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Synergizing Women's Health and Microfinance Programs through Self-Help Groups for Empowering Communities in India

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ABSTRACT

Microfinance has evolved as a poverty alleviation tool, yet without addressing health, it will only have a limited impact, as poor health can contribute to increased poverty. This research examines a different approach to integrating initiatives that concern women's health with microfinance programs through Self-Help Groups (SHGs) in India. It is based on a case study method where various case models integrating microfinance and health interventions are studied. In this regard, this article analyzes various cases from several states in India with a focus on the use of SHGs as an effective platform for delivering health education, services, and financial products designed to meet the specific needs of women. The research shows that SHGs are crucial for enabling their members' access to credit facilities, income-generating opportunities, and primary health care, which are necessary for fostering an environment suitable for empowering women and developing community structures. Thus, this study concludes that when applied together, such initiatives promote better health indices and augment female economic activities and decision-making ability.

KEYWORDS: Microfinance; Self-help groups; Health; women

INTRODUCTION

Microfinance has evolved as a development tool to reduce poverty. Poverty alleviation

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without addressing health will only have a limited impact, as poor health can contribute to increased poverty (Wagstaff & Claeson, 2004). Microfinance self-help groups, where women gather in formal groups to repay their loans and save regularly, foster solidarity and social capital among self-help group women (Dunford, 2001; Vyas & Bahl, 2023). Meetings and training promote financial discipline and transactional record-keeping. These SHG networks can improve health outcomes by promoting financial discipline and social capital. Combining health and microfinance programs can improve social and financial security for the poor. Routine credit group sessions effectively communicate health messages and information. Health interventions that are combined include newborn care, awareness about public health programs, health insurance, and social visits for family planning products and services.

Women are primary advocates for the education and health of their children, and microfinance self-help groups offer them financial resources to improve their livelihood and provide a range of integrated health services. Globally, mounting data indicates that microfinance programs have resulted in non-financial benefits such as improved health, hygiene, and sanitation. The Indian government has committed to SDG 3, which aims to promote healthy living and universal health coverage (UHC), eliminating inequality (SDG 10). Improving healthcare access and lowering out-of-pocket spending is critical for India's marginalized people to meet the SDGs. State-sponsored health insurance programs have provided some assistance but do not address the underlying social exclusion in the healthcare system. Allocating benefits to vulnerable and resource-poor communities like city slum dwellers, informal women workers, migrants, and employees of specific industries such as the clothing industry, quarry, salt pan, and tea estate is a significant challenge in realizing universal health coverage. This kind of expansion is called "product distribution" in the context of financial inclusion, referred to as "enlarging enrollment" in public insurance.

According to the NSSO 2017-18 study (75th Round), around 65%of the population resides in rural areas. More than 14% seek healthcare treatment every month, according to this survey. On average, there are roughly 10 childbirth-related hospitalizations a month, with about 2-3 happening in private hospitals. In rural India, private hospital deliveries are expensive for most families who do not possess health insurance policies and, therefore, have to pay for these expenses directly from their pockets. Rural villagers prefer going to private hospitals when it

becomes severe or for cesarean cases or other interventions because they need "instant cash" outlays. Every panchayat experiences an additional case per month of loans meant for maternity support (Sadhan, 2023).

Low-income families can utilize financial inclusion for better healthcare and lower out-of-pocket expenses. Financial solutions will enable poor women to overcome financial difficulties related to healthcare access and utilization, reducing their economic burden. When treatment is made affordable, poor women are more likely to use it during times of crisis to improve their health status. For universal health coverage, poor people must be able to access both financial and healthcare services. Innovative strategies with private and public sector resources can now link financial inclusion and health goals. Previous studies focused on micro-finance-based SHGs' social and economic effects, while a few others looked at how existing national and state government structures for SHGs could be built upon even in the future. This study examines outcomes concerning the health of Indian SHG women participating in an MF institution with interventions on health, nutrition, sanitation, etc., hence trying to bridge gaps in the existing research.

