



The Role of SHGs under DAY-NRLM and CGSRLM (Bihan) in Boosting Women's Productivity Year-on-Year and Advancing Broader Life Outcomes in Chhattisgarh, India

Research Scholar: Lavi Chandrakar

Research Center: V.Y.T.PG Autonomous college, Durg

Guide: Dr. Vimal Kumar

Date: 12 February 2026

Abstract

India's Deendayal Antyodaya Yojana–National Rural Livelihoods Mission (DAY-NRLM) and the Chhattisgarh State Rural Livelihoods Mission (CGSRLM–Bihan) mobilize women into Self-Help Groups (SHGs) to expand livelihoods, strengthen financial inclusion, and build social capital. This paper examines year-on-year trends in women's productivity (proxied by income generation, enterprise formation, and financial inclusion) alongside spillovers to health behaviors and human development in Chhattisgarh. Using national MIS statistics, state program documents, and evaluation studies, we synthesize evidence that SHG participation improves incomes, asset building, and decision-making, while layered "health and nutrition" interventions through SHGs raise uptake of key maternal–newborn practices—mechanisms plausibly linked to longer life and better quality of life over time. We propose a quasi-experimental difference-in-differences strategy with district–block fixed effects to estimate annual gains in productivity and health outcomes for Chhattisgarh and outline measurable indicators and data sources to enable replication.

Key words- NRLM, BIHAN, CG-SRLM, SRLM, SHGs, DAY-NRLM, NPA, RF/CIF, Bank Linkage, SHG/CSC women

1. Introduction

The institutional core of DAY NRLM is women's collectives, or SHGs. The program was introduced nationwide in 2011 (renamed in 2016) with the goal of reducing rural poverty by bringing impoverished households—preferably women—together into SHGs and federations and connecting them to markets, capital, and skills. According to the national dashboard, as of January 31, 2026, 4.22 million SHGs had obtained bank loans in FY 2025–2026 with a total loan access of ₹11.78 trillion (lakh units), highlighting the expansion of credit flows to women's groups. Historically, cumulative coverage has surpassed 10 crore rural households and approximately 91.8 lakh SHGs.

With a state mission architecture and theme initiatives (such as livelihoods, BC/Bank Sakhis, and convergence with DDU GKY), Chhattisgarh carries out NRLM through CGSRLM ("Bihan"). Innovations like Nagad Sangwari (doorstep pension payments via SHG/CSC women) and focused tribal outreach are described in public program materials, demonstrating how SHGs increase access to services and economic opportunities in low-access areas.

This study focuses on **(i) the productivity increases that SHG women in Chhattisgarh experience year after year, and (ii) broader life outcomes (social agency, health behaviors)** that influence life expectancy and quality of life over the long term. Although there are numerous factors that affect life expectancy, SHG-mediated advances in income, nutrition, maternal-newborn practices, and service accessibility offer viable avenues for population-level improvements in longevity and well-being.

2. Background and Literature

2.1 DAY-NRLM at scale

A strong e-governance MIS (NRLM eGov, bank linkage analytics) is used to implement NRLM's pillars—social mobilization, financial inclusion, livelihood development, and convergence—nationally. With detailed state-by-state reporting (e.g., G series SHG reports, bank linkage mapping), national briefings and dashboards show the quick rise in SHGs promoted, families mobilized, CRPs trained, and bank linkage performance. According to press announcements, the number of "Lakhpati Didis" and the cadre of BC Sakhis is growing, indicating that SHG members are providing last-mile financing and meeting income thresholds.

2.2 Chhattisgarh's CGSRLM (Bihan)

In Chhattisgarh, CGSRLM serves as the anchor for NRLM; state records demonstrate skill pipelines (DDU GKY), institutional development, and good practice pilots (e.g., BC/Nagad Sangwari, PVTG outreach). A credible administrative trail for state-level budgeting and results is provided by a World Bank audit submission that validates multi-component program financing and compliance. The NRLM MIS lists Chhattisgarh as having approximately 2.72 lakh SHGs (cumulatively), demonstrating the size of the state's women's collective platforms. According to the bank linkage analytics report, there have been approximately 1.69 lakh mapped SB accounts and 3.46 lakh SHGs (NRLM count) in recent years, indicating a continuous formalization of group-bank linkages (naming standards differ depending on the reporting era; harmonization is covered in the technique section below).

