

WOMEN'S SELF-HELP GROUPS CAN CHAMPION NUTRITION RESILIENCE FOR VULNERABLE PEOPLE ACROSS BIHAR, INDIA

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Poverty and malnutrition are critical challenges in Bihar

Malnutrition is a persistent challenge in Bihar, India – a state that, despite significant progress in recent years, still lag behind the national average in key nutrition indicators. Rates of malnutrition in Bihar are among the highest in the country:¹



48% of children under five years old are stunted – the highest in the country



43% of children are underweight, the second highest in the country



24% of women (15-49 years) have BMI below normal

¹ International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

Malnutrition in Bihar is linked to high poverty rates in the state, with socio-economic status being a key determinant of household-level food insecurity.² Home to 127 million people, Bihar has the highest proportion of people experiencing multidimensional poverty in the nation, totaling more than one third of the population.³ Bihar's rural population, heavily dependent on agriculture, bears a disproportionate share of the malnutrition burden.⁴ This dependency on agriculture also means erratic flows of income, further impacting families' ability to meet the nutritional demands of particularly vulnerable family members, such as pregnant and lactating mothers and children below 5 years of age.

Despite significant economic growth in recent years, addressing poverty remains a central missive for Bihar, and social protection systems play an important role in ensuring that households below the poverty line have access to adequately nutritious diets. Social protection schemes reach millions of beneficiaries across India, many of which have the explicit aim of supporting food and nutrition security for most vulnerable households.

Some schemes, including Integrated Child Development Services (ICDS), provide essential nutrition support specifically to mothers and children. ICDS in Bihar leverages local community groups, including women's self-help groups (SHGs), to produce the nutritious products that are channeled to social protection beneficiaries. This brief describes how the Global Alliance for Improved Nutrition (GAIN), together with our partners, is supporting women's SHGs in Bihar to improve and scale-up production of highly nutritious products for the social protection system, honing their entrepreneurial skills and elevating them as champions of nutrition security for their communities.

Women can drive nutrition resilience in vulnerable communities

A woman's health and nutrition status, as well as her position in the home and in society, are significant factors affecting the nutrition status of her children. As the primary caregivers, women play a crucial role in issues pertaining to family health, education, and feeding. Empowering women has the potential to positively influence household resource allocation, improving the intake of nutritious food among women and children.^{5,6}

While across India, some 23% of females participate in the labor market, in Bihar, the figure is more than three times lower, at only 14%.⁷ Over the past three decades, women's status in terms of education and healthcare standards in Bihar has, however, improved significantly. A major contribution has been made by the Government of Bihar (GoB), through the Bihar Rural Livelihoods Promotion Society (BRLPS), an autonomous body under the Department of Rural Development, locally known as JEEVIKA,⁸ that promotes social and economic empowerment of the rural poor, especially women. JEEVIKA has successfully created vibrant and bankable women's community institutions in the form of self-help groups (SHGs). SHGs across the state have brought valuable income-generating opportunities to vulnerable women, supporting them to become champions of nutrition resilience in their villages.

Leveraging women's self-help groups to enhance the nutrition impact of ICDS

Launched in 1975, the Integrated Child Development Services (ICDS) scheme remains one of the world's largest programs dedicated to early childhood development. Their objectives include but are not limited to, improving the nutritional and health

2 Naik BN, Verma M, Rao RUR, Nirala SK, Singh C, Pandey S, Ranjan A, Kumar P. Household-level food insecurity and its correlates in rural Bihar: A cross-sectional study. *J Family Med Prim Care*. 2023 Sep;12(9):1864-1870. doi: 10.4103/jfmpc.jfmpc_2300_22. Epub 2023 Sep 30. PMID: 38024939; PMCID: PMC10657071.

3 Aayog, N.I.T.I., 2023. National multidimensional poverty index—a progress review 2023. New Delhi, pp.2023-07.

4 TCI (Tata-Cornell Institute). 2022. Food, Agriculture, and Nutrition in Bihar: Getting to Zero Hunger. Ithaca, NY: TCI.