LITERATURE REVIEW

Addressing vulnerabilities in health indicators listed in the Sustainable Development Goals is crucial for public health investment to impact population outcomes positively. Balarajan, Selvaraj, and Subramanian (2011) argue that social determinants of health significantly address health inequities, which stem from various social, economic, and political factors. Microfinance programs and organizations for women's groups provide access to money and address inequities in power, reputation, income, and wealth across socioeconomic situations.

In India, significant regional disparities explain why many northern states have generally reported low development and maternal health statistics. Uttar Pradesh (UP) has the highest maternal mortality rate in India, which can be ascribed to the state's population of 200 million (Ahmad et al., 2021). According to Keats et al. (2021), microfinance SHGs provide an effective platform to generate awareness about antenatal care (ANC) coverage. SHG members communicate awareness messages by self-generated community mobilization and behavior change communication (BCC). Various types of research explained how community-based

interventions impacted maternal and child health through SHGs. Among these researchers, Manandhar et al. (2004) did the Makwanpur trial in Nepal in which they used a participatory learning cycle in Self-help group women, which after 3 years resulted in a 30% reduction in neonatal death and an 88% reduction in maternal mortality rate.

Health education during microfinance group sessions can enhance understanding and promote favorable health behaviors (Leatherman & Dunford, 2010). Microfinance institutions' health activities improve undernutrition and diarrhoea, leading to fewer illnesses and deaths in underdeveloped countries (Marcus et al., 1999; Johnson & Rogaly, 1997). Kim et al. (2007) conducted a randomized control trial in South Africa that found that microfinance-based interventions can reduce intimate partner violence. According to Hadi (2001), BRAC credit beneficiaries in Bangladesh prioritize health promotion activities to maintain eligibility for credit, free education, and subsidized healthcare for their families. Hence, primary care for children (diarrhoea, breastfeeding), TB, and sexually transmitted infections, domestic abuse, reproductive health, HIV prevention were addressed, and conditions were improved by integrating health education with microfinance.

RESEARCH METHODOLOGY

Research Objectives

The study tries to address the following research objectives:

- To study effective case models that integrate women's health programs into microfinance Self-Help Groups (SHGs) in India.
- To understand the integration impact of women's health initiatives within microfinance SHGs, which contribute to sustainable community development outcomes.
- To help policymakers incorporate effective model cases at the central level to benefit marginalized women.

Research Design

This descriptive, secondary data-based research examines the impact of microfinance SHGs on health coverage in India. It is based on a case study method where various cases integrating microfinance and health interventions are studied. Data on health plans, reports, articles, and policy documents connected with microfinance SHGs were provided and analyzed.

Data was sourced from government agencies such as NABARD, Sa-Dhan, journal papers, and various state and centre-level microfinance organizations. Documents were collected and organized in a structured manner. The qualitative content analysis method was used to analyze the case models.

Data Collection

Integrated microfinance and health programs conducted nationwide were reviewed, and effective case models adopted by various agencies were collected. These case models were collected based on the number of microfinance-SHGs it serves, the health impact on women, and self-help group promoting institutions (SHPIs). A comprehensive review of the following case models implemented across different levels of governance, including NGOs and both central and state levels, was undertaken-

- The Integrated Microfinance and Health Literacy (IMPHAL)
- Various Arogyashree Schemes by state governments
- Health Diaries
- National Insurance VimoSEWA Cooperative Ltd.
- Sampoorna Suraksha Health Insurance by SKDRDP
- The DHAN Foundation
- 'Healthy Baby Wealthy Nation' (HBWN)
- Grameen Koota – SAS-PAP Healthcare Partnership Model
- MFIs involved in Micro Insurance General Health

