interventions of governments.

Shakti Varta is poised to make a significant dent in infant and maternal deaths in the State of Odisha through a community-based approach that will span 24,000 villages spread over 15 districts and involving a trained cadre of 7000 GP facilitators.

## CHAPTER 1

# Background and Introduction

## Odisha - A Paradox

Odisha is located on the eastern coast of India. It has abundant natural resources especially minerals but paradoxically it remains one of the economically poorer States in the country.

According to the Planning Commission's Tendulkar Committee Report 2009, the poverty headcount ratio of Odisha, at 57.2 per cent is the worst among all Indian States and significantly higher than the national average of 37.2 per cent. Rural poverty, at 60.8 per cent, is the worst in India and significantly higher than urban poverty, which is 37.6 per cent.

Further, the Scheduled Castes and Scheduled Tribes of the State have a high incidence of poverty as compared to the SCs and STs in the rest of the country.

In terms of other human development indicators such as health, the State faces several challenges. As many as 41.1 per cent of women in Odisha have Body Mass Index (BMI) less than 18.5, which is

**Participatory Learning and Action (PLA) is an approach for learning about and engaging with communities. It combines participatory and visual methods with natural interviewing techniques and is intended to facilitate a process of collective analysis and learning.**

**The approach can be used in identifying needs, planning, monitoring or evaluating projects and programmes. Whilst being a powerful consultation tool, it offers the opportunity to go beyond mere consultation and promote the active participation of communities in the issues and interventions that shape their lives.**





higher than the national average of 35.6 per cent. The State's under-five mortality rate of 90.6 per thousand is among the bottom five. Other worrying indicators are Maternal Mortality Ratio (MMR) at 237 per 100,000 live births and Infant Mortality Rate (IMR) at 53 per 1,000 live births<sup>1</sup>, high levels of malnutrition among children and women with an estimated 1.5 million children under-five being underweight. Approximately 2.5 million children under-five suffer from anaemia, poor sanitation and hygiene.

While 85 per cent of households have access to improved drinking water facilities, close to four-fifths of households in Odisha do not have access to toilet facilities.

For these reasons, the State has one of the lowest Human Development Index (HDI). At 0.362, it is just above Chhattisgarh, which has the lowest HDI value among Indian States.

## Odisha Health Sector Nutrition Support Programme (OHNSP)

In recent years the Government of Odisha has ramped up its efforts to improve the lives of women and children, especially those who live in remote and backward areas.

A significant initiative to bring about an improvement in the health situation is the Odisha Health Sector and Nutrition Support Programme (OHNSP), which was launched in 2008. The project was supported by the Department for International Development (DFID).

An analysis of the first phase of the OHNSP showed the need to move beyond strengthening government

**Shakti Varta—literally means harnessing women's collective power through discussion and dialogue. This was seen as a way to build capacity, to facilitate discussion, awareness- building and seeking solutions on health, nutrition, hygiene and sanitation issues.**

systems and directly address the underlying social determinants of Health, Nutrition, Water and Sanitation (HNWASH); catalyse community capacity; and improve community management of services accordingly. Phase II of the OHNSP focused on strengthening demand for various services from the community. The interventions aimed to strengthen and leverage "community processes" for improved HNWASH practices and outcomes, and the convergence of HNWASH services and resources at the local level.

The Community Process (CP) package includes a variety of interventions that build on government programmes and initiatives at the community level. *(See box on community on process package aims to)* The Government of Odisha came up with an approach to address the maternal, child health and sanitation problems of the State using the PLA by leveraging the Mission Shakti women SHGs as carriers of this approach among communities. The PLA approach is now called **Shakti Varta**. In Shakti Varta, the PLA approach is viewed as a capacity- building process in which women's group members invite members, non-group members, adolescent girls, pregnant women, mothers, and men, frontline service providers for learning, planning, carrying out and evaluating activities on a participatory and sustained basis.

### THE 'COMMUNITY PROCESS' PACKAGE AIMS TO

- Empower women and communities
- Increase awareness of positive HNWASH practices
- strengthen the delivery of community level services
- build the capacity of communities and local stakeholders to increase accountability
- increase responsiveness of local service provision to communities

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<sup>1</sup> SRS 2012

## CHAPTER 2

# Shakti Varta - Tapping the Transformational Potential of PLA

The Shakti Varta PLA model is based on the strong evidence that community mobilisation through systematic and quality PLA exercises encourages community consciousness and solidarity to act on particular issues. It has the potential to address the social determinants of health and nutrition, and the social norms and power dynamics that influence care practices and health care access. *(See box on what does Shakti Varta do)*

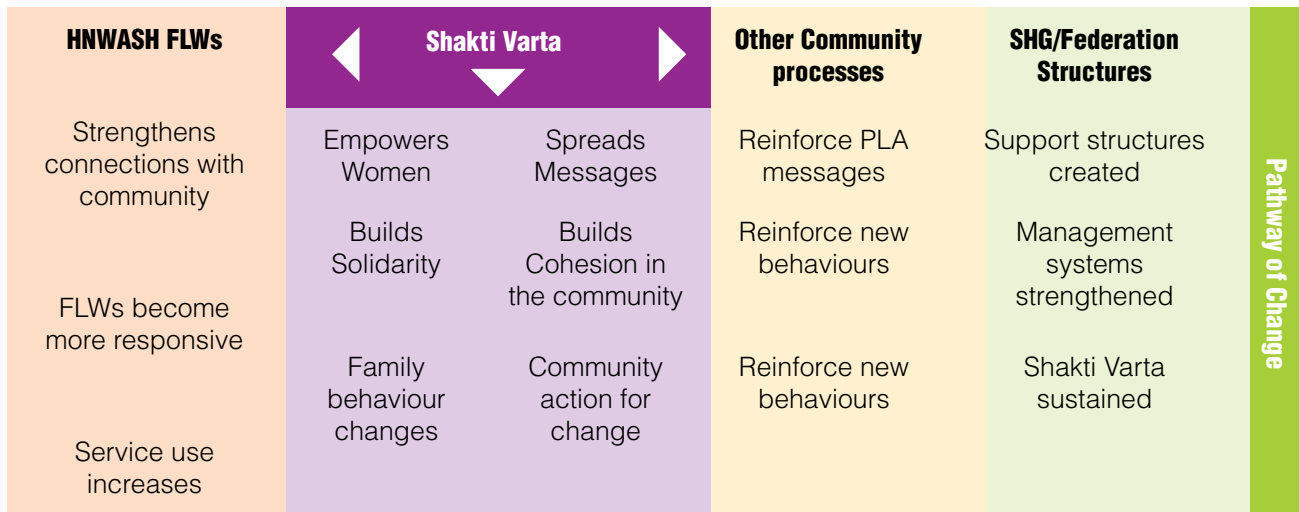
Moreover, by targeting excluded and vulnerable groups, community mobilisation through women's groups has shown to "get below" to include and empower groups that are at risk of exclusion from development. The transformational potential of community mobilisation has been recognised in addressing the social determinants of malnutrition and the gendered social norms that underpin food distribution and child feeding practices both at the household and community level.

### WHAT DOES SHAKTI VARTA DO?

- Establishes maternal, newborn, child health and nutrition problems as issues in the community
- Empowers women to make decisions about health of self and their children
- Increases problem solving skills of members
- Helps them understand cause and effect of the problems
- Increases demand and uptake of services
- Includes marginalised communities and encourages inclusion
- Ensures involvement of men in maternal and child health



## SHAKTI VARTA SPAN OF INFLUENCE



The theory of change underpinning Shakti Varta is presented in the span of influence diagram above. In essence, Shakti Varta seeks to improve family health, nutrition, and water and sanitation (HNWASH) behaviours through community mobilisation, and leveraging community resources and government entitlements. The diagram illustrates how at the core of Shakti Varta the participatory learning and action (PLA) process seeks to empower and build the solidarity of women group members as a means for enabling family behaviour change. The PLA process informs and motivates the women and builds the confidence of the group to engage with the wider community and foster community action to support better HNWASH outcomes.

To support family behaviour change, Shakti Varta involves frontline health and nutrition workers in the PLA village meetings. This improves the

communication and relationship between frontline workers and community women and their families and aims to improve the responsiveness of frontline workers, and community demand for health and nutrition services.

Shakti Varta is one of several government led health and nutrition community processes that seek to improve HNWASH behaviours, demand for services, and the community oversight of service delivery. Shakti Varta is designed to coordinate and link with these other interventions to reinforce messages and leverage resources for the community including, for example, entitlements for toilet construction. Moreover, by building the capacity of Federations to deliver Shakti Varta, the programme strengthens this important community resource and the potential for Shakti Varta and the change process to be sustained.



## WHAT IS SHAKTI VARTA?

It is an innovative community-based programme aimed at reducing maternal and neonatal mortality and child malnutrition, and improving water, sanitation and hygiene (WASH) practices. It builds on Odisha specific and Indian evidence of the effectiveness of using a participatory learning and action (PLA) approach to support women's groups, identify and prioritise their health problems and take action to address them. Shakti Varta (SV) has been designed in a way that enables and leads SHG and non-SHG women and adolescents through a reflective learning process around maternal and newborn health, child nutrition, and water, sanitation and hygiene.

## HOW IS IT DELIVERED?

Local women from SHGs are identified and trained to facilitate PLA meetings using interactive simple approaches such as stories, picture cards and

games that help start discussions and stimulate action. To support the programme an institutional and implementation structure was developed that includes four Block Coordinators to provide training and supervision support to community level facilitators, and monitor implementation. SHGs are already trained in book-keeping and are used to conducting meetings. Thus facilitation for conducting PLA meetings and building community's capacity by training their own person is feasible and is seen as a sustainable mechanism after SV phases out.

## HOW DOES IT LINK WITH THE GOVERNMENT DEPARTMENTS?

It is a convergent programme led by the Department of Women and Child Development (DWCD) working in coordination with the Department of Health and Family Welfare (DHFV), the Department of Rural Development (DRD), and Mission Shakti.



## Shakti Varta: integral tool to attain RMNCH+A & SBM goals

Thanks to Shakti Varta, demand generation in health, nutrition and WASH is being coalesced and supply side constraints are highlighted. The intervention is in sync with the flagship programme of RMNCH+A and NBA, and will serve as an integrated, evidence-based behaviour change strategy using the PLA approach.

### Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)

Ministry of Health & Family Welfare is bringing out an integrated approach document for reproductive, maternal, newborn, child and adolescent health (RMNCH+A) in India. RMNCH+A approach essentially looks at 'continuum of care' to ensure equal focus on various life stages, to address the major causes of mortality among women and children as well as the delays in accessing and utilising health care and services.

Odisha has been a pioneer State in rolling out RMNCH+A strategy to accelerate sustainable results along the care continuum for the most deprived populations. In the State, DFID is the lead partner, along with other development partners like UNICEF, UNFPA and NIPI to implement the RMNCH+A initiative.

The objectives of RMNCH+A are: continuous effort to improve the survival of mothers and children and interventions at various stages of life, including the adolescence phase, pre-pregnancy, during pregnancy and delivery, after childbirth and then in the newborn phase and childhood. These efforts are largely complemented by Shakti Varta.

**Shakti Varta aims to bring together supply and systems strengthening with strong demand side interventions. The demand side package of interventions aims to strengthen and leverage “community processes” for improved HNWASH practices and outcomes, and the convergence of HNWASH services and resources at the local level.**

RMNCH+A's 5x5 matrix broadly talks about demand generation and Shakti Varta's objective and approach is aligned to it. Shakti Varta's PLA method of brain-storming, dialoguing, strategising to solve HNWASH problems of the community will help in generating demand. This method covers comprehensive content on MNCH mini cycle covering the 5x5 matrix, which empowers the women groups and frontline workers with a systematic adult learning method.

### Swacch Bharat Mission (SBM)

Along with Health & Nutrition, WASH is also woven into each stage of the Shakti Varta PLA methodology – problem identification, prioritisation of problems, strategy development, and evaluation. Early in the process, picture cards are used to frame problem identification including, diarrhoea, worms, malaria, low-birth weight babies, and maternal complications. The Shakti Varta meetings and the participatory learning and action process at the core of Shakti Varta will raise household demand for toilets in 24,000 villages of Odisha across 15 high burden districts. The challenge is to translate this demand into constructed toilets and their use.

## CHAPTER 3

# The Shakti Varta PLA Model

Right from the beginning the Shakti Varta programme was designed through a consultative process involving stakeholders from government. This includes the Department of Women and Child Development (DWCD), the Department of Health and Family Welfare (DHFV) and the Department of Rural Development (DRD); development partners including DFID and Odisha Technical and Management Support Team to the Odisha Health and Nutrition Sector Programme.

It has been seen that community mobilisation through women's groups has the potential to target excluded and vulnerable groups. The women's groups have the ability to "get below" to include and empower women that are at risk of exclusion from groups as well as development. Thus, the involvement of SHG groups for PLA was a strategy designed to ensure that excluded communities are included in the Shakti Varta fold.

The Shakti Varta PLA approach addresses women's empowerment, an important underlying determinant of health and nutritional outcomes<sup>2,3</sup> while focusing on issues related to health and nutrition.<sup>4</sup> PLA has been identified as a "nutrition sensitive intervention" that could enhance other nutrition centric interventions of the government by the Maternal and Child Under-nutrition Study Group, 2013.<sup>5</sup>

<sup>2</sup> Kennedy E and Bouis H.E, (1993) Linkages between Agriculture and Nutrition: Implications for Policy and Research, IFPRI

<sup>3</sup> Victora C.G, Barros FC, 2013. Participatory Women's Groups: ready for prime time? The Lancet, Vol 381, Issue 9879, Pages 1693-94, 18 May 2013

<sup>4</sup> Prost A et al, 2013. Trials of Participation to Improve Maternal and Child Health- Author's Reply. The Lancet. Vol 382, Aug 24, 2013: 681

<sup>5</sup> Ruel MT, Alderman H and the Maternal Child Nutrition Study Group, 2013, "Nutrition Sensitive Interventions and Programmes: how can they help accelerate the progress in improving maternal and child nutrition?" Lancet, Published Online June 6, 2013, [http://dx.doi.org/10.1016/S0140-6736\(13\)60843-0](http://dx.doi.org/10.1016/S0140-6736(13)60843-0)





The Shakti Varta PLA approach rides on certain fundamental principles and a philosophy which can be summarised in observations below:

- Communities are capable of evolving practical strategies to address issues which affect them
- Issues concerning the majority communities can be better addressed through collective action
- Active involvement of the most marginalised people in the community, including women, is important to address issues that concern them
- Community processes which consciously engage the larger community and stakeholders has high sustainability factor
- Learning in the Shakti Varta PLA approach happens in a circular rather than a top down mode – here the community members are planners, designers and also implementers
- This process enables members to interact and learn in a non-threatening way
- Members are able to understand the underlying and immediate causes of problems before they can find solutions to address them.
- One Shakti Varta point is selected for a population of 500 people. For example, if one revenue village had a population of 1200, then two Shakti Varta points are identified in that village. Care is taken to ensure it is a place where the disadvantaged community can participate easily.

The Shakti Varta PLA cycle facilitates discussions on issues such as nutrition during pregnancy and lactation period, care of newborns and low-birth weight babies, prevention and management of illness, timely initiation of complementary feeding, complementary feeding for infants, nutrition during adolescence phase, and sanitation.

The SV PLA cycle was designed with the technical assistance of TMST and EKJUT, and in coordination with the Department for Women and Child Development, Department of Health and Family Welfare, Department of Rural Development, and DFID. The State Institute of Health and Family Welfare (SIHFW) played a key role in finalisation of the content. Earlier the PLA model focused only on MCH issues. Under SV WASH issues were seamlessly integrated into the design cycle.

## Shakti Varta PLA cycle

The SV PLA cycle has been divided into four phases:

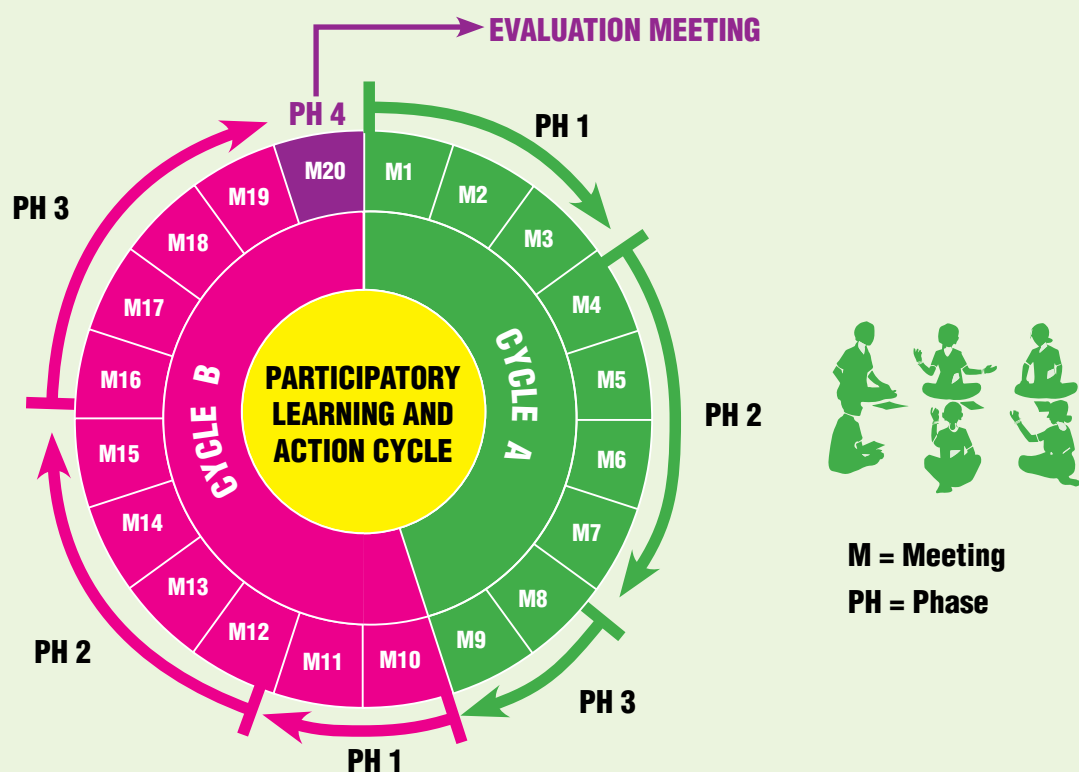
– Identifying and Prioritising Problems, Prioritising Strategies, Implementing Together and Evaluating Together. (See diagram on Shakti Varta PLA Cycle)



To cover HNWASH issues a 20-meeting cycle is used, based on the PLA implementation experience in other States. To give specific focus on nutrition and sanitation, the Shakti Varta initiative has been designed with two mini meeting cycles - Cycle A where Maternal and Newborn Health issues are discussed, prioritised and strategised while Cycle B focuses on Nutrition and WASH issues.