2.3 What do SHGs change? Evidence on productivity and life outcomes

SHGs increase women's wages, savings, and decision-making power, according to thorough and comprehensive studies; social spillovers also affect non-members in program areas. Women's empowerment and nutritional intake have improved, according to a classic World Bank working paper, with consumer diversification and smoothing serving as early economic channels. In a variety of states, more recent case studies and reviews from 2023 to 2025 show statistically substantial advances in enterprise and empowerment.

In terms of health, quasi-experimental and national studies link SHG participation—particularly "layered" health behavior change discussions—to increased odds of institutional delivery, improved breastfeeding/cord care, improved family planning knowledge/use, and reduced rich-poor gaps in key maternal newborn practices—intermediate outcomes linked to survival and later life health. Implementation research suggests that health meetings are often brief (about 30 minutes per month), indicating that "intensity" is important for outcomes.

District and state studies in Chhattisgarh (Raipur, Janjgir Champa, Surguja/Balrampur) show a rise in women's income diversification, financial literacy, and entrepreneurial capacity following SHG participation, while also highlighting shortages in advanced skills and market linkages.

3. Conceptual Framework

Productivity refers to SHG women's ability to generate consistent and diverse income per member (₹/member/year) through enterprise density, asset acquisition, and time management. Broader life outcomes are achieved through (a) health pathways (e.g., improved ANC/PNC, early breastfeeding, nutrition, and reduced financial/physical barriers to care), (b) agency pathways (decision making, mobility, political voice), and (c) service delivery pathways (BC/Bank Sakhis, Nagad Sangwari), which reduce transaction costs and increase access to benefits. These channels could potentially alter survival and quality-adjusted life expectancy in the long run.

4. Research Questions and Hypotheses

RQ1. Do SHGs under CGSRLM increase women's annual productivity (income per member, enterprise formation, credit utilization, and repayment quality) year-on-year?

H1. Districts/blocks with earlier SHG saturation and stronger bank linkage will show higher per-member income growth and enterprise formation rates over time

RQ2. Do SHG platforms, when layered with health–nutrition discussions, improve women's and children's health behaviors in Chhattisgarh?

H2. Districts with SHG health layering will show larger gains in ANC visits, timely initiation of breastfeeding, cord care, and FP knowledge/use than comparable areas without layering.

RQ3. Are there measurable links between SHG intensity and distal human-development markers consistent with longer, healthier lives?

H3. Over multiple years, SHG intensity will correlate with improved health behaviors and reduced inequality in access

to services—intermediate variables on the pathway to longevity. (Life expectancy itself remains a macro outcome requiring longer panels and demographic controls.)

5. Data and Measurement

5.1 Administrative and open data

- **NRLM National MIS and Bank Linkage:** SHG counts, bank accounts, loan volumes, NPA, RF/CIF flows; monthly/annual time stamps
- **Block-level SHG Loan Dataset (India Data Portal):** Disbursements and group counts by block (for constructing exposure and growth variables).
- **CGSRLM program documents/website:** State updates on initiatives (e.g., BC/Nagad Sangwari; DDU-GKY), procurement/audit trail.

5.2 Survey/evaluation sources

- **NRLP State factsheet for Chhattisgarh:** Baselines on household composition, social categories, and amenities (useful for covariates).
- **Peer-reviewed and quasi-experimental studies:** Health behavior impacts of SHG layering; empowerment indices; regional case studies for Chhattisgarh.

5.3 Key indicators (year-on-year)

- **Productivity:** (a) SHG enterprise count per 1,000 members; (b) average credit accessed per SHG; (c) share of SHGs with valid SB a/c; (d) loan NPA%; (e) per-member income (from surveys/administrative proxies).
- **Health behaviors:** ANC 4+, institutional delivery, early initiation of breastfeeding, cord care, FP knowledge/use—district aggregates from NFHS/DLHS where available; primary surveys if needed; and any CGSRLM-layered health monitoring where accessible.
- **Access/service delivery:** BC/Bank Sakhi density per 100 villages; doorstep service pilots (Nagad Sangwari) coverage; grievance/entitlement uptake.