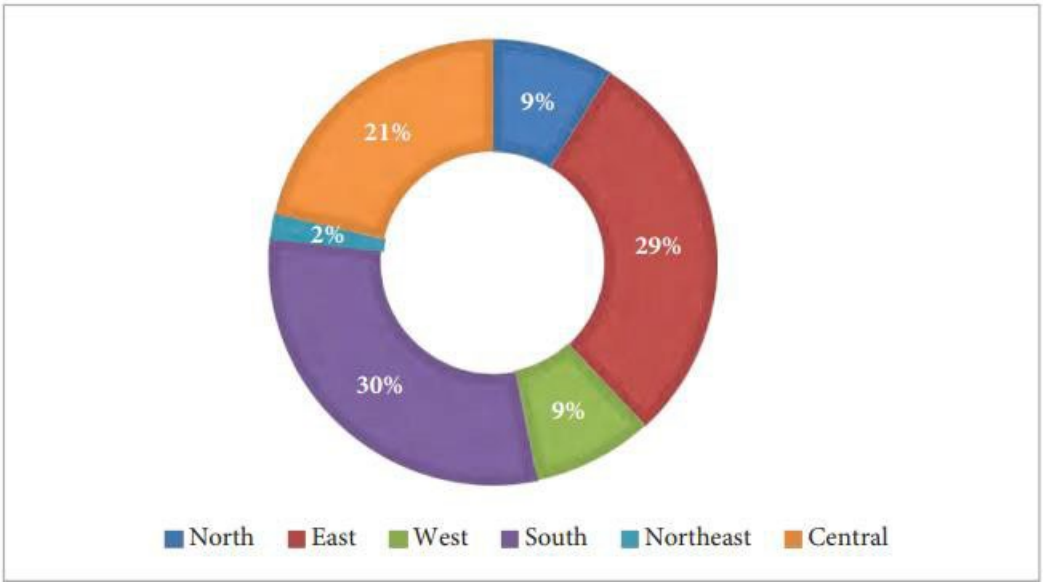
DATA ANALYSIS

India's microfinance institutions are increasingly conducting integrated microfinance and health programs nationwide. Such case models are reviewed and analyzed qualitatively. SEWA, SKDRDP, Equitas, Bandhan, and CASHPOR were early adopters. State government agencies like MAVIM in Maharashtra offer integrated health and microfinance schemes, while SHPIs like ADS in West Bengal use SHGs to promote health. Microfinance institutions are spread all over India and have substantial client outreach that helps women's health coverage.

Geographical spread of microfinance institution's client outreach:

The Southern region accounts for 30% of the overall active customer base (532 lakhs), followed by the Eastern region (29%), Central region (21%), and Northern and Western regions (9% each). The North Eastern area has the lowest client outreach at 2%. Outreach has increased from 28% to 29% in the Eastern region and 19% to 21% in the Central region. However, it has decreased in the Southern and North Eastern regions, from 32% to 30% and 3% to 2%, respectively. The shares of Western and Northern regions remain steady at 9% each.

Figure 1: Regional break up of Client Outreach as of March 2023



[**Source:** Bharat Microfinance Report, 2023]

Improving maternal health is a worldwide public health concern. Despite decades of improvements in mother health, almost 295,000 maternal fatalities occur each year. While India has prioritized institutional birth through conditional cash transfer schemes, there are significant disparities in the early detection and treatment of maternal complications between rural and urban populations, particularly during the antenatal and postnatal periods, which disproportionately affect poor families with low literacy. The health system's shortcomings are exacerbated by community-related delays in seeking care and accessing health facilities due to financial constraints and a lack of awareness about pregnancy complications and complication preparation. Many health and microfinance programs conducted by central and state governments of India and NGOs try to reduce this gap. Some of the crucial case models are discussed below.

The Integrated Microfinance and Health Literacy (IMPHAL)

A unique, quickly expandable community project that combines maternal health literacy dispensation through microfinance-oriented women-only self-help groups (SHG) has been recently introduced in Uttar Pradesh, the most populous state of India. The project targets poor women in low-income rural households of underdeveloped regions. This study investigates how participation in IMFHL affects critical maternal health indicators.

The Integrated Microfinance and Health Literacy (IMPHAL) program is a multi-faceted approach to improving the health and economic status of individuals and communities living in remote areas. It merges microfinance services such as micro-credit and savings with health education programs and literacy to enable people to make better decisions about their health and finances.

