Experimental evidence on the impact of the JEEViKA-Multisectoral Convergence Pilot in rural Bihar

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On behalf of the teams at IFPRI and the World Bank

Panel on “The role of women’s institutional platforms in tackling health and nutrition challenges”

9-10 January 2020
Motivation and intervention description

**Nutrition in India**

➢ Very high rates of maternal and child undernutrition
➢ Indicators have been slow to move over last decade
➢ Considerable inter- and intra-state heterogeneity

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**Bihar performs much worse than all-India average**

Can we leverage the reach and potential of JEEViKA SHGs to accelerate change in health and nutrition indicators in Bihar?

JEEViKA SHGs are savings and credit groups

Reach >8mn rural women
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"Standard" JEEViKA SHG model interventions

- Organize women into self help groups
- Provide these groups with trainings, links to banks, and access to JEEViKA funds
- Component 1: Provide health and nutrition behavior change communication to SHGs through the Community Mobilizer (CM)
- Component 2: Promote increased awareness and utilization of government schemes and JEEViKA funds

Additional pilot interventions being tested
Design and evaluation methods

- Cluster-randomized controlled trial
- GPs divided equally into treatment and comparison arms
- Women with at least one child aged 6-24 months belonging to HHs with at least one SHG member were eligible for inclusion
- Panel survey of women (May '16 – October '18)
- HH (male & female), community, and CM interviews
- ANCOVA models to assess impact
- Mid-term process evaluation to assess challenges & successes
- Mixed methods
- Additional interviews with SHGs, VOs, JEEViKA staff at all levels

2119 women
2686 children
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- 2119 women
- 2686 children

1 district
3 blocks
24 GPs
Results

Primary outcomes

7-8% increase in #food groups consumed by children
- Mainly driven by consumption of pulses, fruits and vegetables

Women's anthropometry

- 30% increase in proportion of women attaining minimum dietary diversity
- Knowledge around diets and diet quality
- Use of kitchen gardens and of JEEViKA funds for food
- Standard SHG savings and credit activities
- HH food security
- Women's empowerment

Effect sizes (with se)

[Graphs showing distribution of women's BMI at baseline and endline, comparing comparison and treatment arms]
Results

Primary outcomes

- **Women’s anthropometry**

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Secondary outcomes

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Women’s diet related outcomes

- **0.103**
- **0.309**

<table>
<thead>
<tr>
<th>Women who met minimum dietary diversity (five or more food groups)</th>
<th>Total number of food groups consumed in last 24 hours</th>
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| **0.103****
| **0.309*** |  |
Costing

- Retrospective costing using the Activity-Based Costing- Ingredients (ABC-I) method
- Identified mutually exclusive and exhaustive activity-based costing centers (AB-CCs)
  - Staff time, material development, training costs, travel costs, management costs, and overheads
- Listed the ingredients (inputs) into each of these AB-CCs
- Collected cost information on these inputs
  - Financial information from implementer budgets
  - Focus group discussions
  - Key informant interviews
- Finally, collected total number of SHGs, women within these SHGs, and the target beneficiaries reached

Total cost of implementation: US$420,354
71% BCC
5% C&C

Unit costs (excluding feasibility phase)
- Per SHG: $148
- Per Target beneficiary: $62
- Per SHG meeting: $2.75
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What have we learnt?

About this intervention

- Role clarity was good when tasks were tangible, e.g. delivering BCC
- Content knowledge of both HHs and CMs was better on topics related to diets
  - When women can relate to the content, they retain it
  - "Universal" messages have greater scope
- BCC content was too generic and could not be traced to the intervention
- Amount of time spent discussing H&N was limited
  - Discussed more in SHG than in VO meetings
  - Upper level federations not playing strong role
- Significant potential to improve nutrition, can target multiple pathways
  - Income, agriculture & livelihoods, rights and entitlements, women's empowerment and direct thematic pathway
- Flip side: Danger of overloading these platforms
- Reach is high but targeting is lower
- Not always reaching the “right” women
- But aren't we “using women's labor for free”? 
- Is there evidence that incentivizing works better?
- Is providing incentives sustainable?
- Social norms are very hard to move
- Need to involve other members of the HH
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