The 20 meetings comprising the Shakti Varta PLA cycle have been sequenced in a logical manner. Since the impact of PLA approach on Maternal and Newborn Health (MNH) has been established conclusively by earlier cluster randomised control trials, the set of meetings related to MNH come upfront in the PLA cycle. Once child survival is ensured, the focus is on adequate growth. The second phase of meetings emphasise this aspect. Problems relating to Water, Sanitation and Hygiene (WASH) is the key as far as health of mothers and children in particular, and overall population in general is concerned.

## SHAKTI VARTA PLA MEETING CYCLE



Of the 20 meetings, the first nine focus on maternal and newborn health and hygiene issues, meetings 10-19 on Nutrition and WASH issues, while the last meeting (20) evaluates the changes at the community level. (See diagram on Shakti Varta PLA Meeting Cycle)

The meetings are divided into cycles so that the community does not get confused with many problems at one time and they have sufficient time to discuss each issue. Here lies the strength of the method that slowly builds understanding among the participants on the key issues and helps them relate and assimilate information on what can be done based on their situation.

Community meetings are conducted too to seek support from the larger community to be able to implement the strategies. In the process, it also organises consultation with different stakeholders and community members. Each meeting builds on the previous meeting with appropriate linkages.

The designing of the PLA cycle also involved deciding the content of different meetings, deciding

on appropriate pedagogy for facilitation of the meeting; for example, role play, story-telling, picture cards, etc., piloting and field testing and finalisation of context specific meeting manual.

The entire design ensures that the facilitator and the community women are able to easily comprehend and implement what has been discussed. Each aspect is explained in a clear manner through examples that they can relate to, so that it not only helps them understand the issue but also helps them to initiate discussion and action around the same. Here lies the strength of this method that not only educates but also prompts action.

While the discussions in Women's Groups revolve around health practices, the same platform is used to spread awareness about the different schemes and programmes related to MNCHN, such as Janani Suraksha Yojana, Rashtriya Swasthya Bima Yojana (RSBY), Integrated Child Development Services (ICDS) and discuss community entitlements. Increased knowledge about services is expected to result in an increased service utilisation.



## THE 20 - MEETING CYCLE (TOPICS)

CYCLE	Meeting	Content
CYCLE A	1	Introduction
	2	Identifying maternal and newborn problems
	3	Prioritising maternal and newborn problems
	4	Understanding causes and solutions
	5	Prioritising strategies for implementation
	6	Undertaking responsibilities and deciding on the indicators for measuring progress
	7	Planning for the community meeting I
	8	Birth preparedness and Essential Newborn care
	9	Identifying and classifying neonatal infections
CYCLE B	10	Under nutrition and the lifecycle
	11	Identifying and prioritising NWASH problems
	12	Understanding causes and solutions for the first two prioritised NWASH problems
	13	Understanding causes and solutions for the next two prioritised NWASH problems
	14	Identifying strategies for preventing all the prioritised NWASH problems
	15	Planning for GP federation level community meeting
	16	Undertaking responsibilities and mapping available food resources in the village/ community
	17	Discussing the importance of timely introduction of complementary feeding
	18	Reinforcing possible strategies for improving child's nutrition and growth
	19	Understanding the faecal oral transmission routes
	20	What do we know now? What have we achieved?

### SHAKTI VARTA TEAM

- At the State level, SHG PLA coordinators, district Project Coordinator and the District Nutrition officers, Quality Managers form the State Resource Pool.
- At the block level, four Block Coordinators cum Master Trainers (two from the selected District NGO, one from the Block Federation, and one ICDS Supervisor) form a resource pool to coordinate, train, supervise and ensure quality implementation.
- At the village level, two Gram Panchayat facilitators from SHG members are trained to facilitate PLA meetings covering approximately ten SHGs each per month.

# Training and Capacity Building

Training is a critical feature of the Shakti Varta PLA model. The training module to be used for conducting meeting cycles by the facilitators is designed in a very simple language and also translated in the local language so that even the complex technical subjects can be elucidated in a form appropriate to the local context. The pedagogy for facilitation of the meetings is also based on very simple and participatory tools; for example, role play, story-telling, picture cards, participatory games, etc. which not only enable the Facilitators to conduct the meeting cycle in an interesting way but also help in involving community members in each and every process of the meeting cycle.

The training uses a wide variety of methods including participatory exercises, group discussions, role-plays, story-making, picture-making and story narration for making it easy to understand the complex technical subjects. The training sessions are interactive and help the participants understand the significance of meetings, develop skills for training the next level of trainees and help in field level implementation.

Communication and facilitation skills too are focused upon in these sessions.

## Training Plan

The training for the 20 meeting cycle is divided into five phases. The phasing of training is done so that the Facilitators are able to retain the inputs of the previous trainings. Therefore, in one phase of training, they are trained for the meetings to be conducted in the next 2-3 months (depending on the context).

- First phase of training covers meetings 1-3 (Phase 1)
- Second phase covers meetings 4-7 (Phase 2)
- Third phase covers meetings 8-11 (Phase 3A)
- Fourth phase meetings 12-17 (Phase 3B)
- Fifth phase training covers meetings 18-20 (Phase 4)

The five phases of the PLA training are in continuum and it is found to be effective if the training of resource persons/Facilitators is carried out in phases in sync with the PLA phases at all levels for Shakti Varta, starting from 'State Pool', to Block Coordinators and finally at the Facilitators' level.



## Levels of Training

The training of Level 1 trainers State Resource Pool (SHG PLA coordinators, QMs) is intensive and ensures that it equips them in understanding PLA and its roll-out plan. The State Resource Pool, namely, Master Trainers, is trained directly by State Technical Agency trainers. This training helps them not only to understand the issues of HNWASH issues that need to be communicated to the community via the block coordinators and the facilitators but also develops their skill as master trainers. The training helps to develop an eye for details and ensuring rigorous quality check for implementation and monitoring. Apart from PLA cycle the training for Level 1 trainer also focuses on quality checks of training conducted by Block Coordinators and Facilitators. Quality Managers play a key role in monitoring the training and giving inputs where required.

Level 2 training is conducted by the State Resource Pool (Level 1 trainee) to the Block Coordinators. Level 3 training is given by Block Coordinators to the Facilitators, followed by actual meeting conducted by Facilitators at the field level.

During each training phase, the Facilitators are oriented on the technical aspects that they would be required to discuss with the community, as well as the method of facilitating each meeting (which varies from meeting to meeting depending on the subject being discussed).

## Developing Training Material

Development of training modules and facilitation of sessions were given utmost care as training plays a key role in Shakti Varta PLA model.

The training module used for conducting meeting cycles by the trainers and the handbook for the facilitator are designed in a very simple language and also translated in the local language, Odia, so that even the complex technical subjects can be elucidated in a form appropriate to the local context.

The design therefore focuses on simplicity, visual literacy of intended users, local context, with different content for each meeting to keep up the interest of the participants. The pedagogy for facilitation of the meetings is also based on very simple and participatory tools; for example, role play, story-telling, picture cards, participatory games, etc. which not only enables the facilitators to conduct the meeting cycle in an interesting way but also helps in involving community members in each and every process of the meeting cycle.

## DEVELOPING MODULE, GUIDELINES, TRAINING AIDS

- A Facilitator's Handbook and a Trainers' Manual were developed in Odia language to aid meetings
- The Facilitator's Handbook details the process of how each meeting is to be conducted
- The Trainers' Manual carries clear session by session information
- The Trainers' Manual has an annexure which provides additional information on HNWSH issues, which would help them answer a variety of questions
- A set of Picture Cards (69) was developed for facilitating meetings. Of these 2 cards are blank for any other issues not shown in the cards
- There is explanatory text at the back of each card. Keeping in view the wide range of people who would use these materials, effort has been made to use simple language.



## An Innovative Partnership Model

A large-scale programme like Shakti Varta requires structures, systems and processes that support implementation and management, assuring the quality of delivery. This is particularly so for the training and support to GP Facilitators that is fundamental to the success of the programme (WHO, 2014). Care has been taken about these aspects and it forms an integral element of the roll out design. The departments play a key role in facilitating the conduct of training programmes at the district and block levels with TMST and Technical Agency (TA) supporting them in the roll out based on the agreed upon action plan. This chapter details the different structures and systems set up for Shakti Varta.

To address the slow progress on reduction of child malnutrition and under-five mortality an integrated approach for addressing the social determinants of health and evaluation of new demand-side interventions by DFID was initiated. The earlier trials showed that MCH was not sufficient to bring in the desired change and it was important to look at sanitation issues too. Thus a comprehensive Community Based Approach (CBA) proposal using PLA cycles to address HNWASH issues was developed by TMST and presented to three key departments (DoH&FW, DWCD and RD). This proposal included key milestones and budgets (FA and TA), 1000 days training for frontline workers and community-led total sanitation pilots in the six districts and subsequently to additional nine districts. The proposal submitted was approved by GoO and DFID.

A Project Steering Committee (chaired by the Development Commissioner) was institutionalised to provide strategic direction to the programme and greater convergence/coordination between the three key departments (DoH&FW, DWCD and RD).

Based on the recommendation of the Project Steering Committee (PSC) the design was modified and a structured PLA approach was drawn up to mobilise Mission Shakti, SHGs and frontline workers for HNWASH outcome across 15 high burden districts. The implementation was initiated in three districts from January 2013 and expanded to the remaining 12 High Burden Districts over the project period of 17 months. DWCD and DoH&FW agreed to share major costs and the associated costs for

**The systems, structures and processes created by Shakti Varta will also be available for the State of Odisha for implementing PLA approaches in other development programmes such as Odisha Livelihood Mission, Water and Sanitation Mission, or any other programme using participatory techniques.**

WASH were borne out of the technical assistance grant given to Rural Development Department.

On the branding of the community process, “Shakti Varta” was proposed by the Development Commissioner, which was unanimously accepted by the committee.

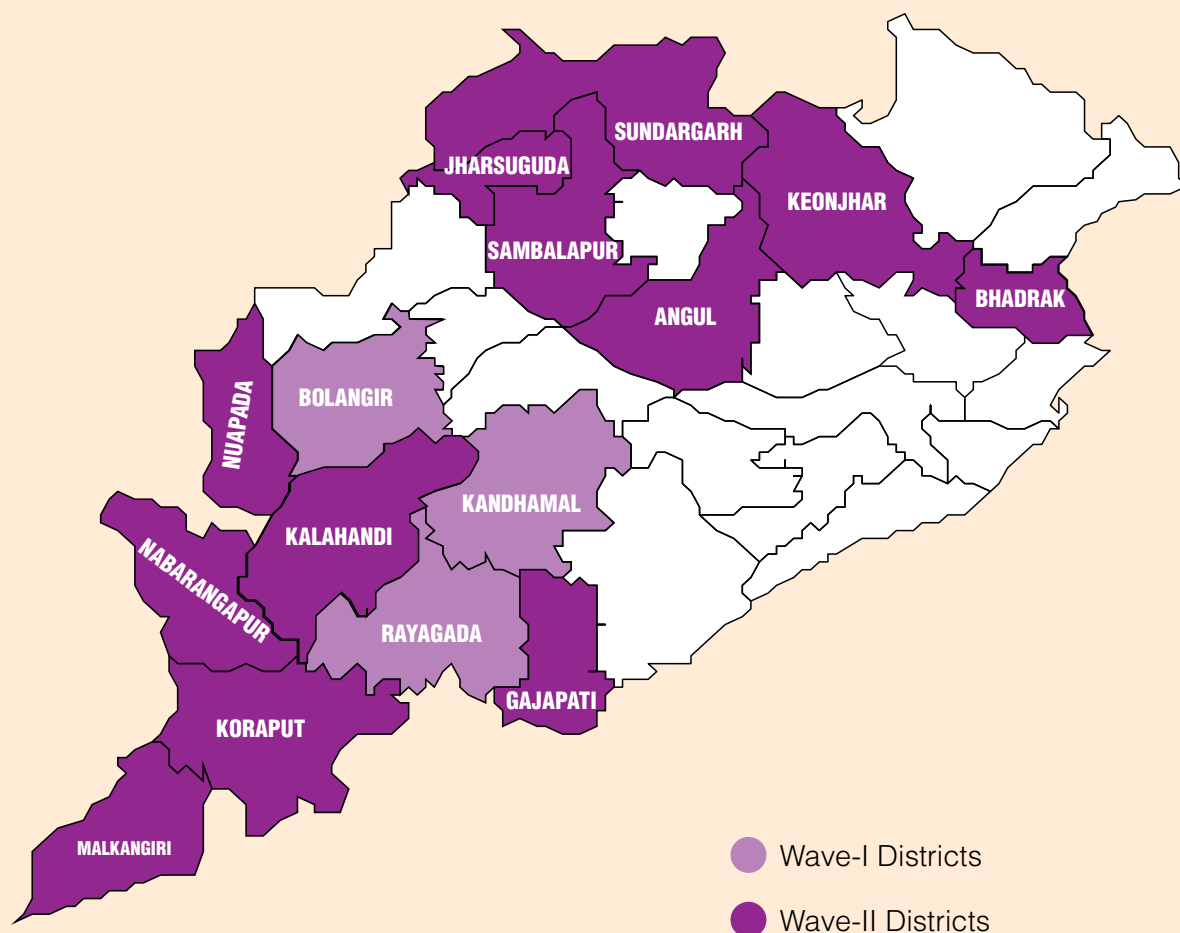
Thus Shakti Varta emerged as a convergent programme, led by the three nodal departments Women and Child Development, Health and Family Welfare, and Rural Development. Linkages with other key departments such as Panchayati Raj - at district, block and local levels were forged. Mission Shakti Federations and associated SHGs are the primary platform for implementation and it would include the frontline workers and other community groups into the process.

Of the 15 high burden districts, Kandhamal, Bolangir and Rayagada were taken up as the three districts in Wave 1 of the programme implementation owing to IMR of more than 100 (DHS data). In wave 2 the implementation will include the remaining 12 recognised high burden districts.

Ekjut Management Consultancy Pvt. Ltd (EMCPL) was chosen as the implementing partner for Wave 1 implementation. EMCPL's far reaching insights into the effects of participatory intervention with women's groups on various health outcomes through several randomised control trials were expected to help in implementing PLA in the three districts.

At the inter sectoral meeting in February 2013, the PLA content plan and design of the Shakti Varta cycles developed in context of Odisha was discussed and finalised. It was agreed that the draft materials, manuals would be ready by the end of

## 15 HIGH BURDEN DISTRICTS OF ODISHA



February 2013 in consultation with TMST and nodal Departments. The implementation and operational plan, and role of committees, partners, technical agencies, Mission Shakti, district administration and Block Federation in implementing Shakti Varta were presented by TMST. TMST also presented the M&E plan which would capture the intervention outcome using quantitative and qualitative methodology.

### Key decisions taken included

- Official State level launch of SHG PLA on 8 March 2013 on International Women's Day.
- Setting up task forces – nominating members from each department, Mission Shakti, TMST and SPMU, NOP.
- Materials and manuals to be released during the launch.
- Hiring of PLA coordinators.
- Letter to DoH&FW to be issued to release funds to MVSN.
- Logo selection and approval.
- Taking up all the blocks.

At the second PSC meeting held in May 2013, WASH was added as an important component for Shakti Varta as it required focus to bring down the IMR and MMR.

The State Intersectoral Committee oversees the programme and is chaired by the Development Commissioner with representation from the three nodal departments.

### Fund Management

The Financial and Operational Guideline set out the mechanism to allow the flow of funds, the financial reporting structure, and roles and responsibilities of officials at different levels, accounting procedures to be followed, and books of accounts to be maintained at different levels. It also includes standardised forms and formats to be used for recording and reporting financial and physical data.



## COVERAGE AND FINANCIAL PLAN

At the First Intersectoral Committee meeting held on 4 February 2013, it was decided to allocate a budget of INR. 44.54 crores. Of this, 28.71 crores would be allocated from financial assistance allocation under OHNSP to be supported through DWCD and DHFW.

At the Second Meeting of OHNSP Project Steering Committee held on 15 May 2013, a budget of Rs.17.23 crores for financial year 2013-14 was approved, of which, Rs.13.87 crores was to be provided by DWCD and Rs.3.36 crores by DHFW.

**Adherence to Financial and Operational Guidelines:** The guidelines set the mechanism to allow the flow of funds, financial reporting structure, and roles and responsibilities of officials at different levels, accounting procedures to be followed and books of accounts to be maintained at different levels.

**Providing financial assistance:** This would be utilised on payment of fees of Shakti Varta SHG facilitator,

purchase of office stationery at block level, registers and formats for Shakti Varta meetings, flex/banner to be used in meetings, and monitoring and supervision costs of the two nominated Block Coordinators from the Block Federation and ICDS respectively.

**Submission of final plans:** The Financial and Operational Guideline, disbursement plan for first Wave of three districts and second Wave of 12 districts for financial year 2013-14 was presented to the Director, Social Welfare on 16 August 2013, and subsequently submitted to Financial Advisor (FA) to Secretary, DWCD for approval. The finalised Financial and Operational Guideline and the recast budget for Financial Assistance estimated at Rs. 28.15 crores were agreed by Financial Advisor (FA) to Secretary, DWCD on 27 September 2013, and placed for approval to Secretary, DWCD.

**Release of funds:** Sanction order for release of Rs. 2.31 crores for first Wave of three districts was issued by FA to Secretary, DWCD to MVSN on 31 December 2013.

Funds are being provided by DWCD and DHFW for implementation of the programme as per approved plan. Financial and Operational Guidelines have been prepared for flow of funds and reporting structures.

Funds from DWCD are transferred to MVSN, as per approved NOP PIP 2013-14 and 2014-15, after approval from Commissioner-cum-Secretary, DWCD. Funds from DHFW are transferred to the State Health Society (SHS) through DHS against the budget allocation for DFID grants. The SHS releases funds to MVSN for Shakti Varta as per OHSP PIP against requisition from DWCD with intimation to the Director, SIHFW. On receipt of funds, MVSN releases the funds to DSWOs of 15 (HBDs) on quarterly basis as per the NOP PIP (Head - New Initiatives, SHG PLA Training).