Arogyashree Schemes

State governments, including Vajpayee Arogyashri in Karnataka, Rajiv Aarogyasri, Kalaignar in Tamil Nadu in Andhra Pradesh, and Mukhyamantri Amrutum Yojana in Gujarat implemented social health programs for marginalized people. These schemes provide cashless tertiary care for those living below the poverty line. (NABARD,2018). The project aims to reach 7.8 million families (5 members per family) in urban and rural areas below the poverty line. Members utilize their below-poverty-line card, given by the Department of Food and Civil Supplies, for identification. Vajpayee Arogyashree cares for cardiovascular, neurological, and renal disorders, cancer (surgery, chemotherapy, and radiology), burns, polytrauma, and neonatal patients.

Health Diaries

The Grameen Foundation launched a research project in Jharkhand and West Bengal to determine how much money women spent on pregnancy-related healthcare. In 2017, 45 low-income women from Aikyatan Development Society (ADS) and Bandhan Konnagar were interviewed every 3-4 weeks using a series of 'Health Diaries' to document 'health events' such as accidents or illness. The Grameen Foundation invited pregnant women, mothers with young children, and mothers-in-law of expectant mothers to participate. The health diary investigation yielded significant findings: How do these households handle healthcare costs?

Low-income households may need help understanding how to enroll in insurance plans for which they are eligible. Despite government efforts to minimize these costs, low-income households face potentially catastrophic out-of-pocket healthcare expenses. Most families need care from 'quacks', followed by the public health sector. However, for severe ailments, families choose medical practitioners, followed by quacks. Financial products designed to assist women in planning for and managing healthcare costs should be customized to their perceived urgency. Many people choose to use their savings at home, citing the convenience of having easy access to funds when necessary.

National Insurance VimoSEWA Cooperative Ltd.

It was formed in 2009 by a group of individuals under the name VimoSEWA Cooperative Ltd as per the provisions of the Multi-State Cooperative Act by the Government of India. Among them are Bihar, Delhi, Gujarat, Madhya Pradesh, and Rajasthan, which have 12,000 women shareholders. Thirteen institution members belong to Vimo SEWA, including but not limited to (SEWA Bank, SEWA Bihar, and SEWA Cooperative Federation). These collective institutions represent one hundred six women cooperatives. In 1992, Ahmedabad set up a scheme to offer financial security to borrowers with SEWA Bank, which has since expanded over time until currently, it covers all the members of SEWA against various risks such as illness accidents or destruction of property due to natural calamities. It was coordinated by community leaders and women laborers, who enabled the realization of the VimoSEWA volunteers' micro-insurance plan. Women workers, as well as insurance professionals, sit on this board after being elected democratically.

Sampoorna Suraksha Health Insurance by SKDRDP

In 2004, Sampoorna Suraksha Health Insurance (SSHI) was established by SKDRDP, a charitable trust located in Dakshina Kannada district in Karnataka. Previously, SDKDRP provided a limited welfare fund with an annual ceiling sum of Rs.5,000 for health benefits only. However, SHG members making up the bottom quintile demanded more comprehensive coverage. The SSHI covers hospitalization, accident treatment, and pregnancy for its rural Karnataka state membership of 926581 persons (265028 families).

The DHAN Foundation

The DHAN Foundation, headquartered in Madurai, Tamil Nadu State, was established in 1997. Its institutions form the DHAN Collective. The organization aims to help underprivileged communities reduce poverty and attain self-sufficiency by developing persons and institutions. The plan intends to help 20-40% of low-income people in rural and urban settings. The viability of the provider insurance model depends on significant social capital and community-run clinics and hospitals. As a result of their insurance experiments, DHAN developed a provider model for community health insurance through community hospitals. Three community hospitals and clinics in Tamil Nadu and Andhra Pradesh, known as SUHAM Hospitals, provide primary and secondary care to insurance members who cannot obtain private hospital coverage. Effective risk management includes money and insurance, risk avoidance, prevention, and mitigation. DHAN creates community health projects to address various health conditions and mitigate risks. It evaluates benefits data to identify health hazards in covered communities.

