



Together for Nutrition 2014

Working Across Sectors to Improve Nutrition in India

Integrating nutrition and health interventions into women's SHGs promoted for livelihood enhancement by Bihar rural livelihoods project and other partners

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Background

- Involvement of community groups ***hastens achievement of nutrition and health outcomes*** – strong hypothesis; Need for testing and models for adoption at scale
- ***Scaling up of women's Self Help Groups*** (SHGs) under livelihood mission – saturating reach to poorest sections
- To understand ***feasibility and effectiveness of add-on interventions*** designed to impact nutrition and health outcomes
- ***Creation of SHGs of women from most marginalized sections (Maha Dalits in Bihar) and*** Integrating nutrition and health education from inception

Interventions (1/2)

- BMGF-grants (led by PCI, CARE and BBC-Media Action) and other development partners collaborate with Jeevika (state govt's livelihood project)
 - Integrate nutrition and health content into SHG in a systematic manner
 - Building linkages of SHGs with health & ICDS programs
- PCI grant formed about 26,000 SHGs of about 400,000 women from Maha-dalit families in 8 districts – Handing over to Jeevika as it scales up in these districts
- Along with savings-credit functions, nutrition and health discussions facilitated by community volunteers (*Saheli*)
- Sharp focus on interventions appropriate for first 1000 days of life: importantly IYCF practices



Interventions (2/2)

- Community health educator (*Saheli*: one per 8-10 SHGs) trained to facilitate discussions in weekly SHG meetings
- Nutrition and health content delivered in a participatory manner, incrementally, using simple stories and pictorial communication
- Pre-recorded audio (dramas) being used to ensure uniformity of content
- Efforts on to link SHG activities with those of ASHA and AWW
- Local NGOs involved initially in group formation and ongoing trainings of community resource persons
- Through Jeevika, plans for state-wide scale up of nutrition and health content to all SHGs

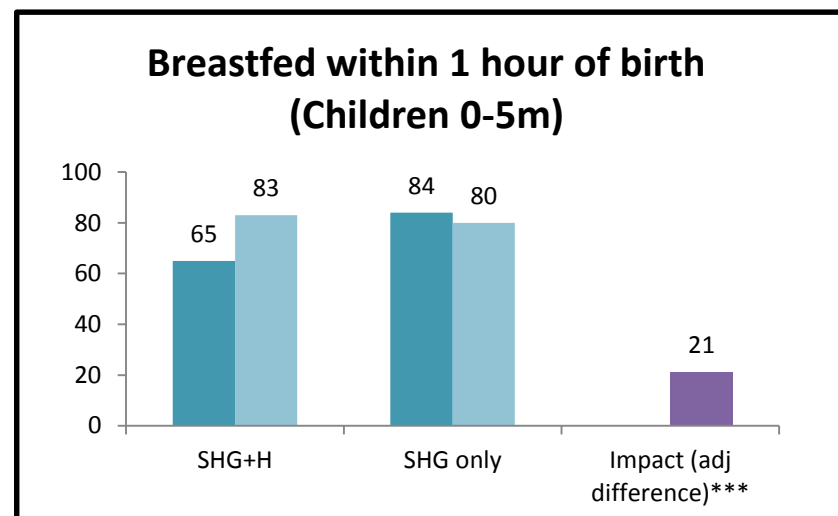
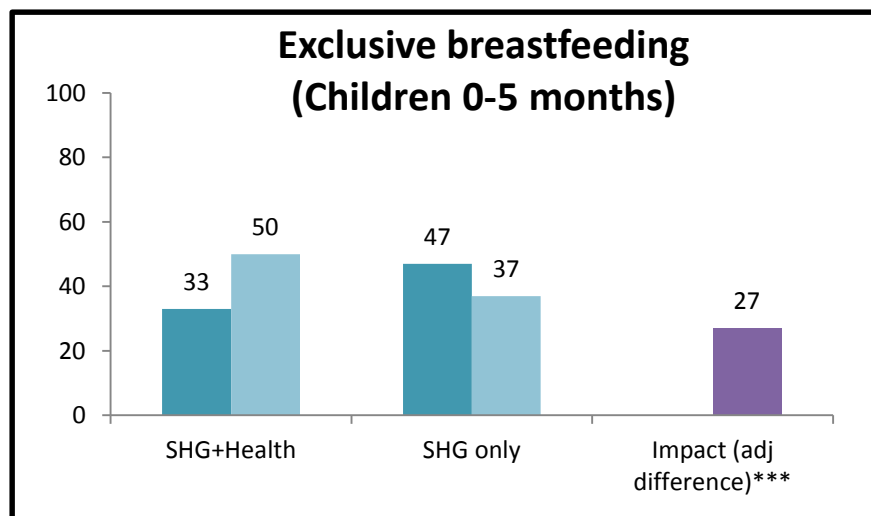


Approaches and methods for collaboration

- 1 PCI and Jeevika - *primary drivers of collaboration*
- 2 CARE played a supportive role in *technical messaging* and BBC-MA in *developing audio contents*
- 3 Urgency to *reach to the poorest and marginalized sections* before scale up of Livelihood Mission: PCI's local NGO partners formed SHGs (with Maha-Dalits)
- 4 *Staff of these local NGOs and a training partner agency* are involved in training and handholding the Sahelis
- 5 *Formal agreement* of collaboration between Jeevika and PCI
- 6 CARE supports *interface* with health and ICDS programs

Key findings (1/2)

- Project monitoring data shows significant ***impact of integrating nutrition and health discussions in SHGs*** on IYCF practices



Note: ***= adjusted difference significant at the 1 percent level. Regression-adjusted estimates account for rural location, SC/ST status, religion, education, age, parity, SES quartile, and husband's education.

Baseline	Midline
March 2013	March 2014

Key findings (2/2)

- Monitoring data suggests that ***service coverage of SHG participant families is high***, as also their level of ***interest and awareness of MCHN issues***
- Early experiences indicate: Mere participation in groups; exposure to external facilitators and increased mobility to attend trainings/ meetings are contributing to ***changing aspirations and attitudes*** of many of the Maha-dalit mothers and their seeking of services like immunization is increasing, which was a major barrier for FLWs for a long time

Conclusions and implications

- A spectrum of women in each SHG, at different stages in the lifecycle, offer excellent ***opportunities for internal cross-learning*** within one's own cultural context
- ***Livelihood enhancement efforts*** contribute to increasing income of households; increased knowledge and sensitivity towards nutrition and health aspects channelizes some of the additional income towards improving health and nutrition status, especially among women and children
- ***Not many experiences*** of engaging community groups ***at scale*** (reaching a state population) exist. Intensive facilitation at smaller scale and focus on few health behaviours demonstrated.
- Current example of taking multiple but related interventions to scale leveraging existing community platforms shall contribute a number of lessons regarding ***feasibility and possible impact***
- ***Significant lessons emerging*** related to working with most marginalized groups (most of them are being reached by development efforts for the first time)

Thanks...

- PCI and Jeevika teams...
- Other Development partners in Bihar