At block level, CDPO receives funds from DSWO for the training of SHG (Member) Facilitators. CDPOs

submit UCs to DSWO against utilisation of funds. DSWOs submit Utilisation Certificates (UCs) to MVSN against utilisation of funds on the basis of UCs received from CDPOs.

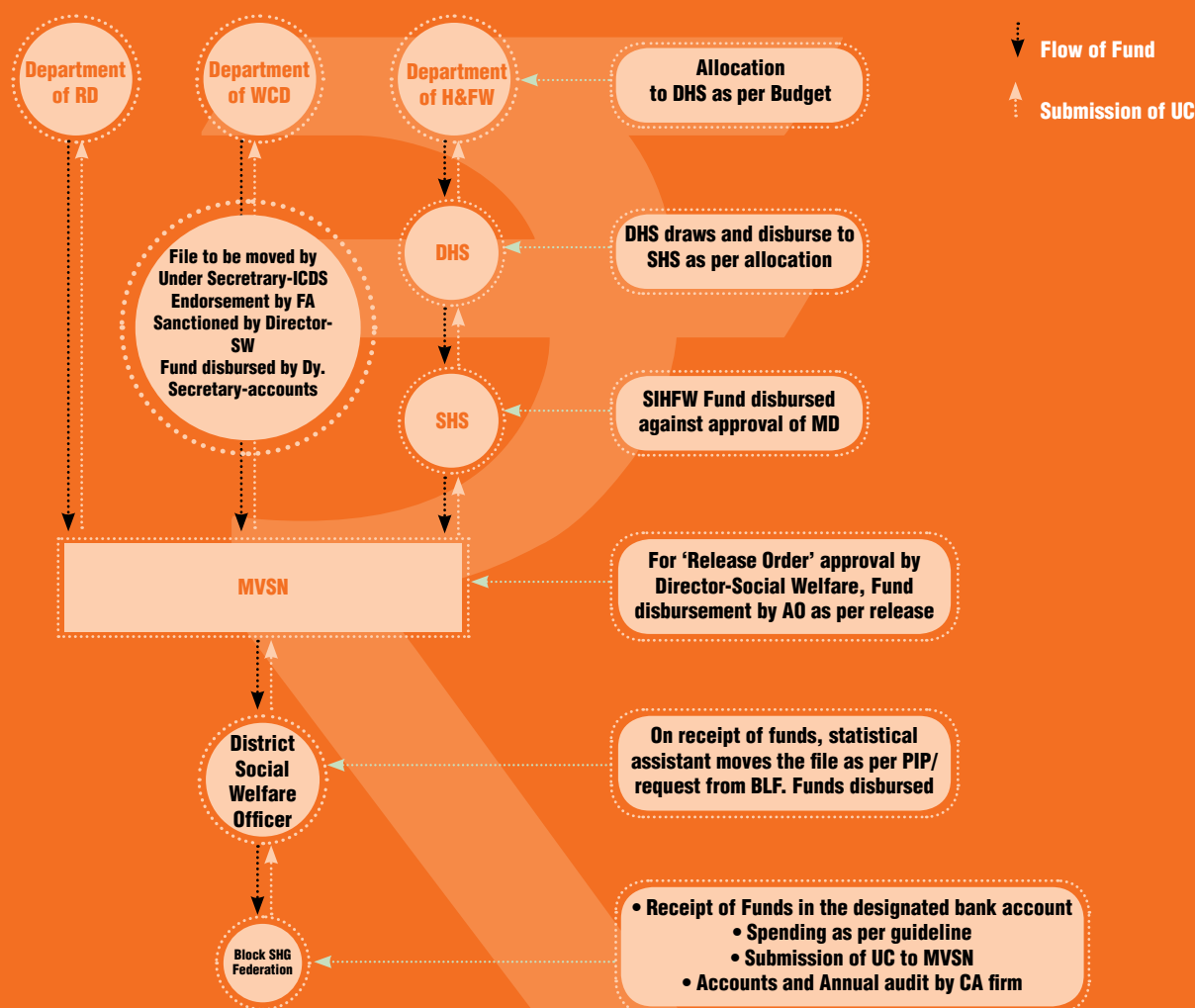
Funds are deposited to the designated bank account and the Facilitator will spend according to the detailed micro plan of Shakti Varta programme.

The Block level Federations (BLF) receive funds from the DSWO for payment of fees of SHG (Member)

Facilitator, Consumables & Office Stationery and Monitoring and Supervision costs to Block Coordinators. BLFs submit Utilisation Certificates (UCs) verified by Mission Shakti Coordinators to DSWO against utilisation of funds. DSWOs submit UCs to MVSN against utilisation of funds on the basis of UCs received from BLFs.

The fund flow has been outlined in the fund flow diagram below:

## FUND FLOW & REPORTING STRUCTURE



## INNOVATIVE MANAGEMENT OF TECHNICAL AND FINANCIAL ASSISTANCE

DFID is providing financial assistance (FA) and technical assistance (TA) to the Government of Odisha in key areas of concern. DFID will be providing £100m (over 2007-2015) to the Government of Odisha to improve its health and nutrition status, under the Odisha Health Sector and Nutrition Plan (OHSNP).

Shakti Varta is a key intervention under OHSNP to achieve maternal and child health outcomes. When OHSNP comes to an end in March 2015, this intervention needs to be continued as a part of DFID supported WASH technical assistance upto March 2016.

The cost drivers of FA (provided to the DoHFW and DWCD for health and nutrition interventions) include: payments for salaries (for example, salaries of the State and district programme management units under DWCD, salaries of technical and non-technical staff to the departments;); purchase of equipment; civil construction; up-gradation of facilities; training; monitoring and supervision; mobility costs. TA expenditure is across three sectors WASH, Health and Nutrition. The key cost drivers for TA relate to community based approaches delivered at scale, with a combination of integrated Health, Nutrition and WASH (HNWASH) and dedicated Sanitation

improvement interventions. Subcontracts to NGOs for capacity- building are a major implementation cost for community approaches, together with the associated M&E for evidence generation, contracted to professional agencies. TA for policy, planning and capacity development across all three sectors is the other major cost component.

TMST has effectively and innovatively managed the TA and FA component in the face of several risk factors. The impact of the elections on implementation was tempered by getting approvals in time before the code of conduct was enforced. A robust operations manual has been developed by TMST to meet the challenges of a large scale-up in programme interventions within a relatively short period. A judicious mix of TA-FA allocations has been worked out to ensure that the programme activities initiated are sustainable. For example: the Shakti Varta Resource Centre, which has been developed, to meet the information and communication challenge for a large scale

programme is funded by the one-time TA fund and will continue to function beyond the DFID support. Similarly, the key player in Shakti Varta, the facilitator, her remuneration comes from the FA component. These measures ensure that the programme is sustained beyond the project support period.

The withdrawal of OHSNP support (March 2015) would not affect programme benefits and sustainability of community processes, since several of these activities will be continued under the WASH programme that ends in March 2016. Additionally, DFID and TMST have made consistent efforts through continuous dialogue with government departments on exit strategy and sustainability planning. These were presented at the Project Steering Committee on 23 April 2014. During the annual review, partner departments gave evidence of measures that they have taken to ensure sustainability, institutionalisation of measures and responsible exit of the programme.

### **A Robust Planning and Management Unit**

Considering the scale of operation, the entire implementation was rolled out in a collaborative manner by TMST with support from the three nodal departments and other stakeholders. The clear demarcation of roles and responsibilities of the State, district and block resources was clearly established. *(See Diagram on Roles and Responsibilities)*

A State technical agency, a consortium of New Concept Information systems as the lead partner with EMCPL, was identified for rolling out the activities in Wave 2.

The implementation structure is:

- Oversight and leadership of the community process programme, and Shakti Varta as a component of it, rests with the State Inter-Sector Committee chaired by the Development Commissioner and including the three nodal sectors.
- At the State level, the Department of Women and Child Development (DWCD) leads

implementation in collaboration with the Department of Health and Family Welfare and Rural Development in partnership with Mission Shakti, with technical support provided by TMST and a State level Technical Agency.

- At the district level, Shakti Varta is overseen and led by the District Inter-Sector Committee as part of the broader CP package. District Social Welfare Officer under DWCD is the programme's nodal officer. Implementation of the intervention is supported by Mission Shakti's District Federation, TMST's District TA, and a District NGO provides coordination, training, supervision and quality assurance inputs.
- At the block level, four Block Coordinators cum Master Trainers (two from the selected District NGO, one from the Block Federation, and one ICDS Supervisor) form a resource pool to coordinate, train, supervise and ensure quality implementation.
- At the village level, two Gram Panchayat facilitators from SHG members are trained to facilitate PLA meetings covering approximately ten SHGs each per month.



## ROLES AND RESPONSIBILITIES

### TMST and Technical Agency

- Develop the Plan for implementation, M&E and documentation
- Develop the content, materials, manuals and guidelines
- Orientation to stakeholders
- Hire technical agencies and NGOs in district to support Federations in Implementation (1 Dist Co-Ordinator, 2 Block Co-ordinators and 1 Block Finance and Operations Co-ordinator in each block)
- Recruit manpower to support implementation in 15 districts (A dedicated team of 9 SHG PLA Co-ordinators across 15 districts to support implementation and monitoring)
- Develop MIS tools
- Support MVSIN orientation, implementation and supervision
- Support in monitoring, evaluation and documentation of PLA

### State Inter Sector Committee

- Finalise the allocation of funds and implementation plan
- Finalise the content, materials and process
- Set up a task force with a nodal agency/ team from each department, MVSIN and TMST to co-ordinate implementation and supportive supervision
- Launch at State Level
- Periodic Review

### MVSIN-Mission Shakti

- Implementation Guideline and Orientation to District Inter Sector Committee and Mission Shakti Federations (Activity and Financial)
- Develop District Action Plan
- Transfer of Funds
- Monitoring and Supervision
- SoE and UC



# SHAKTI VARTA MANAGEMENT AND OPERATIONAL TEAM

**Govt. Steering Committee (reps from DWCD, RDD, DoH&FW)**

**TMST (State Team): Sector Lead, Communications and Operations, SHG PLA Expert, Nutrition Expert, Operations, M&E**

**Technical Agency**

**Strategic Advisory Group**



**Core Implementation Team**

**TMST: District Program Officer (DPO - 15), SHG PLA Coordinators (9), Finance and Operation Consultants (6), NOP Consultants**

**NGO Partner: District Project Coordinators (15)**

**Technical Agency: Quality Managers (10)**

**NGO Partner: Block Coordinators (2), Finance and MIS Person (1)**

**Mission Shakti: Block Coordinator (1) from Federation**

**ICDS: Block Coordinator (1) Supervisor**

**2 Facilitators/Panchayat**

- ● STATE
- DISTRICT
- BLOCK
- PANCHAYAT





## Shakti Varta implementation involves the following steps:

- Design and detail implementation plan on community process for capacity- building of community based institutions developed and agreed by Programme Steering Committee
- Facilitate establishing of a District Task Force
- Sensitisation and orientation of district and block officials and orientation of District NGOs hired to support implementation
- Orientation of CDPOs, Block Supervisors and Mission Shakti Coordinators. Selection of Block Coordinators and nomination of Gram Panchayat Facilitators
- CDPOs prepare a micro plan of their respective blocks for fund disbursement and programme management
- Mission Shakti district and block federations are oriented in the three first Wave districts
- Hiring a State Technical Agency for quality support for training, monitoring and knowledge management. content package, training materials and support implementation
- Hiring NGOs for implementation support
- Training of different phases for different levels
- Setting up of Monitoring and Evaluation system- development of offline and online MIS system
- Producing Knowledge Management Products

While TMST played the role of a facilitator, the roll out was possible due to the collaboration and leadership displayed by the nodal departments at all levels.

## THE ESSENCE OF SHAKTI VARTA MODEL

Several research studies have provided strong evidence that community mobilisation through systematic and quality PLA exercises encourages community consciousness, and solidarity to act on particular issues. They have established that community processes have the potential to address the social determinants of health and nutrition, and the social norms and power dynamics that influence care practices and health care access.

But taking research findings to scale in Odisha required a model grounded in the realities of the State. While a 20-cycle PLA approach was available as a starting point, given the HNWASH priorities and socio-cultural context of the State, elements of health, nutrition and WASH had to be integrated into the PLA approach. The integration of HNWASH into the 20-meeting PLA cycle, and dividing the overall PLA cycle into mini cycles required several discussions and an evolutionary approach. This ensured that WASH and nutrition components did not remain an addendum to the original PLA cycle but a well thought out, seamless weaving in of all components.

Thus the Shakti Varta model was crafted to suit existing structures in the government and the prevalent socio-cultural ethos of the people of the State.

### The Shakti Varta model

- builds on Odisha, Indian, and international evidence of the effectiveness of PLA for improving health and nutrition outcomes, and its limitations;
- draws on experience and expertise of how PLA can be effectively operationalised in communities in Odisha, Bihar, Madhya Pradesh and other Indian states;
- focuses on improving family and community practices to reduce child malnutrition, and improve newborn and maternal health, and underlying water, sanitation and hygiene (WASH) practices.

One of the key strengths of this model is that it was based on ownership of government from the start, unlike research projects which tend to be donor-driven. The concerned departments were involved in identification of the technical agency, developing training modules and handbooks, procedures to involve SHG Federations, the selection process of Shakti Varta facilitators – the backbone of the project, financial approvals and the fund flow process, and other key milestones of the project. Ensuring government stewardship of the project from the beginning is a pre-requisite for large-scale implementation of the PLA approach and for long-term sustainability of the intervention.

The Shakti Varta initiative demonstrates how a development partner could successfully leverage government funds to reach millions of women to provide health messages and bring out behavioural changes. The model of funding has been designed to work strictly within government norms. The technical-financial composition of the funding model has been worked out thoughtfully (see box on Innovative management of technical and financial assistance). The funding model has been strictly informed by evidence-based programming and deliverables.

Partnership-building has been an important pillar of the Shakti Varta model. All the partners – DFID, government departments, TMST, the NCIS-Ekjut technical consortium – are working in tandem for a common purpose. This aspect involved a complex array of activities. The positioning of TMST as a technical assistance team to demonstrate the viability of such a large-scale project and the efforts that went into building it into an effective

government support structure is a demonstration of a novel model of delivery of a development project. The Shakti Varta team does not function as a parallel structure. It closely works with and accentuates the effectiveness of the government machinery to achieve the targets of the programme.

The role of NGOs, who are working alongside government delivery structures at district and sub-district levels, their selection and capacity-building is a demonstration of a new model of civil society engagement in a high priority area. NGOs were selected at the district level. Many of them do not have a presence in all the blocks in the concerned district. Training of NGO block coordinators and village level facilitators is done with strong participation from government health and ICDS functionaries. NGO resources are being used to ensure judicious use of available resources instead of replicating them. For example, NGO offices are used as training venues thus saving on costs of having a separate office for the technical agency.

## CHAPTER 4

# Strengthening Systems and Processes

With the launch in the three high-burden Wave 1 districts of Khandamal, Rayagada and Bolangir in March 2013, Shakti Varta crossed the design and planning stage and stepped into the realm of implementation. Once the project level implementation structures were in place and funds approval obtained, the project took up the crucial component of identifying, selecting and training competent and dynamic resources at the district, block and village levels. The rigorous benchmarks for the selection process that the project set itself have resulted in a cadre of committed coordinators and facilitators.

The implementation of Shakti Varta in the Wave 1 districts had to contend with enormous challenges. At the same time it provided a rich mine from which pertinent lessons could be extracted.

Right from the beginning a lot of effort and planning went into laying the groundwork in the three districts, especially working together with different government departments. The initial steps focused on getting a good implementation team in place, which meant the recruitment of capable persons, rapport-building to ensure smooth working relationships, training and microplanning.



## DISTRICT AND BLOCK LEVEL LAUNCHES

District Collectors launched Shakti Varta at the district level. At the launch the TMST team members made presentations to orient the district teams. At the block level the launch provided a platform to introduce and orient the departments and federations on Shakti Varta. Health, ICDS and WatSan officials participated in the launch at the district and block level.

Kandhamal was the first district to launch Shakti Varta on 9 May 2013. The programme was launched

in Rayagada on 21 May 2013 and in Bolangir on 24 May 2013

*"The Shakti Varta programme has been conceptualised in a manner that takes into account some of the chronic challenges of the poor performing districts and suggest ways to bridge gaps in the community to serve and reach the unreached."*

Collector cum District Magistrate, Rayagada

The district level launch in Kandhamal in May 2013 was a visible manifestation of a series of steps that had to be meticulously executed before Shakti Varta implementation could start. This series of steps involved:

- Orientation of all block officials and block and district SHG federations.
- In each district PLA coordinators, with support of District Nutrition Manager (NOP) and DSWO and CDPO, identified Block Level Federation (BLF), Block Coordinators (BC) and Facilitators. BCs from SHG federation and BCs from ICDS were selected as NGOs were not on board when the implementation started in the 3 districts.
- Gram Panchayat mapping was undertaken to understand the distribution of population and look at feasibility of selecting points for meetings to be conducted.
- Shakti Varta points were selected. One SV point was selected for a population of 500 people. For example, if one revenue village had a population of 1200, then two SV points were identified in that village. Care was taken to ensure it was a place where the disadvantaged community could participate easily.
- NGOs came on board in December 2013 and were then oriented.
- Guidelines on finance and operations were disseminated among the key stakeholders.
- District level action plans for fund placement was submitted and block-level micro training plans were prepared.
- This was followed by the Phase 1 training for BCs.

- BFCs were orientated on finance and operations guidelines.
- Training of facilitators on Phase 1 was undertaken.

## Selecting the Shakti Varta Field Team

Recognising that the programme is process-oriented and the quality of resources play a crucial role in implementing Shakti Varta, care was taken to engage the right resource. It was therefore important to give due attention to recruitment and deployment of resources at all levels- State, district, block and village. Resource engagement and the practical model of working was given attention right from the conceptualisation stage. The roll out of this new partnership model was possible only because of support from the government machinery at all levels.

### Selection of NGOs

A thorough due diligence process was followed for selecting NGOs. The NGOs were provided a role that leveraged on their existing strengths and reach. This new kind of civil society engagement was essential and also necessitated the need to be judicious and work in sync with the IVDS and health system as these NGOs needed to be accepted by the district level government departments.

An elaborate ToR was developed so that NGOs saw a role for themselves in this programme. An essential criterion for selection of NGOs was that



they must have an office and should be working in the same district. A conscious decision was taken to recruit one NGO per district.