'Healthy Baby Wealthy Nation' (HBWN)

From February 2015 to January 2018, Bandhan-Konnagar launched the 'Healthy Baby Wealthy Nation' (HBWN) project in 24 village Panchayats with funding from HDFC Life, a life insurance business. HBWN aimed to reduce PEM among under-5 children in six 'backward' areas of West Bengal (Alipurduar et al. 24 Parganas). The project impacted 113,182 families, focusing on pregnant women, nursing mothers, children under the age of five, and those without access to sanitation. Bandhan-Konnagar focused primarily on Gramme Panchayats, where Bandhan Bank's microfinance initiative works.

Grameen Koota – SAS-PAP Healthcare Partnership Model

In 2014, SAS Poorna Arogya Healthcare Pvt. Ltd. (SAS-PAP) and Grameen Koota Services Pvt. Ltd. (Grameen Koota) partnered to offer affordable healthcare services. SAS-PAP, created in 2010, now serves over 650,000 people across 10 MFIs/NGOs in Karnataka and Assam, with a network of over 120 partner hospitals as of March 2016. SAS-PAP relies entirely on membership fees to fund operations. Grameen Koota, launched in 1999, has 1.6 million active borrowers as of April 2017. Client feedback indicates a high demand for excellent medical consultations and cashless inpatient treatments. The Grameen Koota-SAS-PAP

cooperation offers clients access to 45 hospitals in Karnataka. Grameen Koota enrols consumers at certain branches, collects a membership fee of '250 per year per individual, and provides loan support for those who cannot afford it.

MFIs involved in Micro Insurance General Health

Microfinance institutions (MFIs) increasingly provide microinsurance products to their consumers, including general health insurance. These products are intended to give low-income populations reasonable, accessible, and relevant insurance coverage typically unavailable in regular insurance markets. Microfinance institutions are collaborating with mainstream insurance companies to achieve this. More than 90 lakhs have been covered under General Insurance Health by 14 MFIs (BMR, 2023).

Table 1: List of MFIs involved in Micro Insurance General Health

Sl. No.	Name of the Organization	Legal Form	No. of Clients
1.	IIFL Samasta Finance Ltd.	NBFC-MFI	20,72,298
2.	Magalir Micro Capital Pvt. Ltd.	NBFC-MFI	54,681
3.	Samavesh Finserve Pvt. Ltd.	NBFC-MFI	15,226
4.	Humana Financial Services Pvt. Ltd.	NBFC-MFI	16,848
5.	Keshava Prabha Microfin Pvt Ltd.	NBFC-MFI	4,350
6.	Magenta Finance Services Pvt. Ltd.	NBFC-MFI	1,527
7.	Sarala Development & Microfinance Pvt. Ltd.	NBFC-MFI	40,637
8.	SATYA MicroCapital Ltd.	NBFC-MFI	17,06,056
9.	Shroff Capital and Finance Pvt. Ltd.	NBFC-MFI	286
10.	Sindhuja Microcredit Pvt. Ltd.	NBFC-MFI	70,994
11.	Uttrayan Financial Services Pvt. Ltd.	NBFC-MFI	1,78,643
12.	Ambition Services Pvt. Ltd.	Pvt. Ltd. Company	46,402
13.	Annapurna Mahila Coop Credit Society Ltd.	MACS or Cooperative	4,762
14.	Aparajita Mahila Sangh	Society	481

[**Source:** Bharat Microfinance Report, 2023]

FINDINGS AND DISCUSSIONS

The incorporation of microfinance and health programs via Self-Help Groups (SHGs) in India has tremendously impacted several elements of rural and semi-urban populations. This integration impacts SHG women's health awareness and financial support and concurrently addresses economic empowerment and healthcare access. Table 2 explains the comprehensive health impacts on SHG women using the above case models.