6. Empirical Strategy

We propose a **quasi-experimental difference-in-differences (DiD)** design exploiting **staggered roll-out** and **variation in SHG intensity** across blocks/districts in Chhattisgarh.

- **Treatment:** Blocks with above-median SHG penetration and bank-linkage depth in baseline year t_0 (e.g., share of SHGs with valid SB accounts; cumulative loans/SHG).
- **Exposure (continuous):** Annual change in bank linkage (₹ loan per SHG; NPA quality), RF/CIF flows, and enterprise counts.
- **Health layering indicator:** Presence of structured SHG health modules (where program records exist), following the layering literature.

Model

$$Y_{btd} = \alpha + \beta \cdot \text{SHGIntensity}_{btd} + \gamma(\text{Post}_t \times \text{Treat}_b) + \delta_b + \lambda_t + \mathbf{X}'_{bdt}\theta + \varepsilon_{btd}$$

where Y_{btd} is productivity or health behavior outcome in block b , year t , district d ; δ_b and λ_t are block and year fixed effects; $\mathbf{X}$ includes baseline socio-economic profiles from 3ie factsheets and/or NFHS controls. Event-study checks will test parallel trends.

Identification risks & mitigation: Policy shocks (e.g., state-wide entitlements) may confound estimates; we include district-year fixed effects and, where possible, instrument health layering with programmatic eligibility rules. Sensitivity analyses will use entropy balancing across blocks. (Method draws on NRLM's phased roll-out and the evaluation literature's quasi-experimental precedents.)

7. Descriptive Trends (Context)

Nationally, the NRLM dashboard (31 Jan 2026) shows: 1.69 lakh SHGs promoted in FY 2025-26, 4.39 lakh SHGs receiving revolving funds, and 3.42 lakh SHGs receiving community investment funds, alongside 4.22 million SHGs availing loans and an NPA of ~1.66%—a portfolio quality compatible with scale. [\[dashboard.... ord.gov.in\]](#)

NRLM : Physical Progress as on 13/02/2026

Financial Year : 2025-2026

State Name : All India- Ref - [Home](#) | [Ministry of Rural Development](#) | [GoI](#)

Nature	Item series	Key Parameter Indicators	Status as on Date	Daily Delta Change	Monthly Delta Change
Physical progress	1.1	Number of households mobilized into SHG	38,46,866.00	-	-
Physical progress	1.2	Number of SHGs promoted	1,69,694.00	-	-
Physical progress	1.3	Number of village organisations promoted	4,308.00	704.00	-
Physical progress	1.4	Number of community resource persons developed	5,513.00	132.00	-
Physical progress	1.5	Number of SHGs provided Revolving Fund	4,39,295.00	788.00	-
Physical progress	1.6	Number of SHGs provided Community Investment Fund	3,42,344.00	16,727.00	-
Financial progress	2.1	Amount of revolving fund disbursed to SHG (in Lakh)	₹ 96,448.24	₹ 156.29	₹ 0.00
Financial progress	2.2	Amount of CIF disbursed to SHG (in Lakh)	₹ 2,55,909.80	₹ 1,09,662.47	₹ 0.00
Bank Linkage Information	3.1	Number Of SHG Availed Loan	42,23,504	0	0
Bank Linkage Information	3.2	Amount Of Loan Accessed By SHG (in Lakh)	₹ 1,17,80,469.19	₹ 0.00	₹ 0.00
Bank Linkage Information	3.3	Outstanding Amount (in Lakh)	₹ 2,73,34,976.12	₹ 0.00	₹ 0.00
Bank Linkage Information	3.4	NPA Amount (in Lakh) and NPA Percentage	₹4,52,753.05 (1.66%)	₹ 0.00	₹ 0.00
Bank Linkage Information	3.5	Interest Subvention Amount (in Lakh)	₹ 0.00	₹ 0.00	₹ 0.00

For Chhattisgarh, NRLM reports ~2.72 lakh cumulative SHGs (G1 report) and ~3.46 lakh SHGs recorded in bank-linkage analytics, of which ~1.69 lakh had mapped SB accounts in the multi-year series—signaling rapid formalization and deepening credit pipelines (differences reflect reporting vintages and inclusion of pre-NRLM groups).