### Appraisal of SHGs

An extensive appraisal of SHGs and federations was undertaken in Bolangir, Kandhamal and Rayagada districts to work out the design of the programme and assess the capacity of SHGs to absorb the PLA approach.

Key findings pointed towards a readiness for initiating a PLA cycle, namely:

- SHGs have been functioning in the three districts for close to seven years
- They meet monthly and showed considerable interest of working on HNWASH issue
- They have strong linkages with banks and government schemes
- Scheduled Tribe and Scheduled Caste members dominate the social make-up of SHGs, their executive committees and subsequently the GP, block and district federations, function as a vehicle to reach disadvantaged households
- Clarity on the role of Block Level Federation and District Level Federation emerged with clear status of their operational and administrative strengths and weaknesses.

The appraisal clearly established the interest of SHG members to work on HNWASH issues. It concluded that since SHGs meet monthly, separate PLA meetings under Shakti Varta could be programmed and monitored.

It also highlighted one of the main operational weaknesses of SHGs - poor maintenance of records and registers; reflecting low literacy skills, and the need for training. For Shakti Varta this meant PLA materials would need to be tailored to non-literate populations, and delivery of training and the pace of implementing the PLA cycle designed accordingly.

### Selection of Block Coordinators

This was achieved by a systematic approach to ensure that communities and target groups in the high focus districts are reached by trained project staff whose personal beliefs are aligned to overall goals of the programme. Committed workers were identified to take on the serious role of Block Coordinator and Gram Panchayat (GP) facilitators. Through these efforts an energised and committed workforce was put in place,

motivating, inspiring and spearheading a process of change.

CDPO from DWCD nominated one supervisor from each block as BC. One representative from Block SHG federation as BC was nominated after passing a resolution in the block federation meeting. Selection criteria mandated that they be a member of any SHG under Mission Shakti federation with minimum of Class VIII qualification, communication skills and ability to read, write and speak in Odia and an interest in working and travelling within allotted GPs and villages.

BCs from the department and federation were selected initially. The three PLA coordinators and two NOP consultants (total 5) handled the entire process. As pointed out earlier, recruitment of BCs from NGO did not start immediately as the NGO was not on board initially.

### Selection of Facilitators

For the selection of Facilitators written test and interviews were conducted. Written test included Arithmetic, General Knowledge questions for 50 marks. This was important as the facilitators would need these skills during the course of their work, especially to fill up village forms. After one set was designed, used once, and shared with TMST, 3 – 4 model papers were prepared to guard against leaking of questions.

The facilitators are identified by the Block or Panchayat Federations and partner district NGOs. They were selected from functional and active SHGs which are part of BLF. Most of them are Class VII pass, married women in the age group of 20-40 years and belonged to the same Panchayat.

Selection of the right candidates being absolutely critical, a number of factors went into taking on board such a person. For example, Facilitators with limited family responsibilities were preferred, as it would not affect their free movement across the Panchayat. The federations were informed about this criterion to avoid any conflict during selection.

The success or the failure of the entire project hinges completely on the performance of the GP Facilitators. They are responsible for mobilising the community to understand, discuss and address priority issues related to mother and newborn health, malnutrition, hygiene and sanitation.

### Recruitment of Block Finance Coordinator

The BFCs play an important role in SV in the processing of payments, maintenance of ledgers and books and their support to PLA Coordinators in SHG and SV point coding. The recruitment of BFCs was a challenge in some places especially in Kandhamal as there were not many commerce graduates from the district.

The entire process of planning, getting approvals and setting up guidelines was done systematically, and it took time. Only when all this was completed, the village meetings could be held from April 2014. Kandhamal was the first district to complete the training of BCs, facilitators and start village meetings.

**“Everyone thought the recruitment was for a similar job as AWW and turned up for the selection process with small children. Then, we provided information about the programme and made it clear that it was not a regular job, and asked those interested to take the test,”**

**Srinivas, SHG PLA Coordinator,  
Kandhamal**





## Moulding the Shakti Varta Team

The State Resource Pool (SRP), namely, Master Trainers, was trained directly by EMCPL in Wave 1. These trained SRP members in turn train Block Coordinators. The trained Block Coordinators train the Facilitators, who conduct the meeting cycle with the women's group.

Though the Kandhamal District level Shakti Varta launch was the first among the three Wave 1 districts, the GP facilitator training for Phase I could not take off due to fund constraints. The PLA Coordinators explained the problem and asked the CDPOs to address it. After realising the importance of SV, Chakapada CDPO took the responsibility of organising the training by arranging the venue and food on credit. In Tikabali, the CDPO lent INR 10,000/- from her own personal funds and the PLA Coordinators also contributed from their personal funds and started the training process.

Training was held from 12-14 March 2014 in both the blocks. After receipt of funds training in the remaining 10 blocks took place in August 2014.

### STATE RESOURCE POOL (SRP)

Three days Training of Trainers for Phase I was conducted in April 2013 and Phase II for SHG PLA Coordinators, District Project Coordinators (DPCs), and District Nutrition officer was conducted between 3- 6 May 2014.

One day refresher for SRP on Phase I was again held on 18 January 2014.

**PLA Coordinator has been made part of Squad that monitors ICDS + Health (VHND & other village level) programmes. In the month of June Joint Coordination Committee headed by the District Collector suggested Squad committee in which PLA coordinator is team member along with District Nutrition Manager, NRHM manager and others.**

Bolangir district also faced the same roadblock but could get the better of it thanks to the willing cooperation of district and block officials and the availability of other funds. However, the SV team redesigned the training plan to accommodate 23 batches instead of 19 to keep costs within the allotted budget. This thoughtful response to the needs of the department helped build a rapport with the DSWO who then requested the CDPOs to divert other available funds.

Rayagada district team did not have an easy time either. The then DSWO retired in November 2013 and the new DSWO joined in December 2013. The new DSWO took some time to understand Shakti Varta. Hence, there was a little delay in the diversion of available funds towards SV training. But once the

DSWO understood the importance of the programme, she became extremely cooperative. She requested CDPOs to divert funds so that trainings could start.

Thus, while Kandhamal kicked off early, the department was unable to support funding at the district level; so there was a slowdown. On the other hand, with district administration support the SV in Bolangir and Rayagada moved on.

# Testimonials

## I am a better trainer now

"We had to do a lot of preparatory work before the meetings were held. We made checklists of what we would need, like providing information to BCs about attending on the scheduled date, time and venue, materials to be used, handouts to be given, presentations, games, etc.

It was also a wonderful learning experience to coordinate and work with others. We divided the tasks among SHG PLA Coordinators, DPC and DIP. We also divided the sessions amongst ourselves according to our ability and knowledge. Apart from the sessions where I had to lead, I also practiced for other sessions to provide backup support.

This PLA experience has helped me a lot and now I know how to use various tools and games to make the topics interesting. To start proceedings I use the 'pairing game', which had some cards with information about Government schemes on HNWASH. The trainees enjoyed it a lot and also got some information. During

the game a pair is asked to share a memorable day of their life. This helps strengthen bonds.

When I felt that the trainees were getting bored I engaged them in some games. After the game I shared the learning and asked questions. It served as a recreation and a learning tool.

I have learnt to make the sessions interactive and participatory. For example, after the communication session the participants played the whisper game to cross check the results. In the session 'Facilitator vs. Educator' the participants were divided into two groups and asked to act as Facilitators to make them understand the importance of a Facilitator's role. The participants now understand group dynamics, how SV PLA meetings are to be held and differentiate between an Educator and a Facilitator. They understand that a Facilitator can better achieve the goals in a community than an Educator, using the PLA method."

Lopamudra Panda, SHG PLA Coordinator

"I want to ensure that my unborn child is born healthy. I have learnt a lot from the meetings, and cannot wait to attend the next one,"

Bidulata Khura,  
a pregnant participant,  
Kondha Gotiguda village,  
Muniguda GP and block,  
Rayagada district

"The training was simple and effective and the project design is good. The biggest challenge is that salaries are not reaching in time. In Baliguda 2 BCs had dropped out due to payment delays. We have recruited them, and will include them in GPF training,"

Manish Chandra Behera,  
DPC, Kandhamal

"We had an orientation in March where I met other BFCs/DPC/NGO staff. BCs prepare action plan (hard copy) which we convert to Excel and share it with PLA Coordinator/QM. BCs share the same action plan during Federation meetings and Sector review meetings. In the block there are three desktop computers. One is used for the Mamata Scheme and it is the only one that has internet connectivity. The PC for multipurpose worker (MPW), which I have access to, has no internet connection. But during the day I can use the Mamata PC for a couple of hours,"

Bichitra Muduli,  
Block Finance Coordinator (BFC), Kandhamal

"Unlike ICDS SV PLA is helping the community identify problems, especially HNWASH issues. This is done using different methods like Picture cards, Stick games and role play. All training sessions are practical sessions. Other trainings mostly use the lecture method. In role play we remember the problems and how they are addressed,"

Krishna Panda,  
ICDS – Lady Supervisor, Block Mission Shakti  
Coordinator, SV Coordinator, Phulbani Sadar  
Block, Kandhamal

### Shared Concerns

25-year-old Surjya Palkia has discovered that her concerns and problems are not something unique to her, but are shared by many women in her village. She has also discovered that together they can make an effort to tackle them.

Surjya, who belongs to a scheduled caste, went to school only till the 9th standard. She was married off by her parents when she was 15. Today, she is the mother of three children. Her husband is a vegetable vendor in the local market. Surjya was pregnant six times and lost three children. Now she has undergone a sterilisation surgery with the support of her mother-in-law.

Recently, she came to know about SV meetings from an AWW helper. She was encouraged by her family to attend them. She did so, and has discovered a world which she can relate to. She said: "I could visualise myself in all those conditions shown in the picture cards. I will definitely attend the next meeting and get my neighbours and friends to attend as well."

Surjya Palkia, Participant, Kondha Gotiguda village,  
Muniguda GP and block, Rayagada district

"My family is very supportive about my joining the Shakti Varta programme. They think that if I am learning something good then it will help me guide my children better. I was very nervous at first but now I am confident of training the GP facilitators and helping them conduct village level meetings. I have grown as a person after I started working in this programme,"

Jaykant Majhi, BC (BLF) – Kolanara Block,  
Therubali village, Rayagada

## DISTRICT MASTER TRAINERS (BLOCK COORDINATORS)

- 3 days TOT for Block Coordinators in 6 batches in three districts.
- 1 day Refresher for BCs in each of the three districts.

### Block Level

Technical and handholding support in three days TOT for GP level facilitators in each of the three districts. One day refresher session for facilitators in each district.

### Training of BFCs

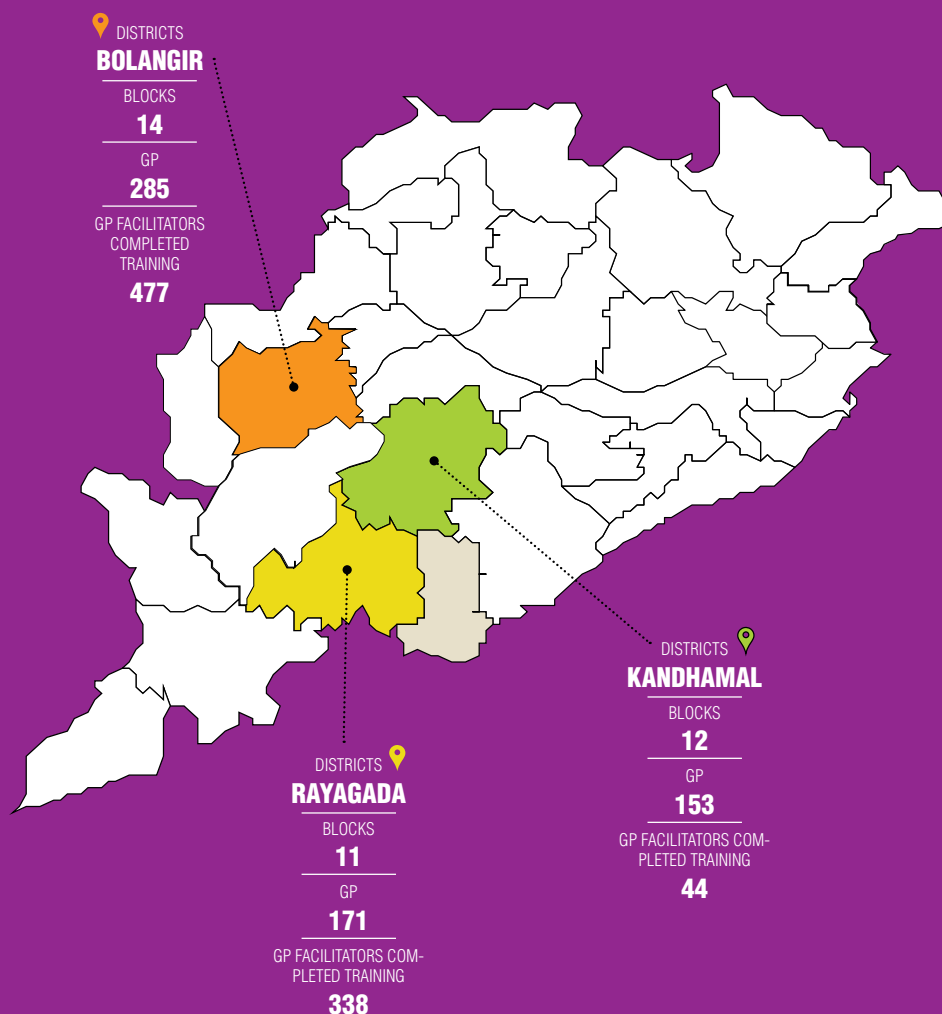
On approval of the financial and operational guidelines by the DWCD, an orientation on the

same for BFCs was undertaken in the three districts. It aimed at providing orientation on Operational Structure and Fund Flow mechanism from the State to block. This orientation was mainly to help them understand the fund flow mechanism and their role in the programme.

## Shakti Varta Connects with the Community

The meetings are held fortnightly and bring together SHG members, other women and men in the community, particularly pregnant and lactating women, women with children below two years and adolescent girls. They focus on enabling the community understand the cause of their problems, plan and collectively tackle them. The Facilitators reach out to the most marginalised groups to encourage their participation.

## STATUS OF TRAINING



TOTAL DISTRICTS:

**3**

TOTAL BLOCKS:

**37**

TOTAL GP:

**609**

TOTAL GP FACILITATORS  
COMPLETED TRAINING:

**859**

## Aiding communities with insight, knowledge and people skills

Lalita Kumari Sahu from village Godda of Rayagada district dropped out of school in Class VIII. Although she did not complete her studies, she harboured a deep desire to make herself useful in the community. She was particularly disturbed about the frequent deaths of newborns, infants and new mothers, on account of malnutrition and their sheer helplessness at averting them. Illiteracy, lack of awareness of existing government schemes compounded with delays in seeking timely care and access to the nearest healthcare facility had contributed to the apathy and neglect. When she heard about the Shakti Varta training that was being offered to GP Facilitators, she lost no time in enlisting, seeing an opportunity to arm herself with information and skills that would enable her to directly help people improve their understanding of issues related to maternal and newborn health and nutrition and WASH and motivate them to assign greater priority to their health and lives.

The three-day residential training was an eye-opener. The format that used games and activities to drive home key messages was fascinating. The Chinese Whisper game, for instance, helped strengthen listening and verbal communication of the trainees. The Stick game emphasised the criticality of working together as a group and the Power Walk game drew attention to social inequity and exclusion. Armed with information and wherewithal, she was now ready to embark on

the 'action' part of the initiative, namely, conduct fortnightly meetings in the village with the help of SHGs, pregnant mother, mothers (0-6 months), adolescents and elderly women. She was looking forward to working closely with AWWs, ASHAs and ANMs since they were the backbone of the health system in remote, far flung blocks and joining hands with them was the best way to reach people.

### Grounding of First SHG PLA Meeting at Tikabali Block of Kandhamal District

On 26 March 2014 at 11.00 a.m. the First SHG PLA meeting was grounded at Gahana village by the facilitator of Gadaguda Panchayat. A total of 36 persons participated in the meeting, out of which there were - pregnant women (4) , mothers of 0-6 months infants (7), mothers of 7 months-5 years children (11) elderly (2) , SHG members (2), Adolescent girls (6), Anganwadi workers (2), ASHA (1), and Anganwadi helper (1). Besides the block coordinator, SHG PLA Coordinators, and the Quality Manager from State Technical Agency also observed the meeting. The meeting started with a prayer followed by the steps of the first meeting. At the end of the meeting, the participants were asked for their feedback on the processes adopted and lessons learnt. They expressed happiness at the adoption of such new methods in conducting meetings. The use of Kui language by the facilitator was appreciated by all the participants.

Prior to the meeting the facilitator needs to identify a volunteer who can document the process including writing the names of the participants, documenting questions raised and discussions. The table below gives a comparative picture of progress across Wave 1 districts.

