

# SAFANSI

## The South Asia Food and Nutrition Security Initiative

### PROMOTING POSITIVE NUTRITION BEHAVIOR IN BIHAR, INDIA

This brief describes a small pilot designed to leverage the women's self-help group platform of a World Bank-supported Livelihoods project (i.e., a non-health sector project) to: a) promote positive nutrition and health behaviors; and b) to improve, especially amongst poor and vulnerable households, the demand for and utilization of public services across many sectors to improve nutrition outcomes. The design of the pilot has been completed and implementation has recently begun.

While there exists central and state government programs in almost every sector, they tend to function in their own silos and are not optimally leveraged to contribute to nutrition and health improvements. There are several implementation challenges that constrain the full impact of the programs, and desired improvements in nutrition and health outcomes have been elusive. Demand for services by communities, especially amongst those in greater need, is sub-optimal, either due to a lack of awareness about entitlements or due to their constraints in accessing services. This, combined with the challenges on the program and provider side to reach the most needy and vulnerable, leads to poor utilization of nutrition, health, sanitation, food security programs. Moreover, there is limited coordination between these different sectoral programs, so that services across a set of programs that offer – both nutrition-specific and nutrition-sensitive – services that could potentially contribute to nutritional improvements.

#### Using a Multisectoral Approach to Address Malnutrition

The determinants of malnutrition lie across multiple sectors which require a multi-sectoral approach. The immediate causes of under nutrition relate to food and nutrient intake and to health, whereas the underlying causes are affected by issues such as lack of access to clean water and sanitation, health



(World Bank)

services, girls' education and gender issues. Since malnutrition is a multi-sectoral problem, it requires a multi-sectoral solution. Furthermore, the engagement of communities with a range of programs that offer nutrition services (nutrition-specific or direct nutrition services and nutrition-sensitive or those services that influence nutrition outcomes) is important to improve demand for and utilization of such services. This pilot is based on using a Bank-supported project platform in a non-health and nutrition sector to leverage entry points and opportunities to improve nutrition.

#### Jeevika's Multisectoral Nutrition Convergence Pilot

Jeevika, which is the Bihar Rural Livelihoods Project, is implemented by the Bihar Rural Livelihoods Promotion Society and the State Rural Livelihoods Mission in Bihar, which promotes rural livelihoods to enhance social and economic empowerment of the poorest and most marginalized women on a large scale. Community groups and the project's federations have been institutionalized to give them collective voice, space, and resources to address their needs and priorities. Jeevika is committed to improving health,

nutrition, and sanitation outcomes in the communities where it implements its project, building on and strengthening its existing initiatives and starting new nutrition sensitive interventions. It has developed the Jeevika Multisectoral Nutrition Convergence Pilot with technical support from the World Bank. The purpose of this pilot is to promote behavior change related to maternal and child nutrition, health, hygiene and sanitation practices, improve food security as well as to facilitate interface between community institutions and local service providers from government programs through a community based convergence approach to generate demand and utilization of services to improve nutrition outcomes. The pilot targets the poorest and most vulnerable households with a special focus on pregnant and lactating women and children below two years.

The pilot includes the following nutrition-specific and nutrition-sensitive interventions from across multiple sectors:

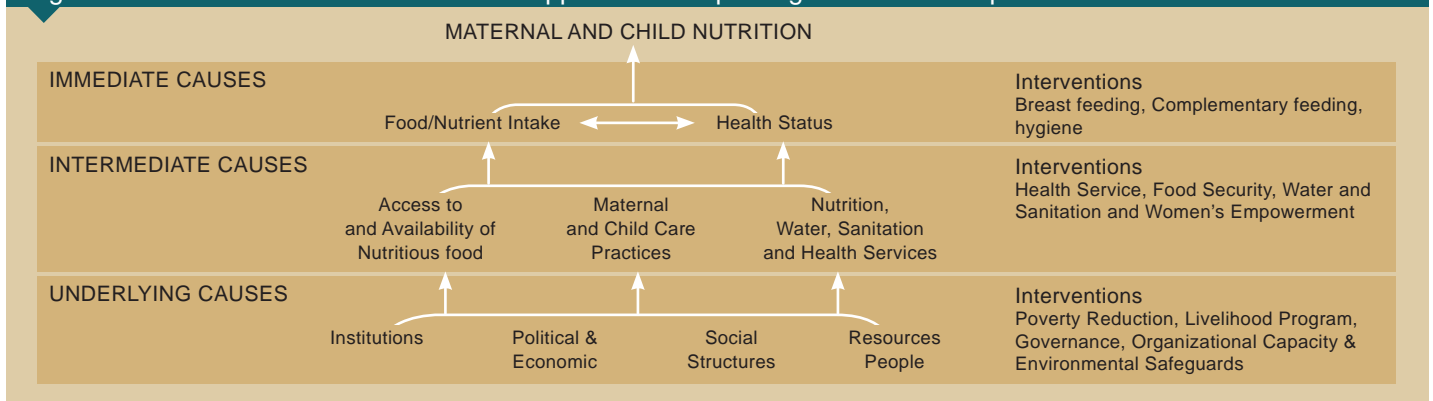
**i. Behavior Change Communication (BCC) on nutrition, health, water and sanitation.** The BCC promotes awareness on key nutrition, health and sanitation messages and facilitates adoption of these behaviors through community groups and village organizations. Capacity of community cadres and staff to understand, influence and drive change in behavior is built. Messages specifically focus on the key behaviors to be adopted during pregnancy and the first two years of life (the window of opportunity to improve nutrition) and include appropriate feeding and caring practices for pregnant and lactating women, infants and young children, and those related to health, hygiene and sanitation.

Dissemination of these messages is through one-to-one and one-to-many communication approaches using and leveraging existing and developing appropriate tools, materials and resources. The community cadres support and work with local service providers for BCC during home visits, group meetings and community events.

**ii. Household Food and Nutrition Security.** With a view to enhancing the food security of vulnerable households, the existing Food Security Fund (FSF) provided through Jeevika will be expanded to increase the availability of foods from diverse groups amongst poor, food and income insecure households targeted by the project, including those with pregnant women and young children. Pulses, oil and other food items will be added to the basic food basket of cereals and made available to the target households as required, and at a reasonable cost in 3 to 4 tranches through the year. Kitchen gardens will be promoted and universalized to ensure availability of fresh vegetables and seasonal fruits for consumption in the daily diet of targeted households. Emphasis will be on food availability and nutrition counseling for intra-household consumption of food especially by pregnant women and young children. In addition, Jeevika Sahelis<sup>1</sup> will facilitate participation and contributions from mothers with young children (6 to 24 months of age) to encourage them to prepare and feed suitable locally produced nutrient dense foods to their children below two years.

<sup>1</sup> The Jeevika Sahelis (JSs) are the nodal persons who implement the activities at the village level and are supported by the VO to plan, implement and coordinate activities.

Figure 1 below illustrates the multisectoral approach for improving nutrition in this pilot.



**iii. Institutionalize Convergence and Coordination.** The pilot will promote coordination, collaboration and convergence between community village organizations and local service providers for greater mutual accountability and support. Consultations with district leadership and respective departments have taken place to get their buy in to enable institutionalization of coordination at village, block and district levels. Further consultations with these external stakeholders allowed a shared understanding on the pilot and ways to operationalize coordination. Village Coordination Committees including local service providers such as ASHAs (accredited social health activists), auxiliary nurse midwives, Anganwadi workers, panchayat reps, school teachers, others and village organization representatives will be instituted to foster building trust, confidence and close working relationships between community and service providers. The village coordination committees will plan, implement and monitor activities related to health, nutrition and sanitation through monthly meetings, make progress and problem solve as they go along. These committees will be linked with similar Block and District Coordination Committee to problem-solve and monitor progress.