5 Allendorf, K., 2007. Do women's land rights promote empowerment and child health in Nepal? *World Dev*. 35 (11), 1975–1988.

6 Hallman, K., Lewis, D. Begum, S., 2003. An Integrated Social and Economic Analysis to Assess the Impact of Vegetable and Fishpond Technologies on Poverty in Rural Bangladesh. FCND Discussion Paper 163. www.fao.org/docs/eims/

7 Periodic Labor Force Survey (2022-2023) https://mospi.gov.in/sites/default/files/publication_reports/AR_PLES_2022_23N.pdf

8 JEEVIKA, is a government of Bihar program designed to alleviate poverty by focusing on the social and economic empowerment of rural communities.

status of children aged 0-6 years; reducing the incidence of mortality, morbidity, malnutrition and school dropout; and enhancing the capability of mothers to meet ordinary health and nutritional needs of their children through appropriate nutrition and health education.

The Supplementary Nutrition Program (SNP) provided by Anganwadi Workers and Anganwadi Helpers at the village level via Anganwadi Centers (AWC) is one of the six services provided under the ICDS scheme. SNP aims to fill the nutritional gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI). This program provides additional nutrition to children aged 6 months to 6 years, as well as to pregnant and lactating women.⁹ SNP is delivered through either 1) hot cooked Meals at Anganwadi Centers, or 2) a Take-Home Ration (THR) that may take the form of raw ingredients or pre-cooked packets.

Many states across India use decentralized models for production and distribution of THR, situating

production units within local communities. This type of production often involves local Self-Help Groups (SHGs) in the preparation and supply of nutritious food to beneficiaries. The product formulation of THR varies from state to state to ensure that it caters to local circumstances and taste preferences.¹⁰ Under the ICDS scheme, the Supplementary Nutrition Rules, 2017: Rule 9 provides for the engagement of SHGs to ensure the supply and quality of Supplementary Nutrition.¹¹ Decentralized local production and distribution of Take-Home Rations (THR) by women's SHGs is expected to provide multiple benefits, such as:

- Enhanced community ownership around the production of THR, which can lead to improved product acceptability
- Stronger accountability which in turn can lead to reduce leakage across the value chain
- Improved penetration of THR into remote rural hamlets



9 "Supplementary Nutrition Program." Pib.gov.in, 2014, pib.gov.in/newsite/printrelease.aspx?relid=104046. Accessed 14 Aug. 2024.

10 Sarwal, R., Meena, H. K., Thakur, R., Yunus, S., & Kenefick, E. (2022, July 4). TAKE HOME RATION GOOD PRACTICES-ACROSS THE STATES/UTS. <https://doi.org/10.31219/osf.io/ekzcv>

11 The Supplementary Nutrition (under the Integrated Child Development Services Scheme) Rules, 2017 Published vide Notifications No. G.S.R. 149(E), dated 20th February 2017. Supreme Court of India. Writ Petition (Civil) No196/2001. Supreme Court of India. Civil Appeal No (S).2336 of 2019.

- Enhanced local employment opportunities for rural women, supporting their ability to earn incomes
- Boosts local economies by creating income-generating opportunities for small local enterprises adjacent to the decentralized production units

The potential of the decentralized THR model is vast, as evidenced by its successful implementation across several states in India, including Odisha, Uttar Pradesh, Kerala and Karnataka.

Challenges of THR production and distribution

In the decentralized model of THR production, much focus is given to community involvement, beneficiary feedback, and quality assurance. Taking care of all these factors can introduce challenges for THR production. Some of the common challenges in THR production include:

- **Ensuring the quality of THR:** beneficiaries of THR, including pregnant and lactating mothers, infants, and young children, are especially vulnerable to infection. Therefore, it is essential to maintain the quality and avoid contamination across the THR value chain from production to distribution
- **Maintaining the supply chain:** problems and inefficiencies in delivery systems can mean delays in THR reaching beneficiaries
- **Proper storage management:** inadequate and improper storage of THR at Anganwadi center and production sites can lead to increased waste
- **Transparency in the supply chain:** lack of transparency in the THR supply chain, including raw materials, can jeopardise timely delivery and complicate quality assurance