Table 2: Integration impact of women's health initiatives within Microfinance SHGs

Sl. No.	Model-cases	Self-help group promoting Institution (SHPI)	Health Impact on SHG Women
1.	The Integrated Microfinance and Health Literacy (IMPHAL)	Uttar Pradesh State Government	Maternal health literacy
2.	Vajpayee Arogyashree Scheme	Karnataka State Government	Care for cardiovascular, neurological, and renal disorders, cancer (surgery, chemotherapy, and radiology), burns, polytrauma, and neonatal patients.
3.	Rajiv Aarogyashree scheme	Andhra Pradesh State Government	
4.	Kalaignar Aarogyashree scheme	Tamil Nadu State Government	
5.	Mukhyamantri Amrutum Yojana	Gujrat State government	
6.	Health Diaries	The Grameen Foundation in West Bengal and Jharkhand	Pregnancy-related healthcare
7.	National Insurance VimoSEWA Cooperative Ltd.	VimoSEWA Cooperative Ltd. (Multi-State Cooperative Act, GoI) In Bihar, Delhi, Gujarat, Madhya Pradesh, and Rajasthan (12,000	Various risks include illness, accidents, or destruction of property due to natural calamities.

		women shareholders)	
8.	Sampoorna Suraksha Health Insurance	SKDRDP, a charitable trust in Karnataka	Health Insurance covers hospitalization, accident treatment, and pregnancy
9.	The DHAN Foundation	Tamil Nadu State	Health Insurance model in community-run clinics and hospitals.
10.	'Healthy Baby Wealthy Nation' (HBWN)	Bandhan-Konnagar and HDFC-Life	Focus on pregnant women, nursing mothers, and children under the age of five
11.	Grameen Koota – SAS-PAP Healthcare Partnership Model	Grameen Koota Services Pvt. Ltd. (Grameen Koota) and SAS Poorna Arogya Healthcare Pvt. Ltd. (SAS- PAP) formed a partnership in Karnataka and Assam	Medical consultations and cashless inpatient treatments
12.	MFIs involved in Micro Insurance General Health	14 Micro-finance Institutions	Micro Insurance General Health

The overall impact of microfinance and health coverage by self-help groups is discussed below.

Increased Savings and Credit Access: SHGs enable members to save money and obtain credit at cheaper interest rates than traditional banks or informal lenders. This financial inclusion has enabled many people, particularly women, to engage in entrepreneurial activities, increase household income, and improve their living standards. Entrepreneurship and skill development: Many programs provide training and financial assistance. This has resulted in the establishment of small enterprises and encouraged group members to pursue self-employment opportunities. However, it is not enough to provide loans; members must also

have the expertise to employ those loans appropriately.

Increased health awareness and Health outcomes: Health education regarding nutrition, family planning, sickness prevention, and sanitation are commonly discussed in SHG meetings. SHG members, through such discussions, can make informed health decisions, leading to improved health outcomes. Access to preventive care, maternal and child health services, health education, and immunization have increased due to integrated microfinance and health programs and schemes. SHG members actively participate in health camps and workshops and get information, testing, and treatment options, which in turn help them curb diseases like malaria, tuberculosis, and HIV in rural areas.

Socioeconomic development: Women who make themselves and their families physically and financially healthy boost their confidence and are more empowered than others. Financially independent women have more decision-making power in their families and are, hence, less vulnerable to abuse. Hence, improved health outcomes and financial stability make society more resilient in coping with health and economic emergencies. Hence, SHGs address the vulnerability of marginalized women and help them to alleviate poverty by making them financially independent.

In summary, the inclusion of women's health programs in microfinance self-help groups (SHGs) in India not only enhances women's physical and social health but also fosters more sustainable community development by tackling social and economic inequalities, advancing gender parity, and strengthening community resilience.

