

SUSTAINABLE DEVELOPMENT FOR FAMILIES IN RURAL REGIONS OF WEST BENGAL-A PROJECT REVIEW

Glossary of Terms

Acronyms

ICDS – Integrated Child Development Services is India’s flagship programme aimed at holistically addressing child needs particularly adequate nutrition and healthcare including WASH education

SDFRRWB –Sustainable Development for Families in Rural Regions of West Bengal

SC and ST – Scheduled Castes and Scheduled Tribes are constitutionally recognised official designations assigned to various historically disadvantaged groups in India.

SGSY – *Swarnjayanti Gram SwarozgarYojana* is a programme launched under the National Rural Livelihoods Mission (NRLM) to create sustainable income opportunities for India’s poorest of the poor. Women’s SHGs formed under SGSY are able to access a number of public microloans and facilities for poverty alleviation.

SHG – Self-Help Group

WASH – Water and Sanitation Hygiene

Bangla Terms

Adivasi – an umbrella term for a heterogeneous set of ethnic and tribal groups that comprise the aboriginal and indigenous population of India

Batik – A traditional art of hand dyeing cloth that is originally from Java, Indonesia, but is widespread across Asia and Africa. It involves the creation of colourful designs on cloth by first blocking out patterns using dye-repellent wax

GrameenBank – Village bank dedicated to providing government-sanctioned microloans or microcredit for community development projects

Gram Panchayat – the lowest administrative level of grassroots governance within India’s village-based political system known as *Panchayati Raj*. *Gram Panchayat* typically have jurisdiction over multiple *Gram Sansads*

Santhal – the Santhal or Saontal are a tribal group indigenous to the Terai Region of India and Nepal. This group is listed as Nepal and the Indian States of Jharkhand, West Bengal, Bihar, Odisha, and Assam

SwayamSwachchata– Self-Sanitation – refers to individual or household ownership in WASH matters

Introduction

Recognised by the World Bank in 2015 as the world's fastest growing economy, India paradoxically struggles with some of the highest global rates of malnutrition. The number of under-nourished children in India is double that of Sub-Saharan Africa, and nutritional deficiency is the chief cause of high anaemia, disease, morbidity, and maternal and child mortality in the country¹. It is also the reason for low labour productivity and economic backwardness in large parts of the nation.

India's Integrated Child Development Services, National Child Fund, National Health Mission, National Plan of Action for Children, and Midday Meal Scheme, etc., together comprise the largest nutrition enhancement programme in the world. These aim to improve the nutritional and health status of the country's most vulnerable groups, and thereby reduce nationwide malnutrition. Children 0-6 years, adolescent girls and pregnant and lactating women are the main groups targeted by these programmes. Nutritional education and supplementation, daily wholesome school lunches, primary maternal and child healthcare, and WASH awareness are the chief facilities provided.

However despite the efforts of these pioneering anti-malnutrition initiatives, nutritional deficiency in India has only been marginally reduced². Many analysts have extensively covered the multifarious reasons such as internal programmatic deficiencies and policy and implementation gaps³ for these poor results. This paper does not intend to add to this already exhaustive body of work. Instead it outlines the experiences of our civil society organisation, the Rajadighi Community Health Service Society in the sphere of nutrition enhancement and proposes an alternative model for this field in rural areas. This model implemented since 2011 under our 'Sustainable Development for Families in Rural Regions of West Bengal' (SDFRRWB) programme has yielded promising results in the Malda

¹ Black et al (2008)

² Svedburg (2008)

³ Gangbar et al (2014)

District of West Bengal where we work. This paper aims to serve as a reference for other organisations and agencies working in the area of rural nutritional improvement. We hope that it will support these groups by offering some strategies for overcoming some of the common challenges in this field.

