



Together for Nutrition 2014

Working Across Sectors to Improve Nutrition in India

# Collaboration of ICDS with SHGs to establish a decentralized model for Supplementary feeding at AWCs

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# Outline

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1

Background

2

Interventions

3

Approaches and methods for collaboration

4

Key findings

5

Conclusions and implications

# Background

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**Supplementary feeding**: Most focused and more visible component in ICDS

- ***Centralized supplies*** since inception
- CARE supplied ***imported grain and oil*** till 2006 to about 700 ICDS projects:  
Needed a strategy to transition to local food
- Supreme Court's mandate to ***avoid private contractors and involve SHGs*** and Community groups – 2004
- Most states now have ***SHG involvement models***: Mix of approaches and varying scale of SHG involvement
- This discussion: Early pilots by ICDS and CARE: 2002 – 2007 (AP and MP) - As income generation options for SHGs: Within the village, with their existing skills and assured market links

# Intervention

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- ICDS engaged SHGs to manage Supplementary food supplies
  - Pilot in MP (4 projects with 18 SHGs) and AP (1 project with 6 SHGs)
- Intervention scaled up by state ICDS
  - MP (entire state) and AP (4 projects)
- **SHGs' role in intervention:** Procure raw commodities; process; package and supply to allotted AWCs
- **ICDS role:** Contract SHGs; allocate AWCs to each SHG; quality checking of foods; use supplies in AWCs; provide working capital and timely payments against food supplied
- **CARE and other development agencies' role:** Identify SHGs; train members; set up processing plant and provide other capital investment; technical assistance to evolve recipes and operational models; & De bottle-necking

# Approaches and methods for collaboration

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CARE and its partners developed the concept and approached state ICDS – as a ***sustainable approach to have local food models*** to replace imported food, overtime

State ICDS (women and child development departments) ***keen to have approaches*** to involve communities and to offer income generation opportunities for women SHGs

SHGs selection ***jointly*** by CARE and ICDS teams

***Tripartite agreement*** between ICDS, CARE and SHG

CARE oriented ***SHGs and trained members*** involved

***Protocols*** for all procedures (including payment systems) designed jointly

# Key findings

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- CARE and partners could innovate and demonstrate **early versions of locally sustainable** community managed food model
- **Scaled up by state governments:** to 3 more projects in AP and to entire state in MP
- **Prices not indexed to cost of inputs and delays in payments:** Quickly deplete working capital and lower returns
- Work load of members **increased overtime** – enterprise was additional to domestic roles
- In scale up phase, even without CARE’s facilitation, ICDS and **SHGs managed problem solving**
- **AP:** Currently continues in 2 projects
- **MP:** Continued SHG involvement in SNP all across the state (in different form than the original pilot)

# Conclusions and Implications

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- ***Large scale expansion*** of SHGs under livelihood missions, offers scope for engaging community groups in ICDS management at scale
- ***As a well designed assured income generation option***, SHG involvement can increase drastically ensuring community role in the feeding program
- When involving women SHGs for processing, packaging and supply kind of work, ***consider workload and drudgery involved***
- ***Indexing cost norms*** (including wages of members) to inflation is critical
- Numerous models of SHG involvement in supplementary feeding exist across states: A number of challenges and un-intended consequences have evolved - Need to look at them holistically and have a strategic approach

# Thanks...

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- *With inputs from ICDS and CARE team members involved in the pilot phase...*