

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

Kalyani Raghunathan

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"

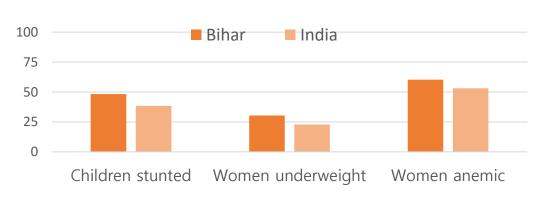
9-10 January 2020

Motivation and intervention description

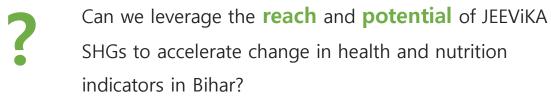


Nutrition in India

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



Bihar performs much worse than all-India average





JEEViKA SHGs are savings and credit groups

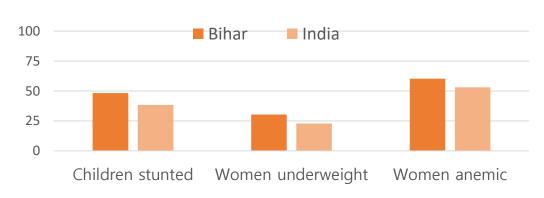
Reach >8mn rural women

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

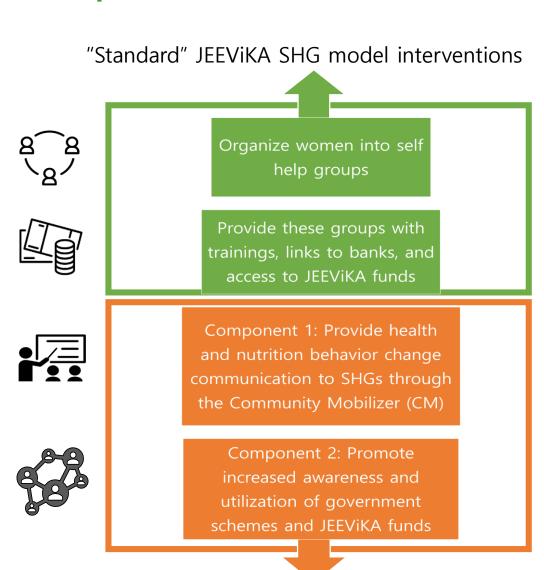


Bihar performs much worse than all-India average

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

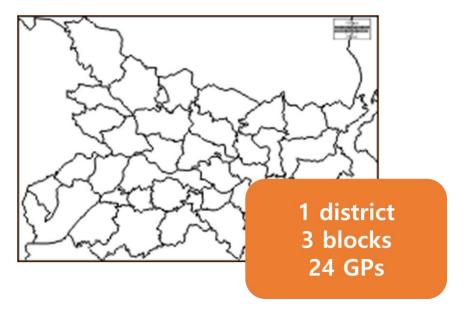


JEEViKA SHGs are savings and credit groups
Reach >8mn rural women



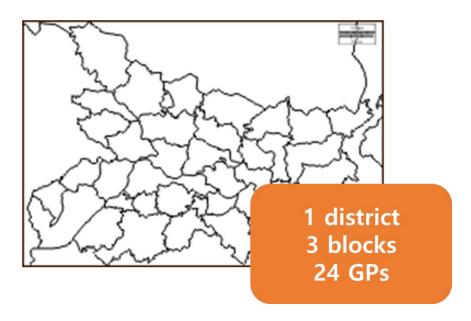
Additional pilot interventions being tested

Design and evaluation methods

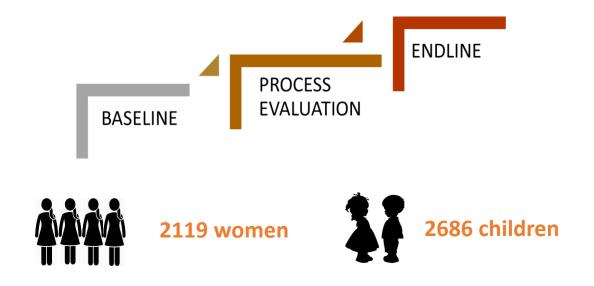


- > Cluster-randomized controlled trial
- GPs divided equally into treatment and comparison arms
- ➤ Women with at least one child aged 6-24 months belonging to HHs with at least one SHG member were eligible for inclusion

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

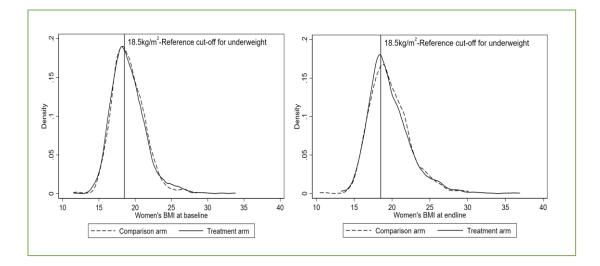
- Mid-term processevaluation to assesschallenges & successes
- Mixed-methods
- Additional interviews with SHGs, VOs, JEEViKA staff at all levels

Results

Primary outcomes



Women's anthropometry





7-8% increase in #food groups consumed by children

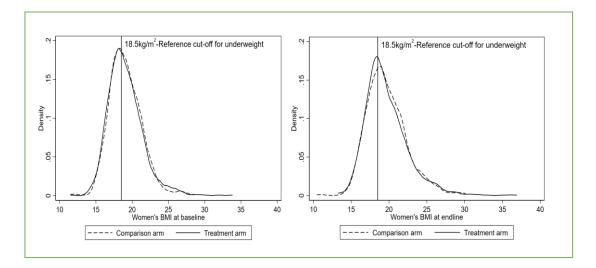
Mainly driven by consumption of pulses, fruits and vegetables

Results

Primary outcomes



Women's anthropometry





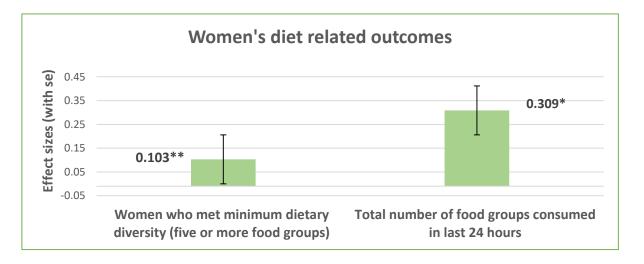
7-8% increase in #food groups consumed by children

 Mainly driven by consumption of pulses, fruits and vegetables

Secondary outcomes



- ➤ **30%** increase in proportion of women attaining minimum DD
- 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

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

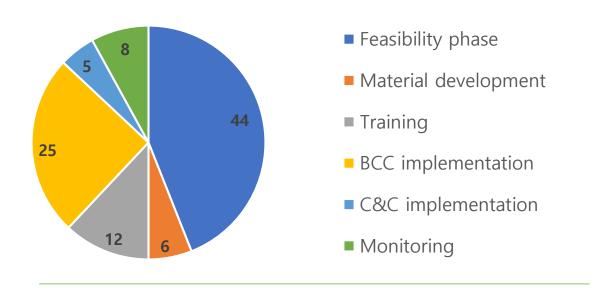
Costing

- 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

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

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

About SHGs as a platform

- 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



Thank you