An Overview of SDFRRWB by RCHSS

Prior to the 2011 launch of SDFRRWB –our people-centric and people-driven nutrition-enhancement programme –RCHSS had gained significant experience in nutrition-related project implementation. Our first venture carried out in partnership with USAID in 1992-2002 was followed by simultaneous larger initiatives in collaboration with CARE™ in 1998-2008. These programmes that supported public nutrition-enrichment efforts, focused respectively on supplementary feeding, training of ICDS workers⁴, and promotion of nutritionally rich agriculture.

However our engagement with the above anti-malnutrition work brought some glaring issues to our attention. Firstly we felt that the *perpetuation of dependency* is the key reason for the failure of many anti-malnutrition efforts and indeed India's poor results in curbing this scourge. Instead of communities being empowered to take ownership of their own nutrition improvement, they are prompted to rely on external agents in crucial nutrition matters. Naturally when external will and resources are withdrawn, nutrition suffers. Secondly malnutrition also persists as key social, cultural, economic and environmental factors that influence the state of rural nutrition are largely unaddressed by anti-malnutrition initiatives. Thirdly the largely top-down nature of anti-malnutrition programmes offers little space for the inclusion of true grassroots needs, sensitivities, and ideas. This mode of nutrition enhancement designed and driven from afar fails to resonate with communities and create abiding impact.

⁴ Integrated Child Development Services – is India's flagship programme aimed at addressing the holistic needs of the child particularly adequate nutrition and healthcare including WASH education (Gangbar et al, 2014)

SDFRRWB designed with support from Swiss partners Association Essentielis our attempt to avoid the above fallacies and holistically resolve the issue of under-nutrition in rural communities. The programme that covers over 730 households spread over 13 villages in the Gazole Block of Malda District diverges from the national approach to malnutrition as primarily a diet and health matter⁵. Instead, it understands the issue as a sum of multiple linkages or four pillars that require simultaneous attention. These four pillars are (a) adequate and balanced nutrition (b) health security (c) sustainable subsistence systems (agriculture and allied systems), and (d) income security.

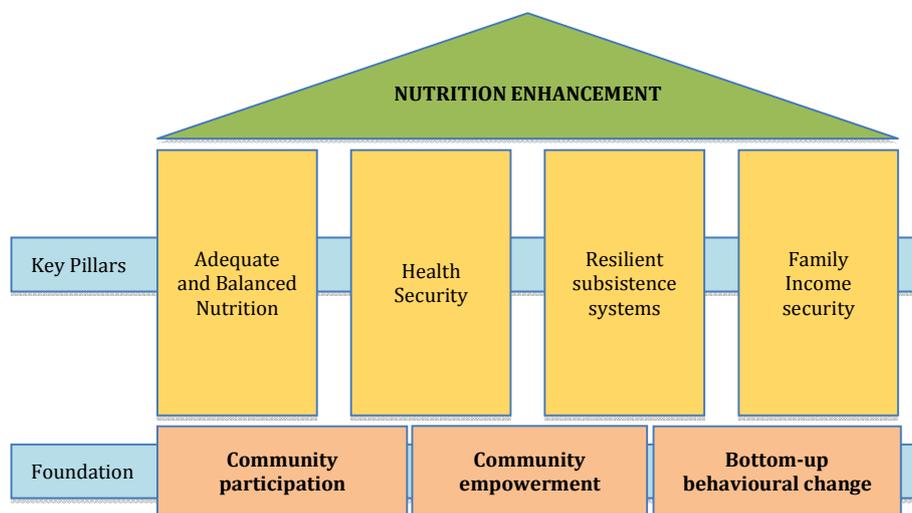


Figure 1. The four pillars of nutrition enhancement under RCHSS' SDFRRWB

In addition, SDFRRWB stands apart from other nutrition enhancement efforts in its 'for the people, by the people' underpinnings. Community partnerships, fostering of local self-reliance and ownership in nutritional matters, and a bottom-up approach that attaches equal weight to the participation and input of even the lowliest of community members, are the hallmarks of the programme.

