

# The Role of Self-Help Groups in Tackling Health and Nutrition Challenges

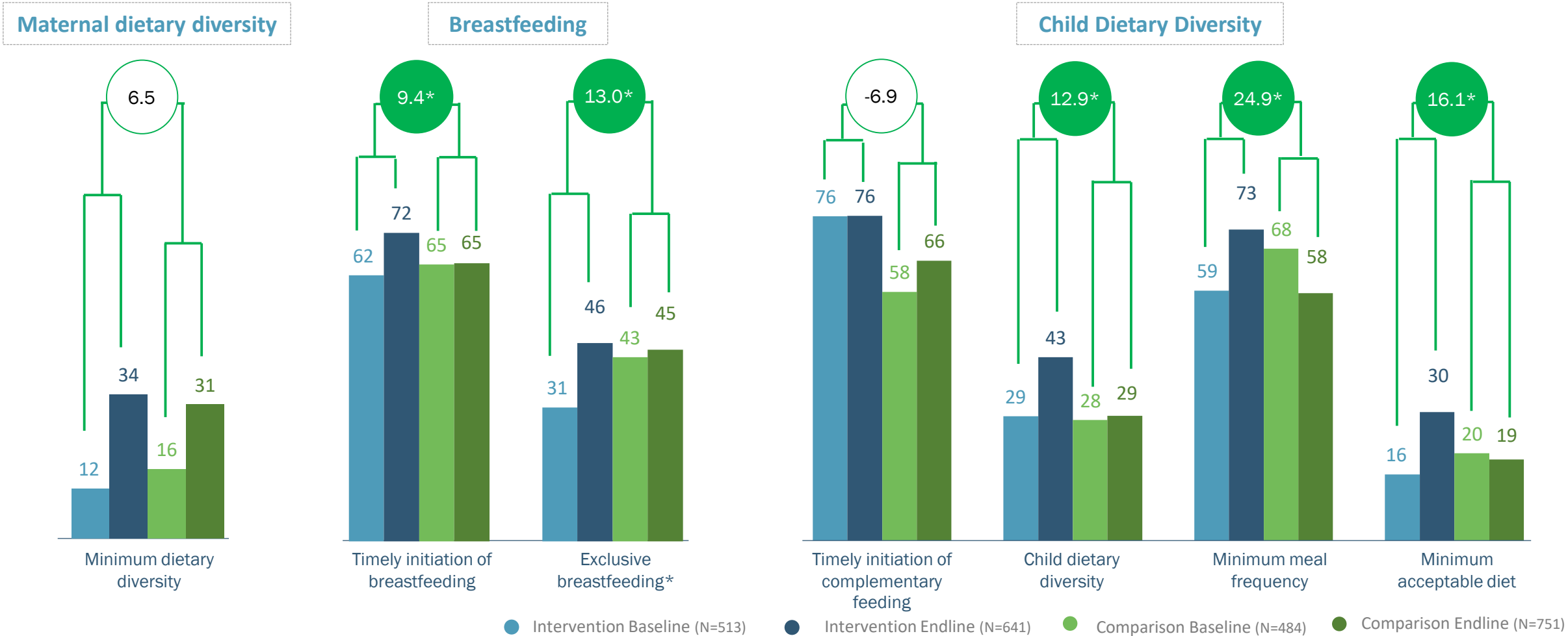
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# Summary findings

- 1 Health messaging through SHGs works in improving maternal, newborn and child health indicators.
- 2 Greater program exposure is linked to increased uptake of healthy practices.
- 3 Stronger groups show improved health, nutrition and development outcomes.
- 4 The SHG platform can be effectively utilized for information sharing through the use of ubiquitous mediums like mobile phones.
- 5 Investing in the capacities of the grassroots functionaries is critical in effective implementation of a program.