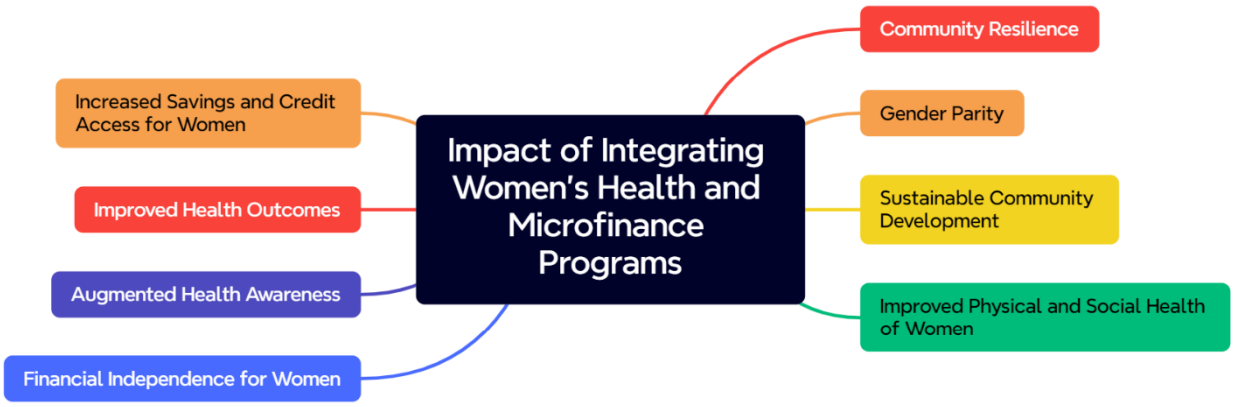


Figure 1: Impact of Integrating Women's Health and Microfinance Programs

POLICY IMPLICATIONS & FUTURE RESEARCH

Regardless of the hurdles faced, there is a need for cooperation among policymakers, researchers, donors, and social investors' practitioners so that microfinance can be integrated with health services. Generally, the aim is to support the scaling up of program development approaches and operational processes, such as demonstration/dissemination on a larger scale. Monitoring and evaluation methods should be constructed to gather data on the effectiveness of this integrated strategy for incentivizing MFIs, SHGs, and healthcare providers who wish to invest in program design and implementation. This would also promote more innovative healthcare financing models by addressing the increasing menace of non-communicable diseases. This will require grant-making facilities, social capital, government subcontracts, etc., which are essential forms of financial assistance necessary for bringing together practitioners to discuss best practices and effect results.

National projects such as the National Rural Livelihood Mission (NRLM) help empower poor women so that they deliver last-mile health and nutrition services while generating income. India could be a global leader in combining microfinance with health solutions to evaluate their effectiveness. The project, funded by international donors in collaboration with national programs for rural health/livelihood generation, could significantly improve the lives of India's poor and offer valuable lessons for global health and development communities.

Local and state administrations, including village Panchayats, Health Departments, and ICDS, should collaborate with health-promoting MFIs and SHPIs. Such partnerships enhance clients' access to frontline service providers and marketing campaigns aimed at vulnerable populations, thereby benefiting both government and clients alike.

Prices should be further investigated regarding cost (e.g., value-for-money), benefits (i.e., positive externalities), or economic viability. This would help to determine this impact on microfinance institutions/self-help promoting institutions/SHG communities' financial performance. These include banks, NBFCs, SHPIs, NGOs, and government departments in India managing microfinance SHGs. Despite some short-term hiccups, the industry has continued to grow at a rapid pace during the past few years. Most of these households are poor and rural, with 100 million currently being served by the MFI sector. Initially focusing on

South India, it now encompasses underprivileged states in North and Eastern India.

The main concern for any microcredit expert is long-term client development. Even though they all engage in health education and health camps through different modalities, MFIs and SHPIs vary in their approaches. Bandhan Bank, Equitas Small Finance Bank, and similar institutions tend to support NGOs in promoting health; however, SHPIs prefer to run health programs through their field staff.

Lastly, integrated microfinance and health projects implemented by Self-Help Groups in India have shown a holistic approach towards development, recognizing that economic wellbeing is intertwined with good health. The achievements of these initiatives highlight the need for community-oriented approaches to sustainable development.

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