To facilitate community-driven planning and participatory action in nutrition matters, SDFRRWB employs methods such as focus-group discussions, village

⁵ National nutrition enhancement programmes prioritise nutritional supplementation and primary maternal and child healthcare (including WASH improvement)

meetings, household visits, and awareness-building sessions. Women's SHGs created under the programme also reinforce collective dialogue and problem solving while simultaneously including female voices in local decision-making.

Additionally, the Programme's strategy of



Photo 1: Pictorial or colour coded 'point' mapping of household assets such as fruit trees, kitchen gardens, latrines etc. enables even illiterate villagers to contribute and assess community improvements

building the discussion on nutrition security from the family youngest upwards is also immensely effective. By tapping into the universal aspiration of families to provide the best foundations for their young, SDFRRWB underscores the human side of nutrition and drives true behavioural change. Finally, as SDFRRWB operates in a 'saturation mode' that targets every family in the area rather than randomly selected households, its impact is personal, widespread, and enduring.

Pillar I: Adequate and Balanced Nutrition

In our experience, supplementary feeding as a stand-alone intervention is inadequate to solve the growing malnutrition crisis in rural India. To successfully curb malnutrition, the issue needs to be understood as a larger problem of food security that harms not just mothers, adolescent girls, and children but entire families and communities.

SDFRRWB adopts this holistic view and works to secure the various supporting links in the intricate nutrition chain. It complements the supplementary feeding activities of local government-run ICDS Centres by helping households diversify

their nutrition sources, increase family incomes, and safeguard the integrity of natural ecosystems. It does these by endorsing the planting of **kitchen gardens** and **fruit orchards** for both self-reliance and variation in household nutrition sources. Villagers are educated about the benefits of these gardens as well as traditional crops such as millets. They are also provided with know-how and horticultural training. Additionally they are supplied with kitchen garden and fruit orchard starter kits containing high quality organic vegetable and fruit seedling grafts from RCHSS' nursery. Demonstrations of simple recipes tailored to local tastes further help incorporate micronutrient-rich garden produce into daily cooking — thus transforming wholesome nourishment into everyday practice in village homes.



Photo 2: An elderly lady harvesting cucumbers for lunch in Digholkiyari Village



Photo 3: Sumi Murmu of Dhamua Village inspecting her papaya yield in her fruit orchard also containing jackfruit, banana and mango trees



Photo 4: SHG members visiting RCHSS's nursery for organic fruit and vegetable seedling grafts



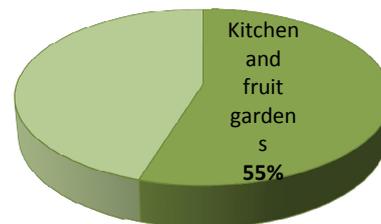
Photo 5: SHG members in Kalitala Village receive their first dairy cow through SDFRRWB's livestock ownership initiative

A unique pay-it-forward financing programme further enables villagers to **own livestock** and thereby improve their domestic incomes and dietary intake of animal products (that has declined in rural Malda due to fodder scarcity and high costs⁶). This livestock-ownership initiative that is driven, administered and

monitored by SHG peer networks, nominates members in rotation to purchase livestock such as dairy cows, goats, pigs and poultry. The first animal is provided to a nominated SHG member by RCHSS. Once family assets and/or livestock resources have multiplied and/or within a pre-set timeframe (whichever occurs first) the member is obligated to return the cost of the animal to Group coffers. These reimbursed funds then enable further SHG members to benefit similarly. The model is cyclical and allows Group members to purchase additional livestock with each new turn.

