Lessons from a Women-led Livelihood Pilot in a Neglected Tropical Diseases endemic area in Southern India

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ABSTRACT

Purpose: This study was conducted in a Neglected Tropical Diseases (NTD) endemic location in South India. It aimed to determine whether incomegenerating opportunities for members of low-income households would help in reducing their vulnerability to NTDs.

Method: Eleven women participated in the 'Jagruti' livelihood project. A baseline survey captured their demographic details, economic situation, and perspectives of the future. An end-of-project survey recorded the impact. The marketing strategy used Behaviour Change Communication through product and menstrual hygiene awareness among Self-Help Group (SHG) women, one-on-one peer education for women at home, and counselling for adolescent schoolgirls.

Results: All participating women had changed their own and their daughters' menstrual hygiene behaviour. They felt that their entrepreneurial and communication skills had improved. The maximum and minimum individual earnings from sanitary napkin sales had been USD 54 and USD 8 per month respectively. This additional income had met pressing household needs, toilet repairs, and medical treatment of family members with COVID-19. In May 2021 the COVID-19 second wave and lockdown, as well as the state government initiative to sell sanitary napkins at subsidised rates to rural women, and free of cost to adolescent school-going girls, led to the termination of the livelihood project earlier than scheduled.

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Conclusion and Implications: Sustainable livelihoods for women from lowincome households can bring in additional income to be utilised for medical treatment, improving household sanitation and nutrition, etc. This may reduce household members' risk of contracting or transmitting NTDs. The government initiative will be routed through selected SHGs with proven efficiency. Four of the trained women entrepreneurs are confident that their SHGs will be selected and look forward to using the knowledge and experience they have gained from the livelihood project. Investment in empowering and developing the business skills of enterprising women is a worthy cause.

Key words: lean experiment, entrepreneurship, menstrual hygiene, lockdown, risk

INRODUCTION

Neglected Tropical Diseases (NTDs) are diseases of poverty. They have devastating human and socio-economic consequences for more than one billion people globally, predominantly among vulnerable and marginalised populations in low- and middle-income countries, who have poor access to basic health, water and sanitation services (WHO, 2020).

The 'Jagruti' livelihood project was an innovative, one-year lean experiment model to study the impact of a women-led sanitary napkin marketing and sales livelihood project on economically poor households in 78 NTD endemic villages in Vizianagaram District of Andhra Pradesh, South India. The American Leprosy Missions and LEPRA Society had earlier implemented a women-led integrated Water, Sanitation and Hygiene (WASH) and NTDs project in this area.

None of the self-help groups (SHGs) in the Block had implemented a livelihood initiative in the previous two years. This project was designed as a social enterprise intended to address menstrual hygiene, a neglected aspect of WASH, while also addressing household poverty, a key risk factor associated with NTDs (Aagaard-Hansen and Chaignat, 2010). However, an unforeseen event resulted in irreversible closure of the livelihood project after only eight months. This was four months before the project could complete its planned exit strategy which involved phased handing over of the enterprise to the women who would manage it independently. This report briefly outlines the lessons learnt and describes the project's impact on the women who participated in it.

Objective

The aim of the project was to study whether increasing the income of economically poor households in an NTD endemic location in India would contribute to reducing the household members' vulnerability to NTDs.

METHOD

Study Design

Initially a baseline survey was conducted regarding the demographic details, household economic situations, and future perspectives of the eleven women entrepreneurs. An end-of- project survey was done to capture the impact on the participating women and their households.

Project Initiation

Eleven women, from different SHGs and with some basic leadership and management experience, were selected from communities at risk for NTDs. None of the women themselves suffered from a NTD. One woman had a household member with lymphatic filariasis. The selection of a sanitary napkin marketing and sales enterprise was made after several rounds of participatory discussions with the members of the SHGs and district authorities. The decision to focus on the neglected issue of menstrual hygiene was raised by the women themselves, with consensus that this would be a relevant and potentially sustainable womenled enterprise. The women entrepreneurs received training in behaviour change communication (BCC), peer education on menstrual health and hygiene, and were made aware of affordable and safer options to the traditional absorbent materials and practices of their communities. The project also developed their business and management skills to equip them to scale and run their enterprise profitably and independently by the end of one year, the time-frame by which this lean experimentation model project would have completed its exit strategy of phased handing over of the entire management to the participating women.

The products and packaging were designed with inputs from the women and delivered to the project site by the vendor. The enterprise was officially launched in the third week of January 2021, with assured cooperation from the district Rural Livelihoods and Health Departments. After completion of the training in early February 2021, product and menstrual hygiene awareness began for the

SHGs, door-to-door marketing was done through one-on-one peer education for women at their homes, and counselling was done for adolescent girls in schools and hostels. The women sold the product at a small margin which they retained, returning the cost price to their business savings account. With its innovative marketing strategy, the enterprise was the first of its kind in this Block.