GAIN's work to bolster the capacities of SHGs in Bihar

The Global Alliance for Improved Nutrition (GAIN) is working to make social protection systems more nutrition-sensitive and better equipped to combat systemic inequities, with a vision to enhance nutrition resilience of Bihar's most vulnerable households by:

- Improving the nutritional quality of THR products produced by SHGs
- Supporting SHGs to develop and hone technical capacities and entrepreneurial skills

We believe that these factors are critical for ensuring sustainable production of nutritious THR at scale by SHGs, which can contribute to enhancing the coverage, comprehensiveness, and quality of nutrition-sensitive benefits delivered by ICDS to beneficiaries.

In the past, GAIN (with our implementation partner, Nidan), worked closely with JEEVIKA, to establish five small-scale decentralized production facilities in three rural districts of Bihar. These decentralized production facilities are run and managed by women SHG, and are capable of producing approximately one metric tonne of micronutrient fortified THR per day. Currently only one production facility is fully functional out of the five facilities set up in the past project, highlighting the need for building up technical capacity and skills – the primary focus of our current project.

A human-centered approach to women's empowerment in self-help groups

Our work in Bihar takes a gender-sensitive and human-centered approach to achieve deeper insights into the unique challenges faced by SHG members, and to understand possible solutions from their perspective. Our work aims to meaningfully leverage the perspectives of SHG members and programme beneficiaries across design, implementation, and evaluation of the project, ensuring that build skills and capacities align with their specific needs.

To facilitate application of human-centered design (HCD) in the project, we draw insight from GAIN's HCD [Toolkit for Nutrition-Sensitive Social Protection](#),¹² which provides a set of resources for incorporating HCD in the design and delivery of nutrition-sensitive social protection programmes. Based on the needs identified using HCD insight, a specific capacity-building program for SHG members will be incorporated into the program that is culturally relevant and consistent with the women's aspirations. The capacity building program will focus on the requirements of SHG women (identified using HCD toolkit) under the following broad domains:

1. **Technical Skills** (e.g., operating the specific machinery, managing the plant/equipment, production, quality control, etc.)
2. **Entrepreneurship Skills** (e.g., finance/book-keeping literacy, business planning, management, innovation/product development, advocacy and influencing, marketing)
3. **Nutrition** (e.g., awareness-raising, nutrition education, etc.)
4. **Social Cohesion/Mutual Support** ("soft" skills, interpersonal relationship development, conflict resolution, inclusion, empowerment, etc.)

Box 1. GAIN's Human-Centered Design Toolkit for Nutrition-Sensitive Social Protection

HCD is a set of approaches, methods, and mindsets that can be used to develop innovative solutions by placing the end-user firmly at the core of the design process. GAIN has developed an HCD Toolkit that offers governments and other system actors a consolidated set of resources to support the effective adoption and