The above activities of SDFRRWB have yielded promising results. 400 households from among our 730 focus households spread over 13 villages in Malda's Gazole Block now have

Figure 2: Household kitchen gardens and fruit orchards adoption



Total households: 730

⁶ All over India, common lands, forested areas and indigenous vegetation that are traditional lifelines for grazing of livestock continue to be indiscriminately cleared for mono cultivation of rice and other staples. In addition to adverse ecological impacts, diminishing of 'commons' has reduced the capacities of poor and marginal farming communities to own and maintain livestock (Foundation for Ecological Security, 2010).

thriving kitchen gardens and fruit orchards to meet their family dietary needs and generate additional income. Furthermore, all 22 SHGs spread across our 13 focus villages including traditionally backward Scheduled Caste (SC) and Scheduled Tribe (ST) villages are reaping the varied benefits of livestock ownership. The natural environment has also improved as previously barren landscapes are now afforested with lush trees such as papaya, guava, banana, pomegranate, mango, horseradish and more. Most tellingly, ICDS Centres operating in all SDFRRWB supported areas consistently report dramatically reduced rates of child malnutrition. This is in stark contrast to the results of Centres located in non-SDFRRWB zones.



Photo 6: Banana and mango trees in Gaikuri Village – familiar sight in all our focus villages

Pillar II: Health Security

SDFRRWB includes a number of reproductive and child healthcare activities to



Photo 7: WASH and nutrition capacity-building workshop

secure the health of mothers, adolescent girls, and children 0-5 years. Through focus group meetings, regular home visits, counselling sessions, and demonstrations on water and sanitation hygiene (WASH), etc., we educate villagers about common health and nutrition-linked issues. We also empower

them to take ownership of practices that secure their personal and family wellbeing.



Photo 8: RCHSS' Shukurmuni Murmu monitoring baby weight in a household in Kakritola Village

Child-growth and weight monitoring of babies 0-3 years is a focus under SDFRRWB. All infants in the entirety of our focus areas i.e. 13 villages spread over the Gazole Block of Malda District have been successfully reached by this intervention. As a result, village mothers are now knowledgeable about appropriate prenatal nourishment as well as child development patterns. With the help of monthly updated 'child-growth cards' they are able to self-reliantly and critically monitor their babies' weight as well as proactively address any weight anomalies. Having overcome their cultural reticence towards vaccinations and formal medicine, they are also now able to ask informed questions at health centres and seek **routine immunisations**

and other medical facilities for their children. According to the public ICDS Centres in SDFRRWB areas, these preventative measures have reduced rates of child malnutrition by nearly 80 percent. Most significantly, nutrition-related infant mortality has been virtually eliminated in our focus areas.

Dialogues and workshops on proper nutrition, **reproductive health and family planning** have also positively impacted the health of women in our focus areas. Families now understand the maternal health and nutritional benefits as well as overall economic and quality-of-life advantages of having fewer children. They are proactive about family planning, and it is unusual to find more than two children per couple in our focus areas.

This is a contrast to the average 5-6 kids per couple in pre-SDFRRWB days.



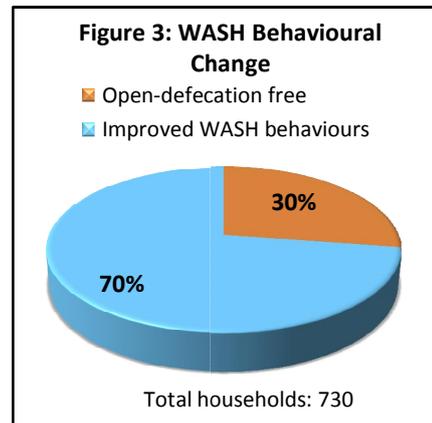
Photo 9: Munn Hemrom of Dhamua Village with the growth chart of her 18-month-old son Abhi



Photo 10: Demonstration of hand washing and good sanitation hygiene practices

Finally, **WASH education** and dialogue has created promising behavioural change in our SDFRRWB focus areas. From our experience, we understand that open outdoor defecation is largely tied to attitudinal barriers rather than paucity of household latrines⁷. With this in mind, we work with villagers to highlight the link between open outdoor defecation and dangerous bacterial diseases. We engage a

multi-stakeholder model that fosters a sense of community ownership in WASH matters by engaging Block and *Panchayat* leaders, SHGs, village monitoring committees, local religious institutions, schools and youth. So far, over 220 of SDFRRWB's 730 focus households are now **open-defecation free**. Most remarkably, the latrines in *all* of these households are a result of **independent initiative and *SvayamSwachchata* (self-sanitation)**. That is, SDFRRWB dialogues spurred a sense of individual ownership in sanitation matters and prompted latrine construction by households independent of public sanitation subsidies and facilities.