NRLM : Physical Progress as on 13/02/2026

Financial Year : 2025-2026

State Name : CHHATTISGARH- Ref- [Home](#) | [Ministry of Rural Development](#) | [GoI](#)

Nature	Item series	Key Parameter Indicators	Status as on Date	Daily Delta Change	Monthly Delta Change
Physical progress	1.1	Number of households mobilized into SHG	1,17,696.00	-	-
Physical progress	1.2	Number of SHGs promoted	5,791.00	-	-
Physical progress	1.3	Number of village organisations promoted	71.00	14.00	-
Physical progress	1.4	Number of community resource persons developed	4.00	-	-
Physical progress	1.5	Number of SHGs provided Revolving Fund	28,145.00	-	-
Physical progress	1.6	Number of SHGs provided Community Investment Fund	4,650.00	-	-
Financial progress	2.1	Amount of revolving fund disbursed to SHG (in Lakh)	4,222.50	-	-

Financial progress	2.2	Amount of CIF disbursed to SHG (in Lakh)	2,789.46	-	-
Bank Linkage Information	3.1	Number Of SHG Aailed Loan	89,180.00	-	-
Bank Linkage Information	3.2	Amount Of Loan Accessed By SHG (in Lakh)	1,45,267.17	-	-
Bank Linkage Information	3.3	Outstanding Amount (in Lakh)	2,63,142.77	-	-
Bank Linkage Information	3.4	NPA Amount (in Lakh) and NPA Percentage	₹6,439.42 (2.45%)	-	-
Bank Linkage Information	3.5	Interest Subvention Amount (in Lakh)	-	-	-

CGSRLM highlights state-specific service innovations (BC Sakhis/Nagad Sangwari) that improve last-mile cash access for pensions/wages via AePS, potentially lowering transaction costs and freeing time for productive activities—especially for elderly and differently-abled households.

8. Expected Findings (Synthesis of Current Evidence)

- 1. Productivity/Income:** Multiple studies and program dashboards indicate that SHGs expand credit access, savings discipline, and enterprise creation; women's incomes rise and diversify post participation, with stronger effects where skill training/market linkages are present. In Chhattisgarh districts (Raipur, Janjgir-Champa, Surguja), studies report higher savings, income, and entrepreneurship capacity, yet emphasize the need for advanced skilling and market access to sustain year-on-year gains.
- 2. Financial inclusion and portfolio quality:** High proportions of valid SB accounts and sizeable, repeated bank disbursements signal institutional trust and repayment norms; national NPA around ~1.66% (FY 2025-26 YTD) suggests portfolio health compatible with productivity growth.
- 3. Health behaviors and inequality:** Layered SHG health interventions yield 5–11 percentage-point improvements in correct MNH practices, with larger gains among the most marginalized and reductions in rich-poor gaps—key pathways to survival and healthy life-years. National cross-sectional evidence links village-level SHG presence to higher institutional delivery and improved newborn feeding practices.
- 4. Longevity pathways (indirect):** While SHGs don't directly “extend life expectancy,” the combination of higher income, food security, and improved maternal–child practices is consistent with determinants of longer, healthier lives; macro literature underscores the sensitivity of life expectancy to socioeconomic and health system improvements.

9. Policy and Program Implications for CGSRLM

- 1. Intensify bank-linkage quality and enterprise depth:** Track *per-member* credit use, NPA, and enterprise survival; prioritize products for working capital and equipment, with market linkage support for NTFP, agri-value chains, and non-farm micro-enterprises.
- 2. Layer health and nutrition at scale with measured intensity:** Allocate ≥ 30 –45 minutes/meeting for health modules, increase home-visit penetration beyond 40%, and track behavior change KPIs quarterly to sustain MNH gains.
- 3. Strengthen last-mile service roles:** Expand BC/Bank Sakhis and Nagad Sangwari where travel costs/time are high; monitor inclusion outcomes (elderly, PVTGs).
- 4. Invest in advanced skilling and market access:** Use DDU-GKY and enterprise accelerators to move from micro-trading to higher-value production; develop procurement linkages and e-commerce pilots for SHG products.
- 5. Gender and agency metrics:** Institutionalize empowerment indices (decision-making, mobility, leadership positions in VO/CLFs) alongside economic KPIs.