### MEETINGS CONDUCTED

Name of Block	Total Meeting Conducted				GP Covered	proposed SV points	SVP Covered	Total Village Covered	Total SHG Participated	Total SHG Member Participated	Facilitators review Meetings Conducted
	Meeting 1	Meeting 2	Meeting 3	Total							
Bolangir	2868	2742	1923	7533	259	3297	2867	1546	8625	43382	27
Kandhamal	1149	1021	897	3067	136	1464	1149	2256	3059	17710	22
Rayagada	1767	1720	1569	5056	167	1924	1653	1517	2183	10313	34
<b>Total</b>	<b>5784</b>	<b>5483</b>	<b>4389</b>	<b>15656</b>	<b>562</b>	<b>6685</b>	<b>5669</b>	<b>5319</b>	<b>13867</b>	<b>71405</b>	<b>83</b>

As on 1 December 2014

## ACTIVITY MAPPING: WAVE 1 DISTRICTS AS ON 1.12.2014

Activities	Kandhamal	Bolangir	Rayagada
<b>Shakti Varta Launch</b>	Introduction of Shakti Varta in block levels and attending sector level meetings - April 1st week to end of May 2013.	PLA Coordinators along with the NOP consultants visited the block office and met CDPO, Block level federations and introduced Shakti Varta as a Govt. project. The district launch was on 24-05-2013.	PLA Coordinators shared the objective of TMST and SV with CDPOs at WASH training conducted at District level on 17 <sup>th</sup> March 2013. They also visited blocks and introduced Shakti Varta to various departments like Health and ICDS.
<b>NGO selection</b>	Jagruti (NGO) came on board in December 2013.	Sahara (NGO) joined as the district partner of Shakti Varta on 20 <sup>th</sup> December 2013.	Shakti (NGO) became the district NGO partner of Shakti Varta in December 2013.
<b>Recruitment</b> BCs NGO (2), Dept (1), Fed (1)	BCs from NGO started in January 2014 as Jagruti (NGO) came on board in December 2013.  Other BCs were recruited and oriented in ICDS review meetings and sector level meetings.	ICDS BC and BLF BC joined around September and the NGO BCs joined on January 20, 2014.	Recruitment of HR by CSP in December 2013. District Project Coordinator (1)/Block Coordinators (22)/ Block Finance Coordinators (11).
<b>Orientation</b>	ICDS BC and BLF BCs were oriented in ICDS review meetings and sector level meetings.	ICDS BC and BLF BCs were oriented in ICDS review meetings and sector level meetings.	ICDS BC and BLF BCs were oriented in ICDS review meetings and sector level meetings.
<b>Selection of SV points</b>	BCs did the GP and village mapping and identified SV points and cluster review points.	BCs did the GP and village mapping and identified SV points and cluster review points.	BCs did the GP and village mapping and identified SV points and cluster review points.
<b>Trainings conducted</b>	Phase – I training - 11th February – 13 <sup>th</sup> February 2014 at Daringibadi and Kandhamal.  Phase II tentatively fixed for 2 <sup>nd</sup> /3 <sup>rd</sup> week of September	Phase I BC training –last week of January and first week of February 2014.  Phase II training - 18-20 Aug.  Block Level GP facilitators Training Started from 22th May 2014.  Some batches were organised at Dharmasala and some at Sahara Training Centre.	Phase I training of BCs - 22 <sup>nd</sup> to 24 <sup>th</sup> January 2014 at OPDSC, Rayagada in two batches.  Phase II training - from 12 <sup>th</sup> to 14 <sup>th</sup> August and 18 <sup>th</sup> to 20 <sup>th</sup> August at Shakti training Hall, Ramanaguda. (in 2 batches)
<b>PLA meetings conducted</b>	Meeting 1 – 1149 Meeting 2 – 1021 Meeting 3 – 897	Meeting 1 – 2868 Meeting 2 – 2742 Meeting 3 – 1923	Meeting 1 – 1767 Meeting 2 – 1720 Meeting 3 – 1569

As on 1 December 2014

## Keeping a tab on quality

A team of two senior personnel with sound understanding and experience on PLA support and guide the core implementation team on a regular basis.

At every stage of training of team members at the State, district, block and panchayat level on PLA, quality checklists are followed to ensure proper training.

SHG PLA coordinators and QMs use a checklist to assess the quality of training provided by Block Coordinators and Facilitators. This helps in taking corrective actions, where required, at the field level.

The checklist for Facilitators training captures how the training happened, issues of execution, time management, participation etc. Similarly the checklist for the meeting conducted by the

Facilitators at the community level capture aspects of execution, including use of job aids, clarity and understanding of the Facilitator, involvement of the participants in the process, perception of usefulness of meetings by the participants. This checklist is filled in for any monitoring visit by quality manager and any visit by any member of the SV team.

Review meetings for the Facilitators at the panchayat level are used as platforms for assessing the progress as well as extending support to them in doing their work effectively by identifying and addressing bottlenecks/gaps which might be hindering their performance.

Review meetings for the Block Coordinators at block/district level are an opportunity for SHG PLA coordinators and DPCs to assess progress, quality and plan for the next period as well as for orientation of BC's team in necessary components.

## QUALITY CONTROL: A 360 DEGREE APPROACH

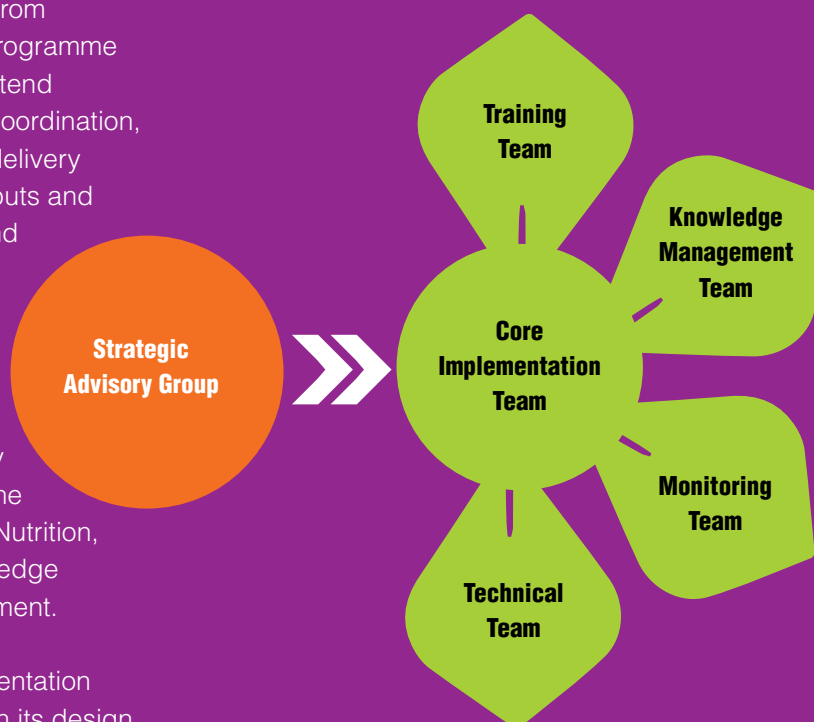
PLA is a process driven training approach, and this means that quality at each and every step has to be ensured.

A Core Implementation Team (CIT) at the State Technical Agency was set up. This team of experienced development professionals from community mobilisation/PLA, team and programme management, MIS and documentation extend support in overall programme planning, coordination, capacity -building and ensure quality of delivery in implementation by providing critical inputs and support in trainings, reviews, data flow and analysis and strategy development in close coordination with Technical and Management Support Team (TMST) and concerned departments.

The CIT is guided by a Strategic Advisory Group (SAG) consisting of experts from the field of Mother and Newborn Health and Nutrition, behaviour change communication, knowledge management and programming management.

A quality driven practical plan for implementation and monitoring Shakti Varta is ingrained in its design with quality checklist right from development of modules to assessing the training (content and execution) aspects in its totality.

At the state level, special committees have been constituted to ensure quality in the form of IEC committee and technical committee. All communication related aspects are whetted and approved by the IEC committee and the MIS by the technical one.



**Thus a 360 degree quality support for Shakti Varta is embedded all the processes.**



## **Handholding and Supportive Supervision**

Handholding support are provided to Facilitators when they start the roll-out, and regular monthly review and sharing meetings held to discuss problems that may arise in the field. The quality manager and the BC provide handholding to the facilitators. The SHG PLA coordinator provides support to the BCs.

Visit and observation of group meetings by team members and sharing of visit reports from quality perspective (facilitator's role, participation, larger community perspective, changes witnessed/heard) also take place besides analysing the MIS data and trends.

The State Resource Pool is also trained for supportive supervision and monitoring the implementation. They would also gauge the changes at the community level at different stages

of the SHG PLA intervention. They report regularly to the Senior Manager-Quality on the challenges and successes at the field level.

The QMs use quality checklist to monitor the quality of training and the inputs are discussed at the periodic reviews of PLA coordinators and QMs at the State level, BCs and BFCs at the district level, GPFs at the block level in two clusters.

Manuals and different Standard Operating Procedures have been developed and put in use for systematic monitoring of field level activities including training at different levels.

Review meetings at the cluster level are important points for discussion and sharing of information and importantly good mechanism to address quality concerns observed during training and facilitation of meetings at the village level.





## CHAPTER 5

# Challenges Strengthen Resolve

Implementation of the Shakti Varta intervention in the Wave 1 districts is gathering pace. The first village level Shakti Varta meeting at Tikabali Block brought a sigh of relief to all those involved in the taxing design and strenuous preparatory activities of the intervention. Thousands of meetings have since taken place producing a wealth of feedback from the stakeholders and perceptions from the community which have assisted in fine tuning the project design and finding answers to operational issues. The Shakti Varta team is now confident that the Wave 2 implementation in the additional 12 districts will be relatively smoother and faster – even though it will be roughly four times the Wave 1 coverage.

Feedback from trainees has helped strengthen training delivery and find solutions for continuous technical support and post-training mentoring through a resource centre. Community voices have helped to strengthen training content and to pay special attention to the local context. The engagement with health system and ICDS staff has produced a constructive environment of convergence and collaboration, and ownership from the government system. Overcoming hurdles in permissions and procedures through innovative solutions has bonded the team together.

There were many challenges in implementing the programme in the three districts. These came up at different levels and ranged from logistic problems, duration of training sessions, delay in getting funds, the requirement of audio-visual communication for more effective use in training, etc. The operational challenges were also viewed as opportunity for improvement and measures taken to address them for scaling up to 15 districts.

These challenges were dealt with and remedial measures taken. They also provided valuable learning to streamline implementation and take into account factors that would be in play during scaling up.

## At the department level

- In some places the AWWs felt threatened as they thought that their performance was being evaluated, and limited their participation. The coordinators worked hard to change their mindset, and tried to convince them that the meetings were meant to mobilise the community and increase the demand for services. Once they understood this they started cooperating and helped the GPF organise meetings.
- The transfer of ICDS BCs was a big problem as it meant starting the process of rapport- building anew with the incumbent need to make them understand the programme, and get their buy-in.
- There were role clarity issues between BCs recruited by the NGOs and those recommended by ICDS and SHG Federations which created some confusion. The issue was addressed through detailed discussion on responsibilities and expectation of the programme.
- BCs from ICDS, though keen on taking an active part in SV, faced problems due to other commitments of ICDS and Mission Shakti. After performing their daily routine tasks, they had very little time left for SV.
- Flow of fund and related communications/ guidelines took longer than anticipated and it stretched the time- frame for completion of activities and roll out.
- Finalisation and reproduction of reference materials (training manual), participant handbook and training aids in the form of picture cards took more time than anticipated. These have now been finalised and are being readied for reproduction in required quantities.
- MIS formats went through several rounds of sharing, discussion and revisions and took a long time for finalisation due to which the information collection could not be done along with roll out of meetings in panchayats. It took about six months for developing village level data formats, codification, and development of the offline MIS software, pretesting and installation at the block level.

## At the village level

- Different dialects spoken posed some challenges, but soon this was tackled by identifying local people who could assist/help the facilitator.
- Due to remoteness of a few villages and Naxalism in certain villages, identification of facilitators posed a challenge. This led to some initial delays but has not majorly impacted the timeline.
- There were issues with opening accounts in a few villages.

## Training related

### Refresher trainings

- The SRP (State Resource Pool) was trained in the month of April 2013 and there was a long gap before commencement of training for District Resource Pool. A one- day refresher session of SRP was organised which helped in recapitulation. There was a time gap between TOT of Block Coordinators and GP Facilitators too. This is being addressed through refresher training as well as in the district and GP level review meetings.
- Due to delay in fund disbursement, there was a gap in GPF training and commencement of Shakti Varta Village level meetings. Refresher and review meetings were carried out to bridge this gap. Monthly State, district and GP level review meetings are a part of the SV design and have been budgeted for.

### Understanding the content

- The need for handholding on technical issues emerged as a concern during training sessions.
- To address this concern, video films from standard reference sites such as the WHO site are being identified and uploaded into the Shakti Varta Resource Centre (SVRC) as reference material.
- The need for more reference and visual training aids for better preparation of training especially for Block Coordinators was felt. To address this need, training videos have been created and uploaded onto the SVRC for reference.

## Scheduling trainings

- The rainy seasons meant postponing some SV village meetings; this made facilitators realise that the venue of the meeting needed to be arranged for keeping in mind such natural factors.
- Start of agricultural season also meant lack of participation and some meetings had to be rescheduled due to this. This was overcome by fixing a time that was convenient for most people in the village. Such delays will stretch the duration of the 20-meeting cycle and have to be factored in for the Wave 2 districts.

## Feedback improves training quality

Apart from monitoring quality of the trainings, the Quality Managers and the Training Project Officer also gathered feedback from participants. The participants considered the training valuable and actively participated in Shakti Varta meetings. (See Box on Suggestions on Improving Training)

This was clearly reflected in the feedback provided by them. They felt that identifying, prioritising and finding solutions to problems at grassroots level was an innovative process and beneficial for all participants; the methods used in training, especially playing games, were practical and effective; training materials were useful and helped facilitators in PLA discussions; the Odia training manual helped in understanding the need and execution of the session.

## SUGGESTIONS ON IMPROVING TRAINING

Field visits for greater exposure, the training manual and materials to be provided to all participants on Day-1; more case studies to be included in the training sessions. Time shortage, poor time management were coming in the way of completing the training, and this needed to be addressed; training should take place between 10 a.m. to 6 p.m. and not beyond, as it was exhausting and greater involvement of AWWs & ASHA could make the programme more effective.

Interesting observations were provided by Block Coordinator trainers from Rayagada, Kandhamal and Bolangir. They felt that residential training had helped in clarifying issues discussed in the day's session as Supervisors and BCs stayed back at the venue; the BCs of the ICDS had good understanding of community level issues and were very cooperative. Some BCs from ICDS felt that some picture cards shown to the participants could create problems in the villages. Their reservations were dealt with by providing examples of where they had been used. Initially the BCs felt that it would not be possible to organise such meetings at the village level. Examples of PLA successes in Odisha (Keonjhar) and Jharkhand given by the trainer helped to convince them. SHG PLA coordinators were more confident than in earlier training sessions as they were better prepared and the previous experience had boosted their confidence.

## Wave 1 experience highlighted the need to focus on the following areas

- A training intensive, process-orientated programme meant the need for appropriate human resources in place, at all levels. With the coming on board of NGOs in Wave 1 districts, initial shortcomings have been addressed effectively. In the Wave 2 districts, MOUs with NGOs are being signed right at the beginning of the SV process. Therefore major human resource gaps are not anticipated.
- Timely and adequate flow of funds at district and sub-district levels. This is being addressed by TMST by developing a guideline for financial management clearly specifying the flow of funds and protocols for their authorisation along with active advocacy with concerned departments.
- Orientation of the district TA (including SHG PLA coordinators, Districts Programme Officers (DPOs) and District Project Coordinators (DPCs) and Quality Managers (QMs) before roll-out.
- Time lag restricts retention and effective cascade of training content. This needs to be avoided to ensure quality and smooth operation of the project.
- Every village should have a SV point. In reality people from tagged villages are not attending meetings.
- While some facilitators grasp things quickly, others require more training. Refresher training will help maintain the quality of meetings to help improve clarity and confidence of the BCs, it



is recommended that rehearsals of meetings should take place during the monthly review meeting. Practice of different games and conceptual clarity on content is very essential for the trainers and facilitators as well prior to training or village meetings. Similarly, the trainers or Resource Persons should be thorough on content and delivery modalities during District and State Resource pool training

- Some BCs were not very confident of handling the session on Power Walk game. A demonstration video on the Power Walk game was made to help them.

- Cultural Programme/motivational films, etc. to be given utmost priority during the evening Sessions in all the residential TOT programmes in WAVE-2 phase.
- Participants should stay back for the entire duration of residential training programme. This would help improve the quality of training.
- Opportunity to utilise the evening sessions during residential training programmes.

During the course of implementation, it was recognised that mid-course corrections were needed. As and when required mitigation was

## AN ARRAY OF ISSUES

When I first visited Kandhamal, the local administration and Government officials did not have any clue about Shakti Varta as a programme. It was a huge challenge for us to introduce us, our work, and the programme and also build rapport when there was zero level of information on Shakti Varta in the district. The then NOP consultants, who were also trained with us, came to our rescue and helped us settle down in the districts, introduced me to all the CDPOs and Mission Shakti Coordinators. Mission Shakti Coordinator helped us to meet block level federations and meet the block level MS coordinators. The then District had received letter from the State regarding Shakti Varta right before the State launch. We went to meet him and agreed on the district launch to happen on 9 May. We also utilised the meeting to orient him on Shakti Varta programme, its aim and the unique approach of PLA. He was impressed and on the launch he asked the CDPOs to involve and use the BCs from NGOs to their fullest potency. Kandhamal was the first district to launch Shakti Varta. Selection of SHG Member Facilitator proved to be another big challenge for us. We started selection from Kotagarh block first. Everyone mistook the selection for AWW or similar positions and came with small babies. We had to explain the programme and clarify that it was not a regular job and women with very little babies might not be the best choice for the job. In big blocks such as Daringibadi, Phiringia, Kotagarh,

Raikia (inaccessible area) there was difficulty in selection and had to conduct selection 2 – 3 times. ICDS Supervisors helped us and recommended candidates which made it easy for us in selection.

We faced an array of challenges in Kandhamal. Lack of funding was the biggest among them. Due to delayed arrival of funding we could not start facilitator training for a long time which led to drop offs. BCs tried their best to keep in touch and retain them. In other two districts they could somehow manage diversion of other funds. But in Kandhamal no other funds were available for diversion, hence we had to wait for SV training funds to arrive and finally conducted training in August 2014. However, we could conduct training in Chakapada and Tikabali blocks because of very cooperative CDPOs. In Tikabali the CDPO gave money from her personal account. In Chakapada, CDPO arranged the venue, food on credit and helped us conducting training.

Recruiting BFCs also was difficult as there were not many commerce graduates in the districts. However, we overcame the problem and now all recruitment is in place and all the facilitator training is completed. We are hoping for a steady growth now.

**Srinibas Panigrahi**

SHG PLA Coordinator, Kandhamal

## CHALLENGES FACED

Making the SHG Member facilitator training happen was a big challenge for us, as the training funds could be disbursed by the DoH&FW only after MVSND received the request letter from the DWCD. After MVSND received the funds, it transferred them to DSWO, and then they came to CDPOs in the blocks. Often, there were delays. In order to keep the project on track we had to overcome this challenge.

Since funds were getting delayed, we requested the DSWO, to make funds available through some other heads so that we could start the meetings. Since we were regularly interacting with her we could talk about our concerns and get her concurrence and tackle some of these issues.

The trainings were to be conducted in 5 phases, with Rs 8, 46,500/- allocated for each phase. The training for the first phase was to be conducted in 19 batches. But after the block and GP mapping, the district resource pool felt that 23 batches were needed to cover the Panchayats. We strategised to manage the required batches of training in the given budget. We asked the NGO BCs to prepare a training micro plan for 23 batches. We got the

plans within 7 days, which we consolidated, made a revised training plan and shared it with the DSWO. It was approved and a request letter was sent to CDPOs to divert available funds under NOP for Shakti Varta training.