In addition to latrine usage, **improved WASH behaviours** are now consistently practiced by 510 of the total 730 households in our focus areas. These include hand washing with soap before eating and after handling excreta, creating appropriate drainage channels for sewage and wastewater, preventing stagnant water pools in

⁷Indian government policies have incentivised the construction of household latrines in rural areas since the mid 1980s. However this largely government-led, infrastructure-centric, supply driven and subsidy-based model has not prioritised actual behavioural change for latrine usage. As a result households with government-subsidised latrines still continue to defecate outdoors.

and near residential premises, etc. Our consolidated WASH efforts have reduced rates of waterborne and bacterial diseases in SDFRRWB focus areas by close to 70 percent, which have in turn bolstered the nutrition and health status of local children and families⁸.

Pillar III: Sustainable and Resilient Subsistence Systems

SDFRRWB understands that in order to improve nutritional self-sufficiency, access and quality, it is essential to fortify chief sources of subsistence in our focus areas. Towards this end we work in close collaboration with small-scale and marginal farmers, *Panchayats*, and women's SHGs to revive **indigenous, sustainable, and organic crops and farming methods**. These farming practices are aligned with traditional belief systems and cultural mores that promote harmonious co-existence with nature. As a result, they help promote local self-reliance, livelihoods



Photo 11: Farmer Field School in progress in Sakrol Danga

sustainability, and climate resiliency. They also enable social cohesion, community leadership, problem solving and innovation.

SDFRRWB runs Farmer Field Schools that include participatory workshops on a variety of sustainable farming-related topics

such as ideal crop patterns and micronutrient rich and resource-efficient crops such as corn, millets, etc. Also discussed are topics such as how to formulate **homemade liquid fertilizers and pesticides** (that are low-cost and eco-friendly and allow for

⁸Open defecation-related diseases such as diarrhoea, dysentery, cholera, typhoid, jaundice etc. kill hundreds of thousands of Indian children each year and stunt the physical and cognitive growth of survivors (Currie & Vogl, 2013).

savings of up to 75 – 80 percent on input costs) and **Systematic Rice Intensification (SRI)**. SRI techniques include selective seed germination, raised bed cultivation for water and nutrient optimisation, adequate seed spacing, etc.that reduce input costs and naturally increase crop yields. Our model orchards, dialogues on the



Photo 12: Demonstration on how to prepare homemade low-cost liquid fertiliser and pesticide in Panchkalma Village



Photo 13: Transplanting paddy from nursery into field in using the SRI technique of spacing single stalks 12” apart

foressential agricultural implements is being piloted under SDFRRWB. This pool aims to enable poor farmers to access the tools that they need in order to carry out basic farming and simultaneously enhance yields. Finally, the **kitchen gardens, fruit orchards** and rotational **livestock-financing** programme described under Pillar I (Adequate and Balanced Nutrition) above, also falls under the purview of SDFRRWB’s subsistence-for-nutrition strengthening efforts.

importance of **crop diversification for climate resilience**, and distribution of top grade organic fruit saplings and heirloom seeds also support villagers to augment agricultural incomes and local nutrition.

