

# Improving Infant and Young Child Feeding Practices through Self-Help Groups in Bihar: The Experience of the Parivartan Initiative

## BACKGROUND

Based on global standards for nutrition, the National Rural Health Mission of India recommends complementary feeding to infants at six months to ensure optimum growth and development (NRHM 2012).

However, in much of India, that target is not being reached. In an assessment of complementary feeding practices in Bihar, researchers found that only 58 percent children received any complementary foods at six months (Khan et al 2013).

In 2011, Project Concern International (PCI), along with partners PATH and the Foundation for Research in Health Systems (FRHS) began implementing a project called *Parivartan* with an objective of increasing the adoption of health, nutrition, and sanitation (HNS) behaviors among women of reproductive age in the most marginalized communities of Bihar. As part of this effort, the project focused on mobilizing self-help groups in 8 districts and 55 blocks of Bihar to strengthen complementary and age-appropriate feeding.

## APPROACHES AND METHODS FOR IMPLEMENTATION

Self-help group meetings are used as a platform for women to learn and develop HNS behaviors. PCI in partnership with PATH and FRHS designed a compendium of modules on HNS behaviors. Each module includes games and activities, key information, and actions that should be taken by group members individually and collectively related to a specific HNS behavior. The modules

on complementary feeding address the following topics: early initiation of breast feeding, exclusive breast feeding, and diet diversity, quantity, and frequency.

The self-help groups typically meet four times a month on a weekly basis. *Sahelis*, who are paid by PCI and come from the communities, facilitate one of these four weekly SHG meetings where they roll out one module during the meeting and encourage the members to take the actions featured in the module. The *sahelis* are supported by master trainers and health mobilizers who equip them with training and support to facilitate the meetings effectively.

Following the module roll out, group leaders develop an action plan. In the subsequent meetings, *Saheli* and group leaders follow up with the members about their actions and any successes and challenges in accomplishing these.

A key feature of *Parivartan's* approach is its collaboration with *Jeevika*, the Bihar state government's rural livelihoods project. *Jeevika* helps to enhance the social and economic empowerment of the rural poor in Bihar through the creation of self-managed community microfinance institutions or self-help groups at the village level. PCI's partnership with *Jeevika* enables the women's groups formed under *Parivartan* to be enrolled in the *Jeevika* program. It also allows *Parivartan* to extend its reach by introducing the maternal and child health messaging to established *Jeevika* savings groups.

## KEY FINDINGS

As of 2013, Parivartan had reached 275,000 women of reproductive age through over 18,000 self-help groups formed under the project. An additional 150,000 women belonging to over 10,000 Jeevika-formed groups are also currently being reached with health and sanitation interventions during two-hour weekly meetings.

The mid-line pre-post evaluation of Parivartan in 2014 showed the following changes from the baseline (PCI Unpublished):

- ▶ Feeding solid/semi solid or soft foods for children age six to eleven months increased by 5.4 percent among group members.
- ▶ Complementary feeding during sickness increased by 3.8 percent among group members.
- ▶ Exclusive breastfeeding increased by 27 percent among group members.

- ▶ When comparing self-help group members who had participated in the modules with those who had not in terms of accessing food from their local anganwadi center, 60 percent of the group members who had received the modules accessed the food, while only 42 percent of non-group members accessed food.

The program implementers have noted that peer pressure among members of the self-help groups was a significant success factor for the gains that were made.

Some challenges to the program's success have been the low literacy level and limited facilitation skill of the sahelis, and the need to repeatedly follow up and intervene at the family level, especially with the mother-in-laws.

The Parivartan experiences suggest that the following needs to be in place to ensure success: a functional self-help group, capacity building of these groups,



trained sahelis, and master trainers who provide intensive support (e.g., observing sessions, taking corrective actions, tracking performance, etc.).

## CONCLUSION

Though known for their affiliation toward livelihoods and microfinance, the initial pre-post assessment findings along with Parivartan's field experiences, suggest that self-help groups can also be mobilized for better health nutrition and sanitation outcomes. Although the findings reported are not based on a rigorous experimental evaluation design, they are indicative of positive trends on key behaviors emphasized by the groups.

More investments in research are needed to better understand the reasons for different responses in different communities to complementary feeding and to strengthen the evidence base for the use of self-help groups in improving nutrition behaviors.

## REFERENCES

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## ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

## ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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