In the meantime we attended all the district level meetings, that is, Joint Coordination Committee (JCC) meeting, ICDS monthly review and planning meeting, monthly meeting of MSC, District federation meeting, etc. In these meetings we regularly talked to the district officials about Shakti Varta's aims and objective and its unique PLA approach.

Having crossed all the hurdles, we were finally ready to start the training in Muribahal block. However, as the block did not have the facilities required to hold residential training, we organised it in Titilagarh block. We invited Mr. Biskeshan Dehuri, Sub Collector, Titilagarh to the training. He was very impressed with the project and he asked other CDPOs to release funds for SV in the bi-monthly review meetings. And in a span of one month, we completed the training of 20 out of 23 batches.

**Amit Khamari**

SHG PLA Coordinator, Bolangir

done and measures taken to ensure smooth implementation. TMST and SHG PLA Coordinators took responsibility for departmental interventions. For minimising loss of transmission in the cascade mode of training, measures were taken to improve the training design and set up an online resource centre and the provision of e- feedback have been initiated to address some of the concerns expressed by the participants and observed by the state technical agency. A detailed treatment of the Shakti Varta resource Centre is available in a later section.

### **Inter-departmental converge and cooperation - The way forward**

An important part of this exercise was the building of good relations with the different government departments. This went a long way in creating synergy, which helped in overcoming some challenges usually faced, such as delays in the release of funds.

**“Initially we didn't have place to work from in the ICDS and we were asked what SV exactly was, and who were we? But constant interaction and rapport building helped us win over the staff. After receiving the Financial and Operational guideline things have changed, and now the ICDS is extremely supportive. Our Monthly Progress Report is signed by the CDPO after which it is submitted to the DPC.”**

**Ranjit K. Pradhan BC,  
Phulbani block,  
Kandhamal District**

## A BOLD ASSAULT ON TABOOS

Thirty-two year old Mita Kumari Shankhari has an unenviable task, though she seems to be enjoying it thoroughly. She is the Shakti Varta facilitator at Kumudabali village, located in Muniguda block in the hilly district of Rayagada. She has been married since 10 years and has two children. She has passed Higher Secondary. Not long ago Mita used to be a member of a SHG named Balankeswar SHG in her village. The SHG used to sell seasonal pulses, vegetables in the local markets.

The news from her block federation that Shakti Varta is to be launched soon in her block, spurred her into action. It was an opportunity that would not only provide financial stability to her family, but also enable her to learn and help her community in any way she can. Once she took the decision to become a Shakti Varta facilitator, her family stood by her. Her husband not only supports her but even takes her to other villages for meetings on his bike. She manages eight Shakti Varta points in the area and that is no small task.

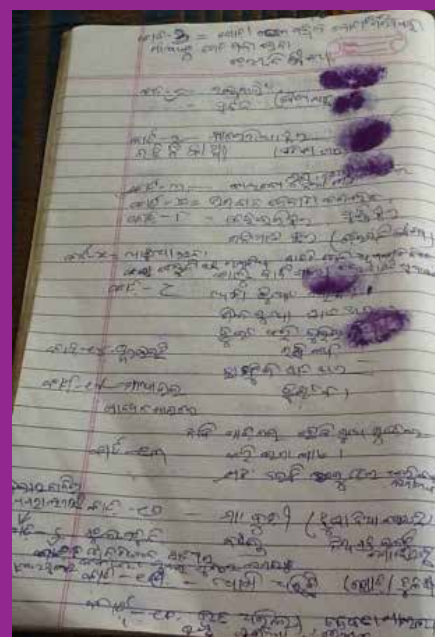
### The village diary reads

- Prolonged labour – heat salt and mustard oil and massage
- Obstructed labours – pray and take a paste of tamarind root with 7 grains of rice
- Retained placenta – touch train ticket seven times, touch bitter gourd blossom seven times

- Excessive bleeding post-delivery – apply hot burnt oil to mother
- Postpartum fever aka Baghua fever – herbal remedy
- Breast infection – touch pestle seven times, touch broom seven times
- Diarrhoea – give jhuna incense
- Measles – apply paste of neem and turmeric, make manda pitha (rice cake) and give its steam to the baby.
- After seven days the baby is bathed and the bath water is considered to be sacred. Villagers come and apply that water to their forehead saying it's thakurani's (female deity) blessing.
- In case baby doesn't cry after birth, make loud noises to make the baby cry
- Diarrhoea - apply raw egg to the child's anus

Her biggest achievement is that right from Meeting 2 of Shakti Varta she has taken up the discussion on neo-natal traditional practices in the community, a taboo that most service providers would avoid discussing with community women. But Mita is made of sterner stuff.

Neonatal care practice in tribal communities are often influenced by cultural issues, decision of family members and traditional beliefs still play a crucial role in shaping awareness on child



care. Application of indigenously made substances on umbilical stump and skin of the baby, bathing baby immediately after birth, late initiation of breast-feeding and 'Budu practices'<sup>1</sup> are common in tribal communities. Ethnographic understanding of health-seeking behaviour of tribal community and mobilisation of community by health workers can be useful in improving health status of mothers and newborn babies in tribal population. This is precisely what Mita is attempting during the PLA sessions and documenting community responses in her village diary with a neat hand.

<sup>1</sup> Budu practice- The practice of bathing the newborn within one hour of birth with soap and water to remove vernix and at times multiple times (<http://www.commonhealth.in/Report-of-commonhealth-seminar-hyderabad-2014.pdf>)

## CONVERGENCE BRINGS RESULTS

As Shakti Varta's community-based approach leads to demand acceleration, the supply side should be ready to meet the demand, failing which the intervention will lose credibility. OSWSM has devised an intervention to keep the supply side in check. The Chief Engineer had sent a letter (dated 10 July 2014) to Executive Engineers of Kalahandi, Bolangir, Rayagada, Kandhamal, Sundergarh and Keonjhar instructing them

- to organise Orientation Programme for all JE II on Shakti Varta to establish integration of linkages with NBA programme;
- to ensure participation of JE II in every block level monthly joint review meeting on Shakti Varta convened by CDPO. The participation will ensure integration of supply and demand towards toilets;
- SHG PLA Coordinators are to be used as resource persons in capacity- building programmes on NBA;
- to ensure participation of SEMs in SV 20-meeting cycle.

The constant interaction between Federation & Departments at block level SV review meetings may ensure proper facilitation, streamlining toilet construction and usage by addressing both demand and supply side. The NBA programme offers loan to the SHG Federations to set up a sanitary mart to ensure the materials required for toilet construction is available at block level, thereby addressing the supply side factor.

In Bolangir, Kandhamal & Rayagada, SHG Federations at block level are passing resolutions to make their blocks open defecation free. The members have also taken oath to construct and use toilets in their own houses before promoting it.

Now that slowly demand acceleration is taking place, the supply side needs to respond to the increased demand, and the mechanisms of response need to be institutionalised. The convergent programme thus is a critical tool for meeting both RMNCH+A and NBA goals.

## Wave II districts

The structures and financial and operational arrangements are in place for implementation of the programme in 12 more districts. Facilitating NGOs have been identified and contracts signed. The district teams have started the preparatory work of map-ping SHGs and federations, and orienting districts and blocks. Selection of Block Coordinators (460) and GP facilitators (4380) is underway. The meetings are expected to begin in October 2014.

Risks of slippage in implementation over the next six months include:

- hold up in training due to delay in identifying facilitators in all GPs, and difficulties in preparing blocks which have weak capacity to support implementation;
- delay in launch of meetings as facilitators need more time to identify SHG sites, compounded by the non-availability of functioning SHGs in some areas;
- late release and disbursement of funds; and
- remoteness, difficult to reach, and Naxal affected areas.





## PERSISTENCE PAYS

We went through many hurdles to ensure Shakti Varta stayed on course. Delay in fund arrival for the SHG member facilitator training was a big problem. But our team won that battle with perseverance and determination. When we came on board, the DSWO for Rayagada had retired in November 2013 and the new DSWO joined in December 2013. We had very little time to build a rapport with her.

I gave her copies of my personal training manuals and requested her to have a look at them. Following this she asked us to meet her. I met her along with the F&O officer and shared the budget details, the draft guidelines and Project Steering Committee minutes of meeting report to convince her about the importance of the project. It took time but it happened, and she agreed to send letters to CDPOs to divert the available funds for Shakti Varta trainings. Now, she is very cooperative with our team.

Meanwhile, we interacted with officials at the district level like, Collector-cum-DM, CDMO, DSWO and

EE-RWSS, and NOP Team Rayagada regarding SV. We also shared the objective of TMST and SV with CDPOs at WASH training conducted at District level on 17 March 2013. We visited the Blocks and interacted with line departments like, Health, ICDS, Block and BLF and oriented them on Shakti Varta.

Some of the CDPOs were reluctant to divert funds. But the selected SHG Member Facilitators were anxious and visited the CDPO's office again and again to ask them when the training would commence. Seeing this, some CDPOs decided to release the available funds.

After this, the facilitator training started with the support of CDPOs in consultation with the BDOs. Initially we did not have a budget for projectors, folders, etc. The BDOs helped and gave us their office projectors in some blocks, while in the others we rented them. The First Phase training of SV Facilitators was completed in 14 batches on PLA Meeting at Block level from May to June 2014.

**Pramita Satpathy**

SHG PLA Coordinator, Rayagada





## CHAPTER 6

# Working Smarter

One of the challenges of working at the scale of Shakti Varta and with a diverse set of human resources from State to village level with varying capacities, experiences and exposure, is how to build HNWASH knowledge and standardise understanding and skills to deliver the PLA cycle. In Shakti Varta a cascading model of training was adopted, unlike in research-driven PLA projects that have much greater control over the training process. In addition, the very nature of the capacity-building task creates significant demands for knowledge enhancement and skill-building support. The five phases of training spread over the PLA cycle, and the interactive and action learning nature of the training process itself, require timely support and feedback in culturally and technologically appropriate ways so that Block Coordinators can effectively support GP Facilitators.

This required a multipronged, responsive and rapid information and communication system that can provide timely information to multiple stakeholders for management, training and supervision, village meeting implementation, quality assurance and knowledge management purposes.

The Shakti Varta Knowledge Management (KM) model revolves around the explicit and systematic management of vital knowledge and its associated processes of creation, organisation, diffusion, use and exploitation. It is the use of tools and processes to make different kinds of knowledge available to people or organisations who need it, at the appropriate time.

It blends the intervention's internal and external information and turns it into actionable knowledge via a technology platform.

Shakti Varta KM system deploys some of the current practices in knowledge management including strengthening knowledge sharing and learning processes; networking and partnership development with organisations, departments and different stakeholders at regional as well as national levels; organising learning events and workshops; building supportive knowledge sharing and learning infrastructure, and promoting culture of knowledge sharing. Knowledge is shared using web mails, web portals and other virtual social networking platforms. The KM network promotes learning and knowledge exchange among stakeholder government departments, TMST, technical agency, NGO partners and frontline workers on management for better development result.

## Strategy for managing information and communication

Based on an assessment of the information and communication needs of the programme, a detailed study on the capacities of GP, block and district federations, and a series of consultations with government officials and technical and facilitating agencies, TMST developed a two-pronged strategy.

### Choice of technology and tools

Given the information challenge and increasing access to digital media in Odisha, it was decided to adopt both traditional methods and modern information and communication technology (ICT) tools to support implementation and monitoring of the programme.

This includes *traditional* tools for:

- Capacity-building: training manuals, handbooks, handouts, power point presentations
- Documenting PLA village meetings: formats and registers
- Monitoring and progress tracking: structured and periodic review meetings
- Profiling: process documentation, progress reports, case study booklets.

Also included are *modern ICT tools* to minimise the time in information flow, optimise time for reference, promote self- and cross-learning, and support programme monitoring. This includes web-enabled ICT tools such as a management information system

(MIS), an online resource centre, information and resource kiosks, and a knowledge website. The ICT tools have been designed to reinforce and complement the use of traditional tools, and be fit for purpose and fit for user.

### Information and communication structure

The second strand of the strategy addresses the structures required to deliver responsive information and communication tools. Given GoO's commitment to Shakti Varta and the scope of the implementation structure, it was decided that the information and communication system needed to be equally scalable and embedded within government structures, and so facilitate sustainability and government monitoring and oversight of the programme.

It was therefore agreed with the Government that a Shakti Varta Resource Centre would be established to spearhead information management, manage the traditional and ICT tools and platforms created for Shakti Varta, and lead knowledge management and communication with internal and external stakeholders from state to blocks.

### Emergence of Integrated Shakti Varta Resource Centre

The Shakti Varta Resource Centre (SVRC) is an integrated system wherein a combination of traditional and modern information and communication tools that enable capacity-building, self- and cross-learning, management and monitoring, have been brought together to ensure programme quality. SVRC has varied facets ranging from facilitating two-way communication processes between blocks, districts and the State to overseeing of branding and positioning of Shakti Varta.

**The Shakti Varta Resource Centre blends the intervention's internal and external information and turns it into actionable knowledge via a technology platform. It is a knowledge repository to handle data and document field experiences to facilitate both internal communication and collaboration across sites.**



There are two broad components of the SRC: the physical resource centres and the ICT package. This section describes the architecture of the different ICT platforms developed under the SRC.

### Physical Resource Centres at State and Block Level

Resource centres are established to serve as hubs for learning and dissemination on Shakti Varta, and to support capacity-building and management at the State, district and block levels. One State-level resource centre or kiosk is being set up at the Home Economics Training Centre (HETC – AWW State-level training centre) while all the block ICDS offices in 15 districts (which are also transit offices for Block SHG federations) will house block resource centres (BRCs).

Design and layout of the State-level resource centre has been kept in sync with the overall Shakti Varta branding, and has both static and dynamic resource elements. While **one wall** depicts static project-related information such as programme evolution and design, the **second wall** is dynamic in nature, with cost-effective and creatively displayed colour prints of voices from the field, profiles of GP Facilitators that change periodically. The **third wall** is allocated for SHG handicrafts and presentation of skills, for the federations to create their own space and show with pride their sense of ownership and involvement in the programme, while the **fourth wall** showcases project progress.

All Shakti Varta resource materials such as training manuals, handbooks, training aids, brochures, IEC materials, technical videos, panels describing the 20-meeting cycle, and programme coverage maps are kept at the resource centre for display. The State-level Resource Centre houses a touch-screen kiosk to access the 24x7 helpline that addresses questions raised during training or village meetings. This touch-screen can be used by visitors at the resource centre to browse through the Shakti Varta website.

The BRCs are to be used for conducting review meetings and serve as a platform for dissemination of materials developed not only for Shakti Varta but also for other community process interventions. These centres are to be set up in ICDS offices at the block headquarters, providing knowledge and handholding support to the Shakti Varta Facilitators, block federation members and Block Coordinators

on a continuous basis, through various materials and meetings. The centres will also act as information kiosks where information pertaining to the Shakti Varta programme such as Facilitator details, block and GP profiles, file registers, and payments made to Facilitators are maintained.

*(Refer to Annexure 1 for checklist for blocks regarding files and documents to be maintained)*

### Design of ICT Package

The ICT package developed to support the programme has five different platforms or tools addressing different needs.

#### (a) Online resource centre – learning, reference and management tool

(<http://src.shaktivarta.org/login.php>)

The online resource centre is a single platform that acts as a self- and cross-learning tool, reference tool, management tool, and 24x7 online support tool as well as an information source. The online resource centre is divided into different components serving various purposes:

- Training material, FAQs, government schemes and services, and reference videos serve the purpose of minimising transmission loss of the cascade training mode by providing additional information in different formats.
- Monthly planner and training calendar as a management tool.
- 'Ask Your Questions' page provides users 24x7 information support through which questions or doubts coming from the community or GP Facilitators are answered by the capacity-building team within 24 hours of posting the query.
- An announcements scroll bar wherein latest meetings, reviews (State and district), schedules of training programmes in different parts are announced to update staff members on overall programme progress.
- Mass mailers to inform internal audiences on project activities and also communicate any real-time changes/plans with relevant staff. The mass mailer categorises email groups in order to ensure that only those for whom the notifications and information is required are sent a particular email rather than everyone in the email database. This way emails are customised.

The main users of this tool will be the district and block teams comprising SHG PLA Coordinators, NOP District Team, DPCs and Quality Managers, BCs from NGOs and Federations, and ICDS Department functionaries. Each one of them is provided login user IDs and passwords (which can be changed at individual level). This repository essentially serves as a capacity-building mechanism for the Shakti Varta team and provides a bridge between the State, district and block teams as an online support centre. It has been developed in both English and Odia, keeping in mind the audience and making it user-friendly. It has been ensured that BCs can send their queries through 'Ask Your Questions' in Odia.

Before finalising the pagination and navigation of the online SRC, a pretest was conducted with the BCs in Rayagada during phase II Shakti Varta training. Different cadres of BCs opined that this platform would be very useful for them for cross-verifying information before passing on to Shakti Varta Facilitators during training and supervision. The ICDS BCs confirmed that they would request their CDPOs to enable their access to the computer so that they may visit the centre frequently.

### **(b) Online Monitoring Information System (MIS)**

(<http://shaktivarta.org/mis/login.php>)

The online MIS provides accurate implementation data to support effective programme management and decision-making. The MIS helps to:

- monitor progress of training programmes and meeting sessions and provide continuous feedback to Shakti Varta project implementation

agencies to take immediate corrective action, where required;

- make optimal use of available resources (human resources and funds) to identify bottlenecks and take corrective action;
- enable concerned government departments (DWCD, DoH&FW and DoRD) DFID and TMST to track progress of the intervention in periodic intervals.

As per the PLA design for Shakti Varta, regular analysis of MIS data shows progress of the meetings and can provide pointers for more in-depth analysis and for capturing progress and community change. Some of the basic information that the MIS captures includes:

- Progress of meetings at district/blocks/GPs
- Participation of pregnant women and mothers of children below three years, as well as adolescent girls and male members
- Participation of different social groups
- Coverage of outlying hamlets and villages
- Engagement of frontline workers.
- Signs of change at community level (in practices, initiatives, mobilisation, etc.) as perceived or witnessed.
- Participation of SHGs/Non-SHGs.