In addition, a **shared community bank**

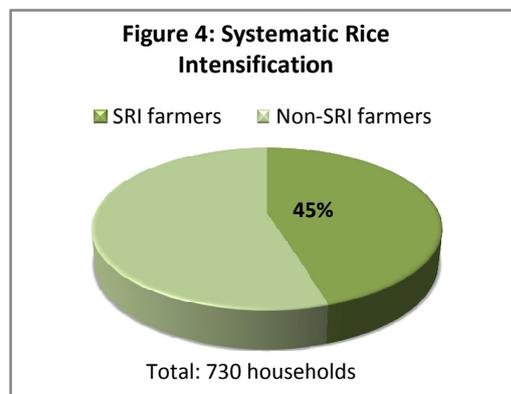




Photo 14: Kashphul Mahila Manda in Digholkiyari Village receiving the first payment for organic vegetable and fruit seedling grafts sold from their SHG-run nursery

All of SDFRRWB's work in the sphere of nutrition-linked subsistence enhancement is sustained by the development of over 22 women's **SHGs** and partnerships with 7 additional SGSY⁹ SHGs (whom we support with our activities). **Farmer's cooperatives, market linkages, and credit networks** have also been created and strengthened in

all 13 SDFRRWB villages. These community-mobilising and enabling platforms facilitate better access to microcredit, microinsurance and other facilities offered by local *Grameen* Banks and public rural development programmes. They also allow space for community dialogue, collective problem solving, **collaborative decision-making**, and even mutual censure against regressive social customs. Significantly, these platforms have provided women with an avenue to voice their previously underrepresented opinions and participate in domestic and community decision-making.

Women's empowerment along with autonomous participation of women in income-generation has enhanced household assets. In turn, this has facilitated greater resource allocation towards family nutrition and health.



Photo 15: Tending vegetables in an SHG-run farm in an SDFRRWB focus village

⁹Swarnjayanti Gram Swarozgar Yojana is a programme launched under India's National Rural Livelihoods Mission (NRLM) to provide sustainable income to the poorest of the poor. SHGs formed under this initiative are able to easily access microloans and public facilities for poverty alleviation.

Pillar IV: Family Income Security



Photo 16: A fabric painting training session at the RCHSS office

SDFRRWB's **alternative skills training and skills enhancement** initiative began in response to high demand from women's SHGs and communities in our focus areas. These groups expressed interest in building capacities in traditionally female-centric off-farm activities. This skills diversification was understood by communities as a way to improve household livelihoods

opportunities and incomes and thereby family nutrition and health.

To facilitate this vocational-skills development, SDFRRWB provides instruction in **sewing, embroidery, fabric painting, block and batikprinting, bag making, jewellery making** and more to local women and craftspeople. In combination with regular classes, the trainings include workshops by special guest artists, and fieldtrips and exchange visits to various handicraft hubs around West Bengal. These exposetrainees to diverse traditional and contemporary crafts and art forms and generate new locally feasible business ideas.

So far, over 360 training sessions have been conducted for over 41 women across SDFRRWB's 13 focus villages. These have been exceptionally well received and have resulted in over 15 households investing in sewing machines. These homes whose womenfolk are now designing and



Photo 17: SHG members and alternative skills-training programme trainees from different Malda villages on an exposure visit to a jewellery-making hub and market near India's border with Nepal

making the family's clothing and linens are enabling helpful savings on domestic



Photo 18: Practicing on paper at an SDRWWB sewing training session at the RCHSS office

expenses. They are even drawing in additional domestic revenues by operating tailoring businesses.

As a next step, SDFRRWB is building consistent **linkages with key markets, resources and institutions** in order to enable villagers to reliably sell their unique handicrafts to wider markets.

Conclusion

India's lacklustre performance in reducing malnutrition rates among rural women and children reveals the urgent need for a new approach to nutrition enhancement. Supplementary feeding is grossly insufficient, and anti-malnutrition efforts need to expand to include the larger contextual factors such as diseases, lack of adequate income and subsistence opportunities that impede proper sustenance. Programmes also need to adopt a participatory and collaborative approach that empowers communities to take ownership rather than depend on external agents in critical nutrition matters. Furthermore, grassroots needs, input, natural environments and social traditions must necessarily be incorporated in order to ensure cultural resonance and success of nutrition improvement efforts.