# Improvement in practice of MIYCN indicators

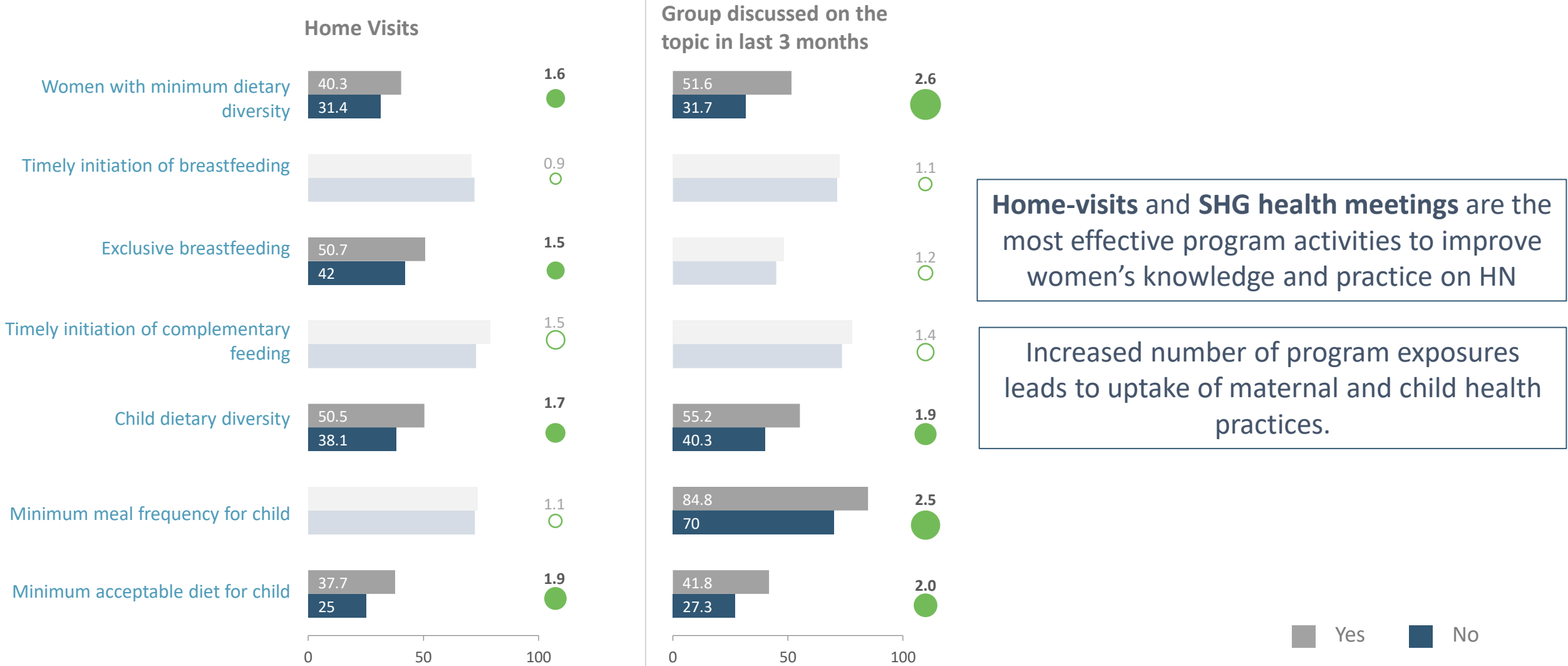
Concentrated programming around nutrition is associated with improved child nutrition practices. These practices include timely initiation of breastfeeding, child dietary diversity, minimal meal frequency as well as minimum acceptable diet.



\* Not given anything except breastmilk till 6 months of infant's life

# Interventions that increase uptake of correct health practices

Repeated messaging has a greater impact on the retention of HN information and the uptake of healthy behaviors. Further, home-visits and SHG health meetings are the most effective program activities to improve women's knowledge and practice on HN. Another activity to drive community sensitization and engagement in the HN program integration is periodic campaigns/rallies. Implementers should ensure the systematization of these activities and that the program does not dilute its efforts through too many other activities.