The online MIS includes PLA village meeting details, individual facilitator details and details of training and review meetings. It also has the capacity to extract information for policy-makers and programme managers in the form a dashboard facility, and scope to extract meeting and facilitator reports categorised by different levels and areas. (*See Table on Reporting at Various Levels of Shakti Varta*)

## **REPORTING AT VARIOUS LEVELS OF SHAKTI VARTA**

<b>Village meeting report: summary details</b>	<b>Facilitator report</b>	<b>Training and review meeting report</b>
<ul style="list-style-type: none"> <li>• All participants</li> <li>• Stakeholder-wise participants</li> <li>• The way meeting was conducted</li> <li>• Methods used by Facilitator</li> <li>• Communication skills of Facilitator</li> <li>• Level of engagement with the participants</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitator profiles</li> <li>• Payments made and not made</li> <li>• Meeting-wise payments made</li> </ul>	<ul style="list-style-type: none"> <li>• Number of batches completed</li> <li>• Number of BCs, Facilitators who attended each training and review of meeting,</li> <li>• Number of Facilitators who dropped out</li> <li>• Key decisions taken at review meetings to track the quality assurance mechanisms being followed by the district and block teams</li> </ul>

The dashboard comprises certain important reports (including both meeting and facilitator reports) that are accessible at different levels – block, district and State. While individual block teams can view their block's performance in terms of meetings and facilitator payments, the district team can view the district progress (with details of all its blocks). The state-level dashboard gives an overall picture of district-wise performance, with information on progress by different blocks and districts.

From State to block level, access to the online MIS is given with user ID and password to each team member, especially the SHG PLA Coordinators, DPCs and Quality Managers at the district level, BCs and CDPO at the block level. Provision for exporting reports to Excel or to print them has been kept, considering the fact that team members may have to support CDPOs at block level and DSWO at the district level, to share programme progress with block-level Joint Coordination Committee (JCC) and district-level JCC. At the State level, the Director, Social Welfare, and the Commissioner cum Secretary of the three implementing Departments (DWCD, DoH&FW and DoRD) have direct access to the online MIS for up-to date information on programme progress. Wall-mounted tablet displays will also be given to the four departmental heads at the State level to keep them abreast of progress.

### **(c) Design of Offline MIS**

The offline MIS is part of online MIS but designed to integrate those blocks not having good and continuous internet connectivity. Offline MIS feeds into the online MIS to generate various aggregated progress reports periodically at State and district level, and also allows reports at the block level to be generated for tracking progress and for programme monitoring.

Following consultations between the STA and TMST, it has been decided to develop a block-specific offline software programme, which can be installed in the computer systems of ICDS offices to overcome software compatibility issues. The programming of the offline MIS is designed with drop down data entry and the selection of one item from a list. Provision of a drop down list was made considering the capacities of Block Finance Coordinators (recruited by NGO partners) and more importantly to minimise data entry errors. This

software programme consists of a huge backend database of individual blocks including village and SHG codes, bank details and Shakti Varta Facilitator details.

The offline MIS is programmed in such a way that after the entry of the second village format, the data will be imported and e-mailed to the STA who then will link the same in online MIS, enabling the generation of complete district and State-wide reports. At the block level, certain reports will be generated automatically for the benefit of the block-level implementation team. This offline MIS also generates Facilitator payment details (to be made, already made – meeting-wise) that enable the block federations to process the fees for meetings conducted.

### **(d) Shakti Varta knowledge website**

([www.shaktivarta.org](http://www.shaktivarta.org))

The Shakti Varta knowledge website engages with both internal and external audiences such as government departments, development partners, universities and institutions, academicians and members of the public who are interested to learn about Shakti Varta and the real-time impact of the process.

The concept behind the design of the knowledge website is the 20 PLA meeting cycle, therefore the homepage opens up with related illustrations. While the online repository assists the internal project staff at different levels, a website meant for external audiences has also been created. In this website, all information about the project, its coverage, outreach, contact details, voices from the field, significant change stories, web and photo stories, features on Shakti Varta facilitators and much more are showcased.

#### **Features of the KM website include:**

- About the project – information on the PLA process, coverage, outreach, contact details.
- Information from the field – videos, testimonials, images, experiences (short case studies).
- Volunteering – details provided to engage external audiences in contributing to the project and bringing their skills and knowledge to the documentation process.

## SHAKTI VARTA FACEBOOK PAGE



### (e) Social media networks

Social media networks such as YouTube and Facebook are used to promote and popularise the Shakti Varta programme as participatory learning and action at scale. These social media networks, along with the knowledge website, help in profiling the programme by taking it to bigger platforms of debate and discussions. These social media platforms are used to promote discussions around the progress and ripples Shakti Varta is creating across 15 districts. The Facebook page and YouTube channel are constantly uploaded with videos/photos of events, PLA village meetings and training programmes across various project locations.

### Training and Roll-out Plan of the State Resource Centre

For the ICT package, a detailed training and roll-out plan has been developed. As Wave I and Wave II districts are at different stages of implementation, the training and roll-out plan has been developed for the three Wave I districts, and a common blueprint has been designed for adaptation by Wave II districts.

### Training and roll-out plan for online SRC

During the third phase of training, the State Resource Pool (SRP) was introduced to SVRC as an inbuilt system of the programme. They were also trained on how to design the session plan on the online SRC to be introduced to Block Coordinators during their step-down training.

During the four-day training period they were encouraged to post their questions online and answers were provided by the capacity-building team of the STA. During the training, online SRC was demonstrated as a platform through which all the material and aids can be downloaded and used for training. Quick updates and announcements were made during the four-day interaction with SRP, encouraging participants to visit the centre to access the latest information on training plans, materials and guidance.

### Training and roll-out plan of MIS (offline and online)

While a detailed training and roll-out plan has been put in place by the STA in consultation with TMST for offline MIS, orientation on online MIS is still being planned for the district and block training teams by integrating it with the existing training plan. District TMST will take it forward in implementing the plan.

### Training and installation of offline software in Wave I districts

Good progress has been made in training and installation of the offline MIS in Wave I districts. After cross-verification of back-end data of each of the blocks from the Wave I districts was done by the STA, Quality Managers and the Finance & Operations Officer of TMST were trained on the different components of offline MIS and then the MIS was installed. The Quality Managers, F&Os and the SHG PLA coordinators were thus trained on aspects such as components of offline MIS, data entry of format II, restrictions put in place in case of wrong entry, and were taken through different reports that get generated upon data entry.

The Quality Managers, after thorough training on installation of the offline MIS, were asked to prepare a roll-out plan for its installation for their respective districts, in consultation with the SHG PLA Coordinators. The STA, in consultation with TMST, reviewed and supported the roll-out plans to help the district teams in installation of MIS at the block level. The district teams also mapped the availability of computers in different blocks and the configuration of available computers as per the software requirements and this was shared with the STA. It has been decided that for blocks where computers with required configuration are not available, a specific system will be provisioned



in which access to offline software of multiple blocks will be made. Thus, in the Wave I districts, a full-fledged roll-out plan has been designed and executed by the district team.

The same procedure will be followed in the Wave II districts wherein the village and SHG codes will be verified, independent offline software for different blocks will be developed, and roll-out plans will be prepared and executed. And just before the roll out of the MIS installation plan at block level, a refresher training on MIS data entry and offline programme installation will be organised for the respective Quality Managers and SHG PLA Coordinators. Thus, training and roll-out plans have been designed in synergy to minimise loss in transmission.

### Management and Usability Plan for the ICT Platforms

The management and usability plan has been conceived and introduced for making best use of information and knowledge generated at the village level across the programme. The integrated system and ICT platforms are designed and have been put in place. Significant effort is being and will continue to be invested in ensuring that these platforms are well-maintained and utilised by different stakeholders to fulfil the core purpose of the integrated system. Different stakeholders responsible for managing and using these platforms are charted out in the diagram below:

As depicted in the diagram, management of the system is a cyclic process whereby Shakti Varta Facilitators feed in information at one end (through the MIS) while at the other end they themselves are the ultimate users of the information once it appears as standardised messages.

At the State level, a full-time SRC Coordinator, trained specifically for maintaining and monitoring different ICT platforms, has been positioned. The Coordinator manages the physical SRC at the State level, and is also responsible for managing the various ICT platforms. The online resource centre being bilingual, care has been taken to recruit such a person who has skills not only in management of these platforms but is also facile in Odia with flair for organising kiosks in such a way that they are easily accessible and navigable.

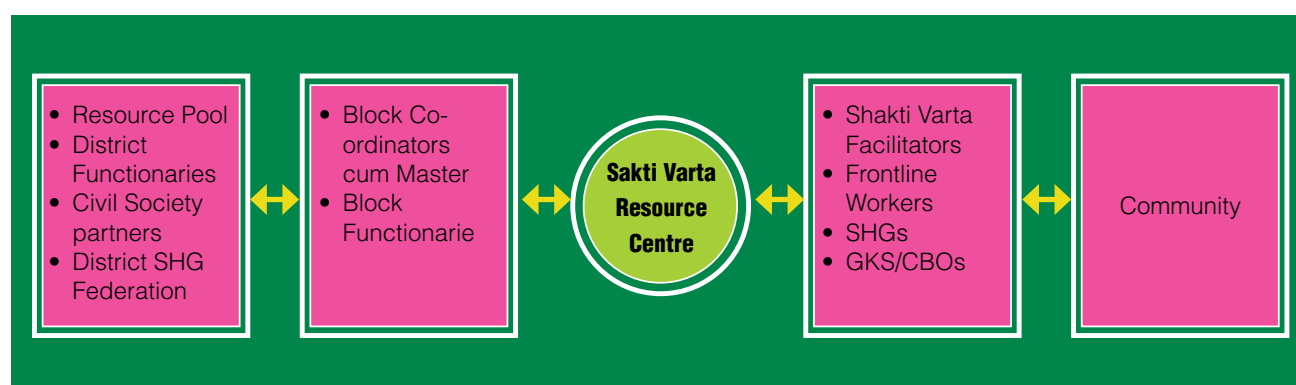
For better management and usability of these platforms, various standard operating procedures have been prepared and shared with users. These include: detailed operational and user manuals, installation manual, roll-out plans, guidelines and content management plans for online resource centre, knowledge website and social media accounts.

### Maintenance of Physical SRC

The physical SRC, to be housed in the HETC (as decided by DWCD), is an information kiosk where all the documents of Shakti Varta are displayed. This also includes the entire database of different stakeholders working in and for the programme. The wall-mounted tablet will display the latest updates of the programme and the visitors will be provided a guided tour by the SRC Coordinator. With the HETC currently being under renovation, and in the absence of space, the physical resource is temporarily set up at the STA project office.

At the block level, while the Quality Manager, in consultation with the respective SHG PLA Coordinators, initiated the setting up and maintaining of different files; ultimately the BCs

## STAKEHOLDERS' ENGAGEMENT WITH SRC



of their respective blocks are responsible for the maintenance of the BRC. Around INR 1,000 is provisioned under the FA fund by DWCD for maintaining BRC and its files, and the federation is made responsible for supervising the functioning of BRC. This responsibility is expected to enhance the capacities of federations and its members in maintaining an information kiosk.

### Online SRC

The online resource centre will be maintained by a team of experts. The role of the SRC Coordinator is to ensure that the online resource centre is being used by all its users working across the 15 intervention districts. The management and usability plan of the online SRC is discussed below.

**Ask Your Questions (24x7 support):** While BCs will be trained on how to post their questions using SRC, the SRC Coordinator will make sure that these questions are answered by the capacity- building (CB) team of the STA and answers are mailed, and concerned BCs are informed to check their mails for answers.

**FAQs:** Once a month, the Knowledge Management team reviews the questions posted under 'Ask Your Questions' from BCs across 15 districts, compiles and sends the listed questions with answers to CB team for review. At the end of every month, the FAQ page in the SRC will be updated with a new set of questions and answers, which may have been raised in other places but left unasked and unanswered in the SRC.

**Training material (Videos/Handouts):** Depending on the field requirement and based on the CB team's suggestion, periodically certain videos, especially on technical aspects, will be shot and posted. Videos on the power walk game, the bridge game, different meetings, demonstration videos, etc. are being regularly produced and uploaded in the SRC for enhancing and consolidating knowledge on the PLA cycle and use of these training aids. *(See Box on Planning for Different Situations)*

**Reference Videos:** From the beginning, the need was felt to provide BCs and Facilitators with more information on certain technical aspects on

## PLANNING FOR DIFFERENT SITUATIONS

For instance, when winter was approaching, the CB team felt that introducing wrapping as neonatal care during village meetings may help in controlling neonatal illness and mortality. Though not part of the structured meetings, TMST decided to introduce it as a demonstration and immediately asked the technical agency to develop a video and handout on wrapping, and gave it guidelines on demonstration and making videos with dolls. These videos, with handouts and guidelines, were immediately produced and uploaded in the SRC and the district teams were instructed to download and use them during Shakti Varta Facilitator training. And during the training, Shakti Varta Facilitators were instructed to introduce wrapping in their village meetings as a demonstration. The timely intervention in villages spread over half the state would not have been possible without the backing of the online platform.

HNWASH, to supplement what they learn during training. To address this need, a repository of technical videos on HNWASH has been created by line listing and searching for relevant videos from authentic sources such as UNICEF, USAID, WHO and other development partner websites. These identified videos are reviewed and selected by the CB team to check whether the content and presentation in the videos match the requirements of Shakti Varta PLA Facilitators. The SRC coordinator uploads only those videos that are approved by the CB team.

**Government Schemes and Services:** To keep the Shakti Varta team abreast of the latest information on different schemes, programmes and entitlements, a page has been specifically allocated to provide such information. The SRC Coordinator will regularly review the three department websites and scrutinise information on programmes related to HNWASH, and through the SRC inform users of latest updates.

**Monthly Planner** is a management tool, which all the BCs, SHG PLA Coordinators and Quality Managers will be using to plan their month ahead, noting all the important dates and commitments. In the last week of every month, when the district teams prepare their integrated action plans, an email alert to fill in their planners will be sent by the SRC Coordinator. By the end of the month, the coordinator presents the individual plans of the district teams to the STA and TMST for review and inputs. Additionally, alerts will be sent to individuals till the plan is filled online. The state team reviews and instructs the district teams to revise, if need be, to match the monthly deliverables with the entire programme.

Similarly, at the end of every month, the SRC Coordinator sends compiled plans of BCs to the district team along with a list of BCs who have not filled in their monthly plan. This will help the district teams to review and revise the plans of BCs and instruct other BCs to prepare their plans according to the district deliverables set for that month. This tool is expected to translate programme deliverables set at the State level with corresponding actions planned at the district and block level.

**Training Calendar** is another management tool put in place to comprehend the scale and spread of training in different districts across Odisha. This calendar unfolds the training picture on where and how many batches in different phases of Shakti Varta are planned. While the SRP training calendar is updated by the SRC Coordinator, the SHG PLA Coordinator updates the BCs and Facilitators training. The SRC Coordinator will again be responsible to send alerts to the district teams in case they miss updating the calendar. This calendar will help the district teams in better resource allocation and in planning sufficiently in advance for the preparation of each training batch.

**Important Announcements** is an information update corner where all the users of SRC will get alerted to quick updates of happenings in other districts and at the State level. The district teams will be encouraged to share with the SRC Coordinator the events and important announcements such as 'district administration allocated office space for

the Shakti Varta team', 'district JCC held', media coverage, and so on.

### Management and usability plan of offline MIS

Offline MIS loaded into the computer system of CDPO office will be regularly maintained and managed by the Block Finance Coordinators trained by the State technical team that includes TMST and STA. The flow diagram below depicts the generation, flow and management of information generated during the PLA meetings from the village level up to the State level. Though the diagram is self-explanatory, a brief narrative is provided for ease of understanding.

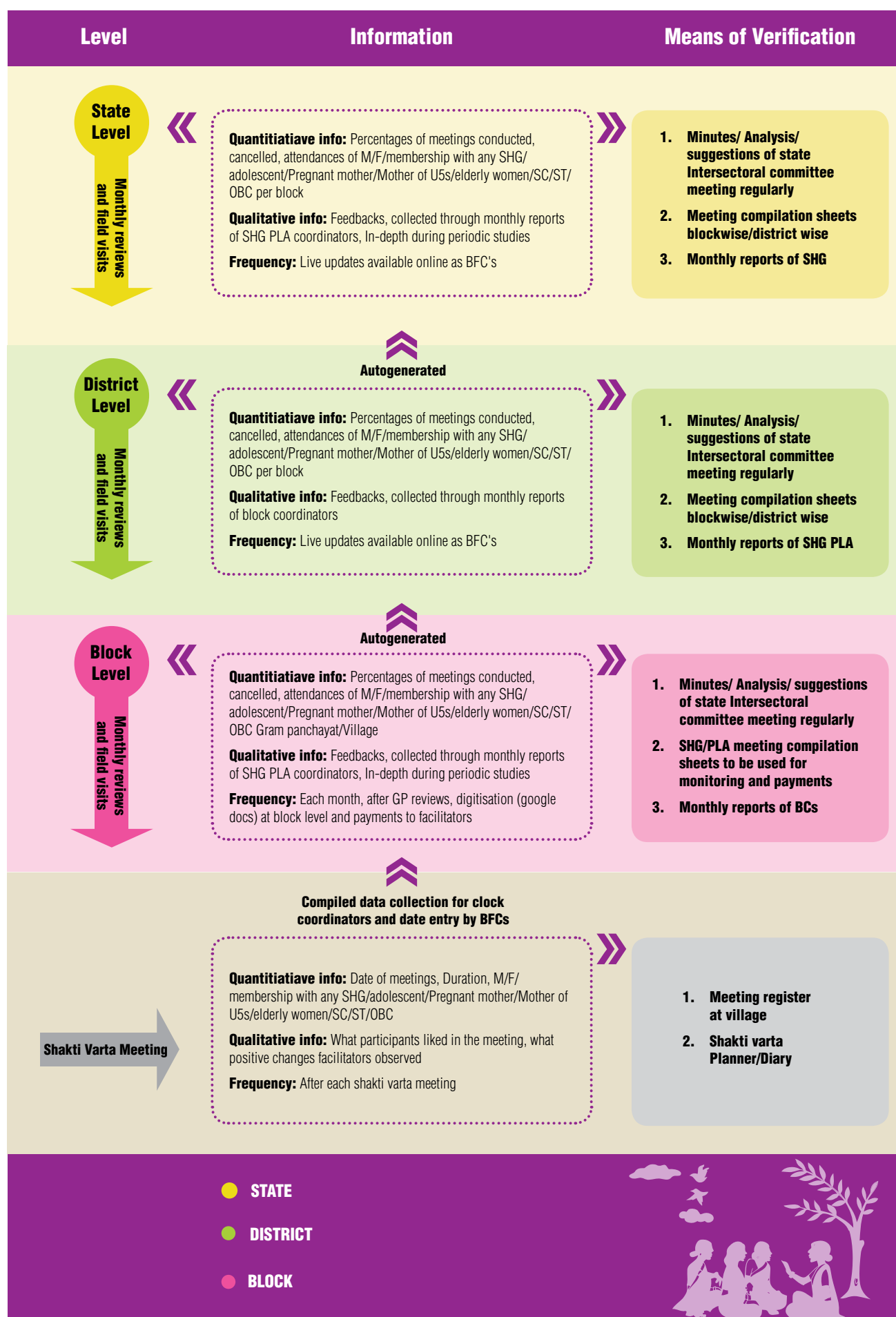
The GP Facilitator fills in the village register provided to her with information on the village meeting and submits the same to the BCs in-charge during the review meetings. BCs review the format I, cross verifies it during the review meetings (in case of wrong entry) and then compiles format II. BFCs review format II and enters the data in offline MIS, which is then imported, saved and sent to STA for updating the same in online MIS.