RCHSS' SDFRRWB Programme in Malda represents an alternative to the top-down and scholastically driven model of nutrition improvement. Its strong and consistent results in all its focus villages demonstrate the case for a holistic, people-centric and people-driven approach to nutrition enhancement. It indicates that strong enabling platforms that facilitate access to the right information, resources and institutions are vital for sound anti-malnutrition efforts. It is these platforms that embolden rural communities to take charge of their own nutrition and health status and improve their quality of life and overall wellbeing.

Stories from the Ground

Case Highlight 1: Collaborative decision-making and women's empowerment

In SakrolDanga, one of four SC villages under SDFRRWB inhabited by the indigenous Desia community, women's SHG members recount with pride their victory in overturning an age-old misogynistic custom.

In earlier times, Desia women's domestic activities such as cooking, cleaning, child and elder care, livestock tending, farming support, firewood gathering etc. comprised an additional burden. Following their household duties, they were responsible for procuring separate fuel wood for their meals, and funds/ materials for making their own clothing. As a rule, families did not support with these.

Through dialogues and discussions, SHG members sensitised villagers to the unfairness of this regressive tradition and the toll on women's health and time. As a result in SakrolDanga (as in all SDFRRWB's SC villages), the onus of responsibility for basic necessities has been removed from women. Partners now willingly contribute towards these, freeing up precious time that women had earlier spent in laborious fuel wood collection and necessary weaving.

The Desia women have not let this time go to waste. They have put their traditional looms to use in weaving wool and jute mats, bags, household linens, and other decorative items, for sale. Many are now financially independent small business owners generating surplus income for household poverty alleviation, nutritional enhancement, etc. They are also devoting greater attention to their personal development and pursuits such as getting their high school diplomas and undertaking higher education (some have even gone on to get B.Ed and M.A. degrees). More time is also available to devote to children, family nourishment, healthcare, and education – that suffered neglect in earlier times due to excessive pressures on women's time.



Photo 19: Sulekha, a young Desia housewife weaving a bedcover for sale. Her jute mat is also woven on her loom.

Case Highlight 2: Alternative Skills Training for Women's Autonomy

Kempo and RupaSarkar (no relation) from the remote and deeply traditional Proto-Mongoloid village of Digholkiyari had never imagined a life beyond their homestead. Raised like their clanswomen to be dutiful homemakers, their sole outside engagement was in providing seasonal support on their respective family farms. They had never seen a sewing machine, let alone used one.



Photo 20: KempoSarkar of Digholkiyari Village sewing sari material into curtains for a client

Kempo and Rupa joined SDFRRWB's women's SHGs to learn about additional income generation through alternative skills training. Now from novices practicing with paper patterns, they are skilled seamstress.

They have invested in sewing machines and are now operating a home-based business sewing sari blouses and petticoats, bags, children's and menswear, household linens, and more. They earn anywhere from 10-150 rupees per job. Their efforts bring in much-needed surplus revenue into their respective homes that is then allocated towards her children's education, quality family sustenance, home improvement, and more.

Like Kempo and Rupa, BelaSaha and Savitri Sharma of Dulalnagar Village have also benefitted from SDFRRWB

skills enhancement trainings and have advanced from operating home businesses to being proprietresses of tailoring shops.

Case Highlight 3: Community Ownership and Behavioural Change

In rural Malda, the severity and spread of diarrhoeal outbreaks are typically ascribed to the inefficiency and unresponsiveness of public health services.



Photo 21: A schoolgirl fills her water bottle at the village submersible pumping water station in Gaikuri

However in Hajrabari, locals led by women's SHGs took a collective decision to examine their own practices and behaviours. Through SDFRRWB-supported dialogues, observation and analysis they uncovered that the indiscriminate usage of pesticides contributed to high rates of diarrhoeal disease in their community. Pesticides seeping into local rivers and ponds during rains contaminated drinking, cooking and dishwashing water supplies. Inadvertent consumption of this pesticide-laced surface water wreaked havoc on public health and

particularly the delicate constitutions of children.

The community rallied the local government for their public right to safe drinking water and ensured the installation of submersible water pumping stations in their village. They also took the mass step to change their water consumption behaviours and switch to deep groundwater for drinking, cooking and dishwashing purposes.