**iv. Sanitation Component.** The pilot will generate awareness and demand-seeking behavior among the community by motivating households to stop open defecation (ODF) and to build and use safe toilet facilities. The approach is to make safe sanitation a habit and simultaneously promote toilet construction. The pilot allows for community mobilization rather than focusing on individual households for creating demand for toilets. Furthermore, demand generation and toilet construction will go hand-in-hand. This approach is different from the current practice and experiences from Bihar and other states that has shown that without behavior change, toilets are constructed but are not used. Personal hygiene and sanitation practices will be promoted through individual and collective action. The project will facilitate interface of communities and program officials, including the district level authorities, especially the district leadership, to assure better service provision and enhanced demand and utilization.

**v. Promote Gender Equality and Strengthen Women's Empowerment.** Gender cuts across all components of the pilot. It further enhances Jeevika's women's empowerment efforts through enhanced awareness, understanding, participation, access to resources and in decision making. This will further contribute to improving the capacity of women to better meet their nutrition, health and sanitation needs, as well as for their family and community.



A community organization meeting. (World Bank)

### Lessons Learned

The following lessons have been learned from the design phase described above. As the project is currently in the early implementation phase, lessons from implementation are not yet available.

- Experience has shown that it is relatively easier to include nutrition interventions within projects of other sectors projects during the design stage. Getting commitment, ownership, and incorporating structures and resources (human and financial) for nutrition actions into the project results in integration of these into overall project structures and implementation arrangement, as was experienced during the incorporation of nutrition actions into a local government strengthening project under preparation. It is more challenging in the case of ongoing projects such as this one, where nutrition interventions are often perceived as an add on.
- It is crucial to be pragmatic and realistic about how much the sectoral project can take on of nutrition sensitive interventions without overwhelming/overburdening the project and the team.

- Since nutrition is a new thematic area for sectoral projects, it is important to build perspective and understanding among the project team about its importance as a development priority and its relevance to the project.
- Issues related to ownership, assigning roles and responsibilities and commitment of time and resources to nutrition interventions by the sectoral project have to be addressed as competing priorities and workloads can delay implementation of nutrition interventions.
- It is important to build on and strengthen any existing initiatives within the project. For example, the Food Security Fund implemented by Jeevika has been strengthened in the Multisectoral pilot to allow for a diverse basket of food such as cereals, pulses and other food items to be included instead of cereals alone to be made available to the targeted food insecure and poor households. The community institution of self-help groups and its federations of Village Organizations comprising poor rural women provide a unique platform and a natural entry point for incorporating nutrition actions based on their felt needs. This platform further empowers women and builds their awareness, understanding and capacity related to nutrition actions for themselves, their families and community.
- The community structures enabled by Jeevika require further strengthening to layer nutrition actions.
- Widely consulted communities, project staff, officials and functionaries of public programs and other external stakeholders are critical

to generating interest and ownership. This is especially important in a model such as this one that aims to coordinate between existing public programs in various sectors, rather than duplicate and implement parallel services.

- The core competency of the project is Rural Livelihoods, therefore there is a need for ongoing technical and capacity building support in nutrition to the community and the project staff.

### Looking Ahead

Over the last year, and thanks to coordination and support of SAFANSI resources, the *Multisectoral Nutrition Actions in Bihar* activity was designed. The Multisectoral Nutrition Convergence Pilot within the Bihar Rural Livelihoods project (Jeevika) is a part of that effort. The model is now in the initial stages of implementation, and an impact evaluation is planned to be undertaken.

The pilot provides a unique opportunity to build the capacity of community institutions of poor rural women to improve maternal and child nutrition. It promotes behavior change to adopt positive maternal and child health and nutrition, health, hygiene and sanitation practices, improve food security, and leverage public services to generate demand and utilize services that will ultimately improve nutrition outcomes through a community based, gender sensitive approach. Technical and implementation support will continue to be provided to the pilot. Lessons learned from the full implementation of the pilot will need to be incorporated before the effort can be scaled up.

### Partners

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