The data entered by BFCs generates different reports, which are then shared with federation and CDPO for further action such as initiating the process of payments to Facilitators, sharing the progress of Shakti Varta with DSWO. Similarly, using online MIS, the district teams can track the progress of programmes in each block and also share the progress reports with district administration during Joint Coordination Committee meetings.

At the State level, after the data from each of the block is uploaded in online MIS, the State team will get all the reports that indicate progress, as well as glitches and insights on specific places where intervention is required in terms of technical or management support. These reports also become triggers during the review of district teams and inter-sectoral meetings.

The SRC coordinator, in coordination with quality managers, tracks the progress of data entry in every block and updates the implementation team and nodal agencies while alerting them on the block-level constraints in data entry. (See *Diagram on Information Flow and Verification in Shakti Varta*)

## INFORMATION FLOW AND VERIFICATION IN SHAKTI VARTA



## Management of knowledge website and social media accounts

The content management of the social media profiling tools is the responsibility of the knowledge management team comprising documenters, writers, editors, designers, illustrators and knowledge experts.

The information and knowledge that gets generated in different forms such as minutes of meetings, presentations, case stories and snippets, bytes, interviews, periodic monthly reports, photos and short videos, event reports, and Facilitator diary will be reviewed, packaged and uploaded to different components of the website. The periodic MIS reports will be converted to infographics and updated in the coverage component of the website to inform the external audience on the progress and performance of Shakti Varta at the ground level. While voices from the field, interviews and testimonials, and photos tell of the qualitative aspects of the programme, these infographics, linked with online MIS, present the facts and figures of the programme. The online platform also provides feedback on the assessment reports (both qualitative and quantitative) to the programme implementers.

### Knowledge products

Shakti Varta knowledge products will use short video films, case studies, print photo stories, newsletters to highlight different aspects of the project.

A bi-lingual bi-monthly e-newsline with updates and relevant bytes/case studies from the districts will be produced every quarter. It will be bulk-mailed using the CiviCRM module (Customer Relations Module) which keeps track of subscribers and categories of target audience.

Process documents will document the processes over the entire life of the project. This document which describes the processes adopted during the preparatory stage of the project will be followed by other process documents capturing the processes during scale-up and pertinent lessons.

Case studies covering various thematic areas of the Shakti Varta PLA process will be compiled as

## SHAKTI VARTA NEWSLETTER



project interventions take off in all the 15 districts. Case studies will capture the transformation that project interventions have produced among stakeholders and villages.

### Dissemination workshops

It is important to keep the different stakeholders informed on the learnings from the PLA model. For updating the stakeholders and informing them of the process of change that is possible through a community mobilisation process, periodic dissemination workshops are being planned.

It is proposed that three workshops be conducted at end of sixth month, twelfth month and a final dissemination workshop at the end of the project period.

Each workshop will be for one day. The first two dissemination workshops will focus on the processes set in motion and some initial inferences emerging from the field. These will be conducted at a district headquarter. These will also serve as a platform for exchange of ideas and help in convergence of different departments which is a critical for better health outcomes at the community level.



The final dissemination workshop will be conducted at Bhubaneswar and will showcase the learning and the outcomes of the Shakti Varta initiative. The last dissemination workshop will include “voices from the field” - women SHG members, their husbands will be invited to share, as also block and GP service providers.

## Process Evaluation

Various processes and learnings from the five phases of the meetings will be captured through a process evaluation which is under design. Process evaluation involves documentation and analysis of the early development and actual implementation of the Shakti Varta strategy, assess whether the strategy was implemented as planned and whether expected output was actually produced.

The aim of process evaluation is to explore the context, delivery, response and mechanisms of an intervention by a community-based worker (Facilitator) with women's groups practising participatory learning and action to improve health, nutrition, water, sanitation and hygiene among mothers and children. A dedicated team would be deployed for this purpose.

### The main questions process evaluation will answer are:

#### 1. How is the programme being operationalised?

The answers to this question are necessary to guide any attempts at programme replication and to analyse activities that cannot be easily quantified.

The answers will address:

- how, why, and by whom the programme decisions are made;
- the types of resources needed to run the programme;
- the conditions (social, legal, economic, cultural) in which the programme operates; and
- unexpected challenges, opportunities and barriers encountered in running the programme.

#### 2. Is the programme operating as intended?

This information is also critical to understand why quality outcomes were or were not achieved. The answer to this question may be used to justify a change in programme focus, delivery process, staffing or resources to improve quality.

Determining whether a programme is operating as intended can help it deal with new demands. Such events call for adjustments in programme specifications and plans that will allow a programme to take these demands into account while maintaining quality. Regular monitoring of activities also allow for undertaking corrective and timely actions.

The process evaluation will be done concurrently in all the intervention districts. Under this exercise a number of focus group discussions and interviews with mothers and other stakeholders will be conducted to gauge the qualitative aspects of the project, key inputs, processes involved and alternatives tried, learnings, best practices, successes and failures.

Besides, there can be three stages where it will be prudent to capture qualitative changes at the community level (most significant stories, case studies, document/video bytes/interviews/reflections which capture changes in perception, understanding and practices, demand, etc.) for both Cycle A and B.

## Concurrent Monitoring

There is a paucity of high quality, objective, regularly generated data about service provision, good practices and service failures. In addition to service provision information, data on the utilisation of services and associated outcomes are needed to give frequent rapid feedback to government departments about the impact of their programmes on the health and nutrition status of communities. Although existing surveys like the Annual Health Survey, the National Family Health Survey and the District Level Household Survey are undertaken to address these needs, they are too infrequent to enable corrective measures on a concurrent basis.

Consequently, the Government of Odisha has introduced a system of regular independent feedback on service quality, utilisation and outcomes: Concurrent Monitoring (CCM). CCM is needed to inform local and State-level management decisions for corrective action to improve services, to assess the performance of the internal management information systems and to improve the quality of routine data generated by government departments.



Key CCM target groups for the household survey are children under-five and their mothers to allow comparison of key indicators with other national and State-level surveys. Data may also be stratified to examine equity of intervention coverage, and indicators for children under-two in line with the '1000 days' focus (a list of indicators which match surveillance indicators is given in Annexure 2). CCM also includes questionnaires for Frontline Health Workers (FLWs): ASHAs, ANMs and AWWs.

The first CCM survey (Round-I) was conducted in 2011 and covered all 314 blocks of Odisha over 11-months. At least two more CCM surveys are planned; each of these CCM rounds will be conducted over two tranches – summer and winter.

CCM II and III will serve a second purpose: to evaluate the impact of Shakti Varta which is expected to scale up to 15 districts before the start of CCC II.



## Conclusion

The decision to adapt Community Based Approaches for improving maternal and child health outcomes and give them the form of Shakti Varta through a series of consultations between GoO, DFID and TMST has borne fruit. Various elements of the Shakti Varta roll-out have proved to be robust and far-sighted decisions, namely, universal coverage of 15 districts; initial focus on Wave 1 districts where IMR is more than 100 and then scaling up to remaining 12 districts; human resource deployment at district and block level by deputing one member each from ICDS and SHG block level federation as SV coordinator and thereby giving equal importance to Government and SHG Federations; planning and budget sharing between DWCD and DoH&FW and allocation at the block level; and routing of training budget through ICDS while Facilitator payment is made via block federations.

Shakti Varta is trying to establish the fact that while local communities are at the epicenter of risky health behaviours, they are also at the same time part of the solution. Unlocking the potential of communities to be a part of the solution to their problems is the challenge that many development programmes are facing today. Relying on norms, peer pressure and personal interaction allows well-functioning community networks to solve many problems that markets and governments struggle with: denting mortality rates, affecting behaviour change, getting entitlements to the most vulnerable, and building cohesion.

By leveraging on the vast and resourceful self-help group network present in Odisha, Shakti Varta is well on the way of establishing that community-driven projects can deliver public goods in fragile settings where the reach of government services is not optimal or the vulnerability levels are higher.

Tentative signs of increased demand for services are visible in areas where village level meetings have progressed to the problem prioritising stage. This has produced inevitable tensions between the community and service providers, which Shakti Varta implementers are addressing and making sure that they are resolved harmoniously. In Kolnara Block of Rayagada district, for instance, the power

walk game initially created some tension between community members and service providers. During the Power Walk game, sections of communities who are most vulnerable are identified. Communities are encouraged to reflect on why some sections do not get access to services and entitlements. Reasons for certain members not being able to avail supplementary food given at Anganwadi Centres are examined. This critical enquiry into lacuna in availability of services initially created some insecurity among AWWs, who felt that their work is being evaluated and the Power Walk game is indirectly pointing fingers at them. The ICDS supervisor and block coordinators have now resolved this issue and have ensured that AWWs regularly attend Shakti Varta GP meetings and become a part of the solution.

This is just one of the challenges among many that Shakti Varta has faced in Wave 1 districts and

the lessons learnt from solving such issues will be of immense value when scaling up to the 12 additional Wave 2 districts. Throughout the Wave 1 districts, Shakti Varta implementers at district, block and GP levels have faced many problems: hilly and inaccessible terrains, heavy rains, problems of languages and dialects, unavailability of an accessible and safe and clean place for Shakti Varta meetings, availability of competent facilitators, and so on. But with each passing day, the confidence to overcome these problems is building among the Shakti Varta community. *(See Box on Prioritising Problems)*

The initial cynicism that communities may not be able to articulate their problems, let alone prioritise them, has now been washed away by the overwhelming community response to the PLA sessions in their village. Likewise, doubts lingered about the effectiveness of the cascade mode of

## PRIORITISING PROBLEMS

Kumudabali-A (Muniguda Block) SV point meeting started at around 12:30 in the afternoon.

### Meeting 3

The meeting was being conducted in the village *mandap*. The place was bright and airy. The venue is situated at the centre of the village, so strategically it seemed a good venue. As it was an open venue it also was subjected to a lot of disturbance. Members of AWW and ASHA were present and fully cooperated with the GPF. The ICDS supervisor, Mission Shakti coordinator, BLF and BC were also present. AWW helped her to call the village women to attend the meeting.

Finally the participants arrived and the GP facilitator asked them to sit in a semi-circle. There were approximately 50 participants. Most of them were lactating mothers. Seven/eight of them were elderly women and there were three adolescent girls present in the meeting. 10 to 12 male members were present in the vicinity. A lot of toddlers were present in meeting.

There was a slight delay in starting the meeting because of video recording arrangement. The GP facilitator started the meeting (Meeting 3) by welcoming everyone present. A review of the last meeting was given. She asked some members to recall the last meeting and say it aloud. She then

started showing the picture cards which they have identified as problems to participants. Adolescent girls were very shy and were reluctant to look at the graphic pictures. Some women were also shy and feeling embarrassed to take a good look at the picture. She went to each of the participant, shown every card, made them to look at the cards and say it aloud on what they understand from the card.

Problems were identified in the last meeting. These were identified as anaemia, malaria, retained placenta, postpartum hemorrhage, obstructed labour, postpartum fever, infection in breast and baby not able to draw milk, and prolonged labour pain. In this meeting the GPF explained to them about voting to prioritise the problems according to its prevalence in the community. She had the pebbles ready which were to be used for voting. Each participant was given six pebbles and asked to put three pebbles on the problem they think is the most important, two pebbles on the second most and one on the third most important problem. In this way they were to identify and prioritise three problems of their community.

But by the time of voting began, some of them had already left. The remaining voted. An educated adolescent participant helped with the counting of pebbles. After the counting Malaria got the most votes, anaemia got second and obstructed labour came in third. Male members present in the meeting also voted.

**A process evaluation is being designed to throw light on Shakti Varta processes and relate the information on Shakti Varta village level meetings to the transitions taking place among the community in uptake of health services. It will have a panel design and also make use of the most significant changes in technique to the study of processes.**

training and quality retention at the lowest level. Phase II trainings are well on the way in Wave 1 districts. Block Coordinators have been trained by the State level resource pool of PLA coordinators assisted by Quality Managers. PLA GP facilitators have in turn been trained by the BCs. Observation of several village level sessions provide ample evidence that facilitators are confident in handling the sessions and achieving the goals of each session. Questions that came up during training sessions and during village meetings have now become the basis for setting up a Q&A module in the State Resource Centre. As Shakti Varta progresses further the Q&A module will get enriched further. Training sessions, such as the Power Walk game, which had proved to be a bit tricky, have been captured in video format and uploaded into the SRC as a training resource. A 24x7 helpline for Shakti Varta practitioners is being given shape by a team of technical experts.

The State Resource Centre has been put in place. A number of operational manuals and user guides have been developed to streamline operations, apart from the PLA training modules, facilitator handbooks and picture cards.

In order to give all activities under Shakti Varta a consistent brand, which gets constantly reiterated in community sessions, a brand guideline has been developed. Banners of village meetings, State and district level launches and documents and manuals of Shakti Varta sport this brand. Besides this document on the preparatory phase of Shakti Varta, other Knowledge Management products such as case studies, process videos, will be taken up as the project advances.

One of the biggest challenges has been to capture the real-time progress of village sessions so that State and district level managers can identify weak spots and provide support to get the programme on track in those areas. A detailed MIS has been developed which keeps track of meetings planned and conducted, profile of participants who attend these meetings, trends in their participation, quality of these meetings, broad changes in key health behaviours, profile of facilitators, their bank details, payments made and pending, etc. This will help the Shakti Varta management team to ensure that meetings take place as planned and payments to facilitators do not remain pending. Timely payments are an important motivating factor to keep the morale of the facilitator high and help her in facing challenges, which she is bound to come across.

Providing support to Shakti Varta adds to the long list of tasks that ICDS supervisors and block Mission Shakti coordinator are already burdened with. In spite of this additional expectation, the eagerness to learn has impelled service providers to engage in Shakti Varta meetings and play a supportive role, aided by the respect and goodwill that they have earned over the years. In fact it is the presence of service providers in the GP sessions that provide credibility to the facilitator and seriousness to the session. As the service providers have themselves admitted, Shakti Varta sessions have been eye-openers, bringing out real priorities of communities and possible solutions with communities now becoming a decisive stakeholder.

Shakti Varta approaches the start of winter months from October, armed with a robust and well-tested model, innovative approaches such as winter-care, trained and motivated staff in Wave 1 districts, standardised training material and training aids, well-documented standard operating procedures, MIS and KM system.

Shakti Varta will be reaching 24,000 villages spread over 152 blocks of Odisha. If people living in villages where Shakti Varta has left its footprint are counted, then the programme is expected to impact more than 20 million men, women, boys and girls. But the significance of Shakti Varta is not just in its numbers.

India and the State of Odisha stand at a crucial confluence of efforts to achieve the Millennium Development Goals (MDGs) by the target date of 2015 and deliberate on a roadmap beyond. This roadmap will feature women's rights and empowerment even more forcefully than its predecessor. Gender equality has to be integrated

across all dimensions of any future development agenda of the country and the State. Shakti Varta is expected to significantly contribute to this roadmap by establishing a rigorous and robust platform for expanding the concept of women's empowerment in the context of Odisha.









# ANNEXURES



## Annexure 1

### Checklist for blocks regarding files and documents to be maintained

S. No.	Items/Documents	Descriptions
01	F& O Guidelines	Hard copy to be kept at the resource centre
02	Block Profile	It is a ready handbook which reflects updated information about the block as well as the Shakti Varta programme
03	GP Facilitator's Profile	It is a file which represents the CVs of GP Facilitators and their bank account details
04	Training Report File	It will represent the report of GP Facilitators' training in phase-wise steps at the block level
05	Resolution File	It will represent the GPF and BLF selection resolution with abstract
06	File Index	It will represent the GPF and BLF selection resolution
07	Inflow and outflow letter file	It will represent the inward and outward letters from CDPO office to DSWO office and vice versa and any other official letters related to the Shakti Varta programme
08	Individual BC action plan and progress report file	It will represent the action plan and progress report of BCs from partner NGO.
09	Cluster-level review meeting register	It will represent the minutes of Cluster review meeting.
10	Village meeting micro-plan file	It will represent the monthly/fortnightly village-level Shakti Varta meeting plans of the GP facilitators
11	Village meeting form collection file (Guard file)	It will consist of the hard copy of Form-1 and the consolidated form by BCs (partner NGO), i.e. Form-2 – meeting-wise and also GP Facilitator-wise.
12	Block federation resolution register and file	It will record the points of discussion on ODF and other payment-related discussions on behalf of Shakti Varta
13	Federation Sanitation Activities file	
14	Display of district, block and GP map in Block Resource Centre	-
15	Display of 2/2 Shakti Varta Logo in (Flex) BRC	-
16	Photo Display Board	It will be prepared from a thermocol (Styrofoam) or drawing sheet board and display photos of training activities of various levels and types of meetings, activities, etc.
17	Maintenance of Cash Book and Ledger Book	It will contain all receipt- and payment-related information on behalf of Shakti Varta.
18	Maintenance of Stock Register	It will keep records of the Stock and issue of SV manuals, Photo Cards and bags and form-1 register
19	Maintenance of Bill and Voucher file	It will represent the bill and vouchers against each and every payment on behalf of the Shakti Varta programme

## **Annexure 2**

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### **List of indicators which match surveillance indicators**

1. Four prenatal check-up
2. Thermal care of newborn babies
3. Clean Cord care
4. Timely initiation of complementary feeding of child
5. Adequate nutrition and rest during pregnancy
6. Use of mosquito nets
7. Hand wash with soap after defecation
8. Use of ORS during diarrhea
9. Use of toilets
10. Referring malnourished children to Pustikar Diwas/N.R.C.







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