These steps that have been replicated across all 13 SDFRRWB villages have almost entirely removed diarrhoeal diseases from these areas.

Case Highlight 4: Asset Improvement for Nutrition Enhancement

Shiuli Mahila Mandal (SMM) an RCHSS-supported women's SHG in Digholkiyari Village that was started in 2011 nominated their leader to purchase a dairy cow in 2012.

Through the sale of milk and milk products in addition to her family's farming income, SMM's leader was able to return the cost of the cow to group coffers within 3 short months. Revenues generated by three calves (two cows and one bull) that were born to the cow over time, also allowed her to wisely purchase an additional bull.

She now rents out the pair of bullocks to other farmers in her village to use as draught animals for ploughing their fields. The income generated from this prudent investment has allowed for the purchase a goat that has birthed a number of kids.



Photo 22: SMM leader with dairy cow and subsequent calf



Photo 23: SHG member in xxx Village with SDFRRWB supported goat and one of its 2 kids

After their leader, seven members of SMM have similarly benefitted from the SDFRRWB livestock ownership programme that has been replicated with all 22 SHGs in our 13 focus villages.

Case Highlight 5: Grassroots Leadership for Nutrition Enhancement



Photo 24: Late Mrs Naskuri Sarkar

The members of RCHSS-supported SHG *Kashful Mahila Mandal* (KMM) in Digholkiyari Village consider themselves fortunate. They recognise that not many SHGs are blessed with a tireless and visionary leader such as the late Mrs Naskuri Sarkar.

Naskuridi as she is popularly known overcame great personal poverty and adversity to drive positive social change and progress in her community. Barely literate herself, she was a great advocate of schooling and campaigned for the education of all Digholkiyari's children, particularly girls. She was also a promoter of critical primary maternal and child healthcare and growth monitoring.

Most significantly, Naskuridi encouraged her SHG members and community to follow her example and take ownership of improving their health, nutrition and income status through the planting of organic kitchen gardens and fruit trees. She highlighted how she had managed to independently raise a healthy family of 5 kids on only 50 rupees a month through reliance on micro nutrient-rich kitchen and fruit gardens.

While she tragically and unexpectedly passed away in her early 30s, her legacy lives on in the tremendous development she spearheaded in Digholkiyari Village and the pervasive practice of planting kitchen gardens and fruit orchards she left behind in her community.

Most hearteningly, KMM has further kept the spirit of their firebrand leader alive by starting and operating a plant nursery of high quality fruit and vegetable sapling and seedling grafts for sale.



Photo 25: Naskuridi's husband Mukul Sarkar is now the local expert on kitchen gardens



Photo 26: KMM with a the first payment received for seedling grafts sold from their SHG-run organic fruit and vegetable plant nursery

Case Highlight 6: Women's Entrepreneurship for Nourishment

Pushobati Mahila Mandal (PMM), an RCHSS-supported women's SHG in the poor farming village of Gaikuri, started small. From members contributing a humble sum of 50 paise per month in 1995, its group coffers now enjoys a monthly member contribution of 30 Rupees.



Photo 27: PMM members in their mango orchard

The Group's enterprising women have created new subsistence opportunities for themselves and their families. With their pooled funds, PMM availed of microcredit for pond revival and pisciculture. The revenues from this initiative were further applied towards loans that enabled collective purchase of land for mango and fruit orchards.

These orchards that are farmed and overseen entirely by women – right from applying of natural fertilizers and pesticides to actual harvesting of fruits from trees and selling in markets – have transformed the previously limited staple-crop economy of Gaikuri. Significantly the operations have instilled in previously invisible village

women a sense of autonomy, empowerment, entrepreneurship and pride in their abilities. They have also enabled families to improve their incomes, education as well as their nutritional and health status.

Gaikuri's story is representative of all SDFRRWB focus villages. It is now common to see women's SHGs within and between villages engaged in formal and informal exchanges of best practices.

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