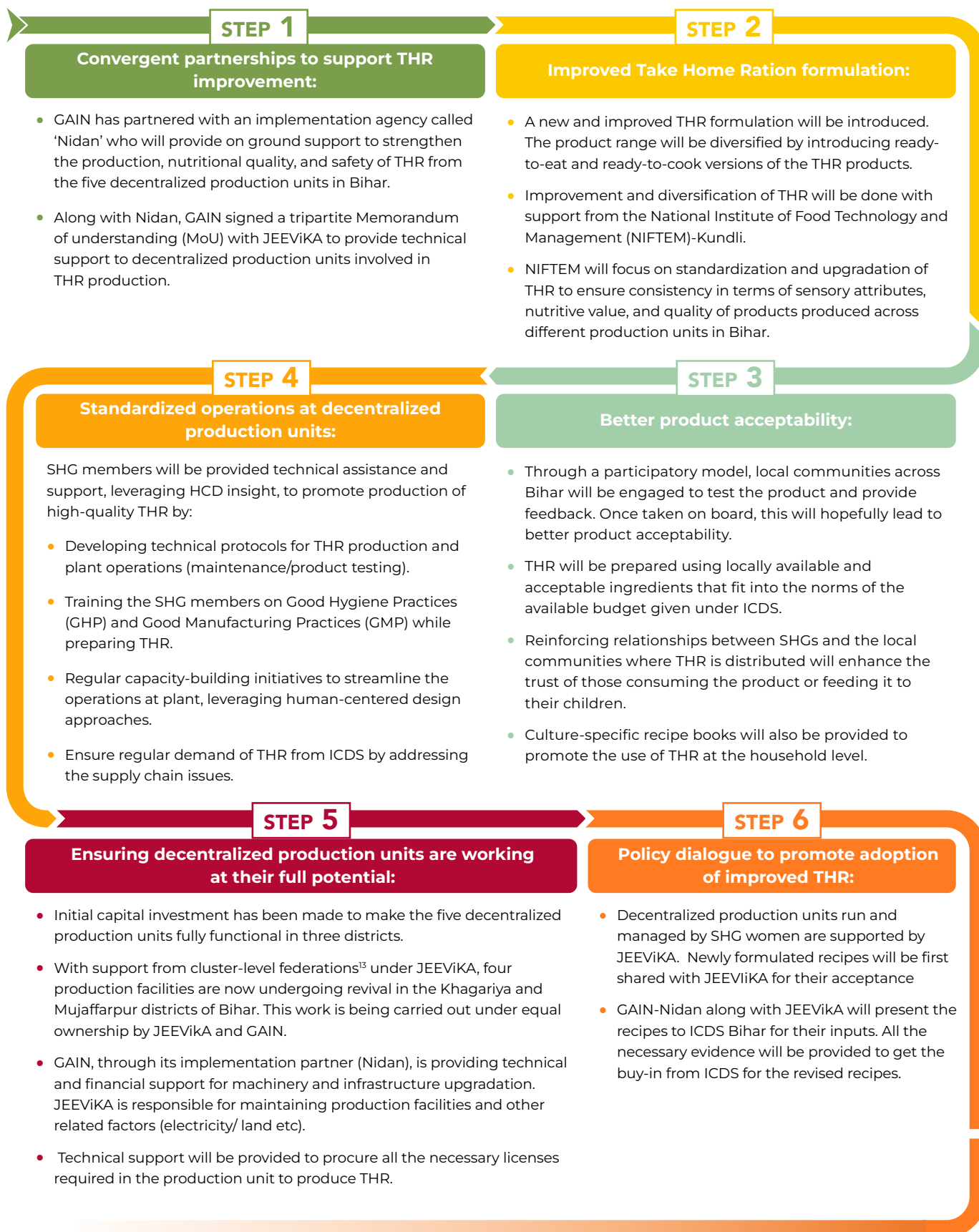
mainstreaming of HCD in social protection systems. The Toolkit can be used in design processes to overcome the traditional obstacles that actors face in engaging beneficiaries, enabling more meaningful and productive integration of their perspectives in social protection design processes.



12 <https://www.gainhealth.org/human-centered-design-hcd-toolkit>

GAIN's roadmap for strengthening THR production by women's SHGs in Bihar

Actions to help ensure the quality and boost the uptake of THR in Bihar:



13 A Cluster Level Federation is a group of Primary Level Federations (PrLFs) and Self-Help Groups (SHGs) that work work in a coordinated way to achieve common goals

Conclusion

With our work, we hope to improve the availability of nutritionally dense quality THR which is well-accepted in the community, thereby ensuring nutrition resilience at household level for vulnerable population groups. We believe that with enhanced knowledge and skills imparted under the program, SHG women will be better equipped to secure their

roles in the value chain and be able to enhance their family's economic resilience. The hope is that this will also lead to positive changes in the long run by enhancing women's agency for decision-making within their families, and providing them with improved access to productive livelihood opportunities.



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