A Series of Unexpected Events

Sales started in the second week of February 2021 and showed a small but steady increase until April 2021. The second wave of COVID-19 resulted in the sudden imposition of a rigorous lockdown in May 2021. All activities were abruptly halted by a government order. The women accepted this situation, and looked forward to sales picking up after the lockdown. However, towards the end of May the project suffered a major setback with the announcement of a state government initiative. Tenders were invited from multi-national companies for mass production of sanitary napkins which would be sold at highly subsidised rates to rural women, and provided free of cost to all adolescent schoolgirls. In fact, the government had begun supplying free sanitary napkins through schools in April itself (DC correspondent, 2021). This had affected the enterprise's sales of sanitary napkins as adolescent girls were the enterprise's largest market, adult women being reluctant to change from cloth to disposable napkins.

The women were dismayed, as they surmised that their small enterprise would not be able to compete with the scale of the government initiative and pricing of the subsidised product. While sustainability of this livelihood now seemed unlikely, the government initiative was nonetheless welcomed as it would make menstrual sanitary products available and accessible in their area. A decision was reached by all key stakeholders to cut their losses and exit the project.

RESULTS and DISCUSSION

This WASH-linked livelihood project was taken up by eleven women from households living below the poverty line. The women entrepreneurs had an average age of 34 years and were married. Most of them had completed their secondary school education, and all were members or leaders of different SHGs. Their average monthly household incomes ranged from USD 140 to USD 250. Around two-thirds of them were homemakers, while the rest were working as Accredited Social Health Activists (government frontline workers) in their villages. According to the baseline survey, their primary reason for joining this enterprise was to improve the financial condition of their families. The women also mentioned their aspirations of providing better education for their children, being able to maintain and repair their houses, and having a stable livelihood. Other expectations from the enterprise were job satisfaction and earning recognition at home and from society. They felt that increasing awareness on menstrual health and providing a needs-based service to women in their community along with proper marketing strategies, could facilitate the fulfilment of their aspirations.

At closure of the project, a modified end line survey captured the impact of the project on the women. It was not possible to conduct a comparative survey for a project that was closed before schedule and had only partly achieved its objectives. In addition, it was necessary to be sensitive to the women who were unprepared for the abrupt termination of their enterprise. However their responses, despite their obvious disappointment, were unexpectedly positive. Some of the responses are as follows:

- Their maximum and minimum individual earnings from sales, during the two months when the livelihood activities were unimpeded, had been USD 54 and USD 8 respectively. The women had welcomed the additional income which was used to meet pressing household needs, pending toilet repairs, and treatment costs of family members with COVID-19.
- 2) The women said that the marketing strategy of raising menstrual health and product awareness among the women in their SHGs helped sales of the product in the community. Marginalised households in India have at least one female family member in a SHG. Therefore, generating awareness during meetings of all the SHGs in the Block was a quick and effective way to convey information to every marginalised household in the Block, and boost sales. The women were confident that the awareness generated would continue to encourage the women in their communities to adopt safer menstrual hygiene practices. They had themselves changed their own and their daughters' menstrual hygiene behaviour.
- 3) All the women felt that their entrepreneurial and communication skills had improved and, had this enterprise been sustainable, their experience and income would have increased. One of the women specifically said that her own negotiation skills and the marketing skills of the whole group had improved with the training provided by the project. Nine of the eleven

women expressed interest in joining a livelihood initiative if an opportunity presented itself in future.

Implications

According to the Block District Rural Development Agency authorities, the government initiative is expected to start within six months. The initiative is planned to be routed through select SHGs with proven efficiency and strong systems of regular meetings, regular savings, internal loans, timely repayment, and proper book-keeping. The government initiative expects the SHG women to sell the product in their communities at a small margin, returning the cost price to the government and keeping the profits from their sales. Four of the trained women are confident that their SHGs will be selected and look forward to using their newly- acquired knowledge and skills. The menstrual health and hygiene awareness raised among all the SHGs in the Block, and their own experience with BCC as a key element for sales, will be an added advantage.

CONCLUSION

This paper shares the authors' experiences with a lean experimentation model livelihood project that was prematurely terminated due to unforeseen circumstances. It highlights the early yet positive impact that such women's empowerment initiatives can have on the participants. It is hoped that these experiences and learning will benefit others involved in similar initiatives.

Lessons Learnt

In NTD endemic areas, involving women from low-income households in sustainable livelihoods is one way to bring in additional household income that could be prioritised for medical treatment and for improving household sanitation, nutrition, etc. This may reduce their family members' risk of contracting or transmitting NTDs.

All business ventures can be risky, but investment in empowering and developing the business and subject matter (in this case, menstrual health) skills of enterprising women from economically poor households is never a loss. Though the sample was small, these women demonstrated surprising resilience and determination in the face of unexpected obstacles and disappointments.

Relevant livelihood projects for SHG women can be piloted and scaled up during the COVID-19 pandemic, along with preparedness for setbacks such as unexpected restrictions or lockdowns. However, in small business ventures such as this marketing and sales enterprise, it is important to recognise unforeseen but potentially insurmountable risks early on and take quick, decisive action to mitigate unnecessary loss.

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