10. Limitations

- Administrative MIS data vary in vintage and completeness (e.g., differences between G-series reports and bank-linkage analytics); harmonization is required before panel construction.
- Life expectancy is a distal outcome influenced by multiple sectoral determinants; this paper uses health behaviours as plausible mediators rather than asserting direct causality.
- District-level health behaviour data may need primary surveys if NFHS/DLHS granularity or recency is inadequate for DiD.

11. Conclusion

• Evidence to date supports the proposition that SHGs under NRLM/CGSRLM raise women's productivity through financial inclusion, enterprise creation, and capability building. When health modules are layered into SHG platforms with sufficient intensity, measurable improvements in maternal–newborn practices follow, particularly among the poorest—mechanisms aligned with longer, healthier lives at population scale over time. A rigorous Chhattisgarh-focused DiD using NRLM MIS, bank-linkage data, and layered health indicators can quantify annual productivity gains and health behavior improvements, guiding program investments toward sustained, inclusive impacts.

References (selected, web-accessible)

- DAY-NRLM Mission Dashboard & eGov Reports (accessed 31 Jan 2026): program coverage, loan and fund flows.
- Bank Linkage Analytics (2025-26 YTD) & SHG mapped accounts: depth/quality of financial inclusion.
- CGSRLM (Bihan) official portal & innovations (BC/Nagad Sangwari) and tribal outreach case documentation.
- 3ie NRLP Chhattisgarh Factsheet: socio-economic covariates for evaluation design.
- Health layering evidence: quasi-experimental study in Uttar Pradesh; national DLHS-based analysis; implementation intensity research.

1. Empowerment/productivity literature (recent syntheses/case studies).
2. [nrlm.gov.in], [dashboard....ord.gov.in], [thelancet.com] [bihan.gov.in], [bing.com], [knowledge....bal.gov.in] . [researchgate.net], [link.springer.com] [nrlm.gov.in], [nrlm.gov.in], [nrlm.gov.in], [banklinkage.lokos.in] . [pib.gov.in] [bihan.gov.in], [bing.com], [documents1...ldb.org] [nrlm.gov.in], [banklinkage.lokos.in] [nrlm.gov.in], [dashboard....ord.gov.in], [bihan.gov.in], [3ieimpact.org], [static.pib.gov.in] [peiglobal.org], [ijfmr.com], [emerald.com] . [ijsred.com], [ijorarjournal.com], [iircj.org] [thelancet.com], [link.springer.com], [pib.gov.in], [bing.com] . [nrlm.gov.in], [nrlm.gov.in], [banklinkage.lokos.in] [ckandev.in...portal.com]

Annex A: Replicable Indicator Set (for your empirical chapter)

Productivity Panel (annual, block level)

3. SHG count (active), members, and VOs/CLFs.
4. Bank-linked SHGs (% with valid SB a/c); loan amount per SHG; NPA%.
5. Revolving Fund (RF) and Community Investment Fund (CIF) per SHG.
6. Enterprise density: # registered SHG enterprises per 1,000 members (state MIS/primary listing).

Health Behaviour Panel (annual, district/block)

ANC 4+, institutional delivery, early breastfeeding, cord care, FP knowledge/use; presence of SHG health layering; meeting minutes/time on health; home-visit coverage.

Annex B: Draft Hypothesis Tests

- **H1:** Regress log income/enterprise density on SHG intensity (loan/SHG, RF/CIF/SHG) with block and year FE; expect $\beta > 0$.
- **H2:** DiD for health behaviours with interaction (post $\times$ health-layering); expect 5–10 pp gains consistent with literature.
- **H3:** Concentration indices for equity in behaviours by wealth quintile; expect pro-poor improvements where layering exists.