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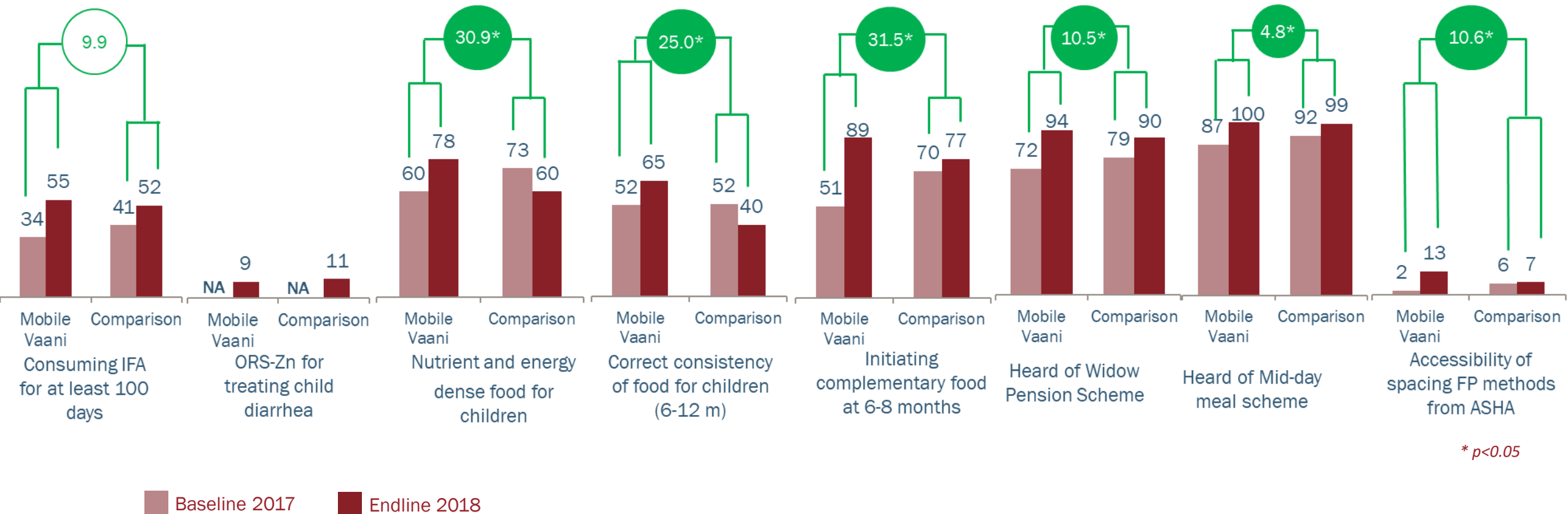
Increased number of program exposures leads to uptake of maternal and child health practices.

■ Yes ■ No

Circles filled with green color indicates odds ratios for NISE program individual exposure category (adjusted for women's education, caste, wealth quintile, parity, contact with FLWs)

# Change in women's knowledge through Mobile Vaani efficacy study

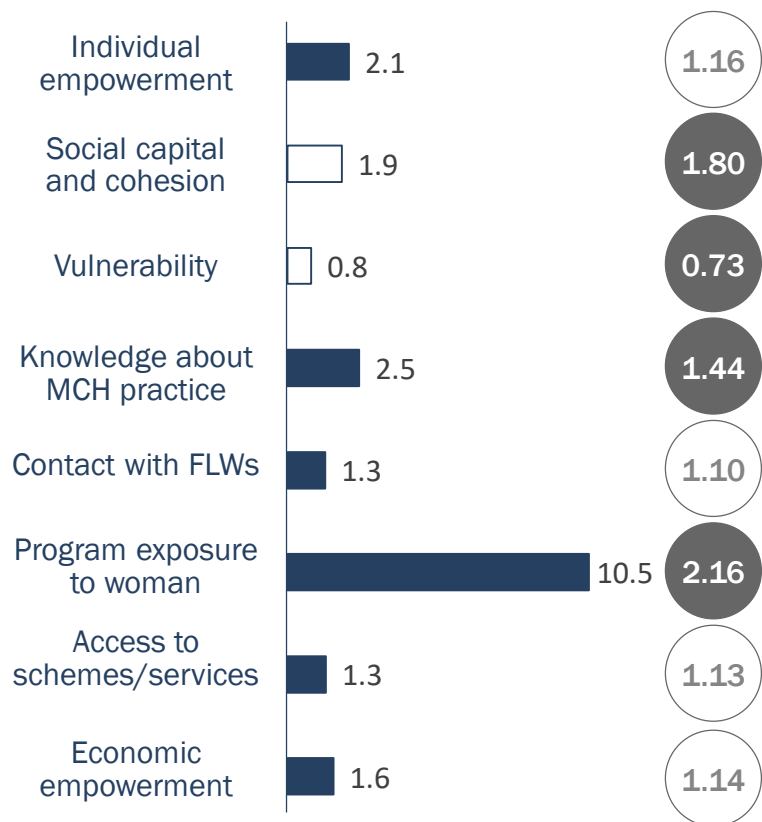
Knowledge around child nutrition has improved significantly (around 10% to 30%) in the targeted cohort of women in Jamui, where the efficacy study was conducted and calls were made by implementer (OD) to the pregnant women's mobile number.



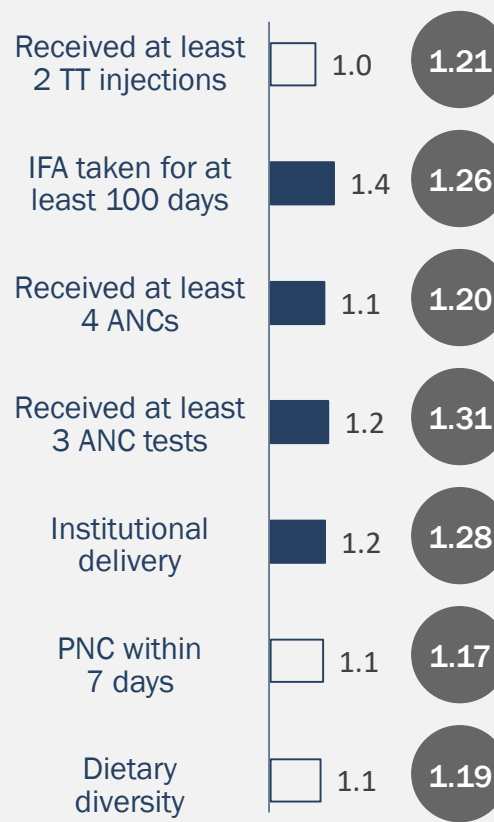
# The role of stronger groups in sustaining HN behaviors

SHG membership is found to positively influence most of the health and development outcomes. SHG strength increases social capital and cohesion, reduces vulnerability, improves knowledge, enables greater program implementation and better maternal health outcomes.

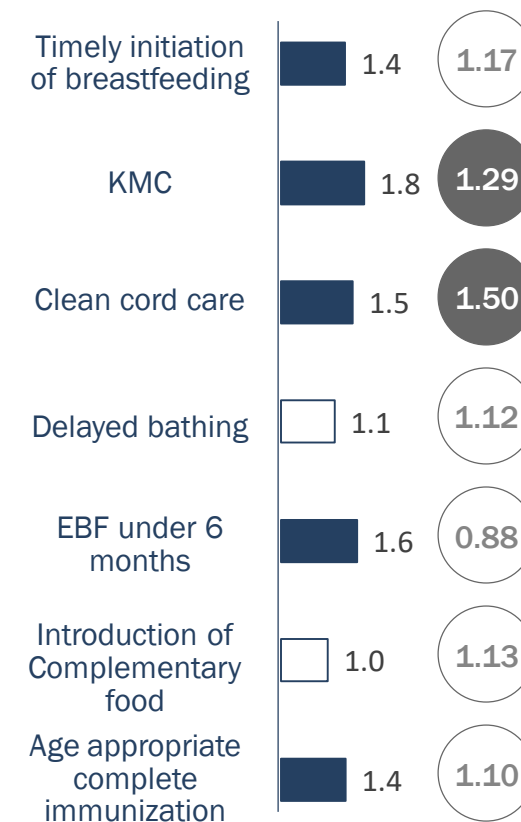
## Development Outcomes



## MH Outcomes



## NCH Outcomes



Ref: Non-members from non-SHG households ■ Members from SHG households ○ SHG strength (Ref: Less strength)

The bars and circles, where p values are significant, are in solid color

# The role of technical assistance in supporting health and nutrition integration

Capacity building of field cadres is important for effective implementation of the program. Providing training only on technical aspects is not sufficient; they need to be trained on how to communicate and also on managerial skills. Concerted and repeated efforts are needed, and should be provided to field cadres to capacitate them to undertake HN activities. Special effort needs to be made to support and strengthen managerial skills, such as time-management, prioritizing tasks, coordination with other line departments at the field levels, etc.

## Key takeaways

- Knowledge and perception on health and nutrition is higher among those who received any training. This indicates that trainings are effective to improve knowledge of community mobilizers.
- Community mobilizers are aware of their roles and responsibilities under JEEViKA. Appropriate supervision, trainings and monitoring support during meetings would help them perform better.

## Relationship between trainings and knowledge

- CMs who received trainings on 7 or more topics were 3 times more likely ( $p < 0.05$ ) to have higher knowledge, compared to CMs with 1-2 trainings

Knowledge of maternal and child health issues is high among community mobilizers who have received health and nutrition training as compared to those who have not.

