

# India - Impact Evaluation Survey of JEEViKA Multisectoral Convergence Initiative in Bihar, 2018

**The World Bank**

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## Identification

### SURVEY ID NUMBER

IND\_2016-2018\_MCI-IE\_v02\_M

### TITLE

Impact Evaluation Survey of JEEViKA Multisectoral Convergence Initiative in Bihar, 2018

### SUBTITLE

Engaging Women's Groups to Improve Nutrition

### ABBREVIATION OR ACRONYM

MCI-IE Bihar

### COUNTRY/ECONOMY

Name	Country code
India	IND

### STUDY TYPE

Other Household Health Survey [hh/hea]

### ABSTRACT

This Impact Evaluation (IE), a randomized controlled trial, tested the effectiveness of using the women's self-help group platform of Bihar's JEEViKA program to address the immediate and underlying determinants of undernutrition among women and children and improve nutrition outcomes. JEEViKA is a rural livelihoods project, supported by the World Bank in Bihar that supports self-help groups (SHGs) – savings and credit-based groups of about 15-20 women, mostly targeted towards those from poor households – with the aim of improving their livelihoods and enhancing household incomes. The JEEViKA Multisectoral Convergence (JEEViKA-MC) pilot, developed by the Bihar Rural Livelihoods Promotion Society with technical support from the World Bank, was designed to leverage these SHGs to provide two complementary sets of interventions—health and nutrition behavior change communication (BCC) to improve women's knowledge and household practices, and efforts to improve service access through convergence —alongside the existing core package of JEEViKA. The core JEEViKA interventions include: the organization of rural women into SHGs, training and strengthening the SHGs, federation of the SHGs into Village Organizations (VOs) and Cluster-Level Federations (CLFs), bank linkages for the SHGs and their federations, and improvement of livelihoods and women's empowerment through extension services and related interventions. Within this target population, households with young children, mothers of young children, and pregnant women were the primary focus of the JEEViKA-MC pilot.

The IE assessed changes household knowledge and behaviours, as well as in nutrition outcomes of women and children in the pilot areas as compared to areas that did not receive the two additional interventions. Two rounds of panel data - at baseline conducted in April-May 2016, and at endline conducted in October - November 2018, of women with children 6 - 23 months of age at baseline, were used to assess the following outcomes of the JEEViKA MC pilot as compared to non-intervention areas, i.e., areas with only the core JEEViKA interventions.

- The primary outcomes assessed were women's body mass index (BMI) and reported dietary diversity for children aged 6 -23 months.

- Secondary outcomes for women included reported dietary diversity, and health, hygiene, and nutrition knowledge and practices. For children, secondary outcomes included anthropometric outcomes, infant and young child feeding practices, and morbidity among children. For households, outcomes included household food security, use of government programs as well as JEEViKA food security-related services, and adoption of hygiene and sanitation practices (including handwashing and use of latrines).

The International Food Policy Research Institute (IFPRI) was contracted to conduct the IE.

## Version

### VERSION DESCRIPTION

Edited, anonymized dataset for public distribution

## Coverage

### GEOGRAPHIC COVERAGE

While the JEEViKA program covers the majority of districts in Bihar, the JEEViKA-MC pilot interventions were introduced in 12 village administrative units, called Gram Panchayats (GPs) of Saur Bazaar, Sonbarsa Raj, and Pattarghat blocks of Saharsa district of Bihar.

## Producers and sponsors

### PRIMARY INVESTIGATORS

Name
The World Bank

### PRODUCERS

Name
The World Bank

## Sampling

### SAMPLING PROCEDURE

The impact evaluation used a cluster-randomized controlled trial design. It was conducted across three pilot implementation blocks that had mature self-help groups (i.e. groups formed in 2011). Of the 24 available comparable village administrative clusters, called gram panchayats (GPs), allocated 12 to receive the JEEViKA-MC pilot treatment interventions and another 12 as a comparison group. Cluster randomization was done through simple random sampling. The total number of 120 villages were selected, 60 in each arm. Complete listing of all households in each of these 120 villages was obtained. From this household listing, 25 households were selected as per village that had a woman who:

- belonged to a household where at least one woman was a member of a JEEViKA SHG.
- had at least one child age 6–23 months.

The sampling of 25 households allowed for oversampling of 5 households per village, to ensure that 20 households per village responded to the survey. Thus, the total sample was 20 (HHs per village) \* 5 (villages per Gram Panchayat) \* 24 (Gram Panchayats) = 2,400 respondents in total: 1,200 in the control and 1,200 in the treatment arm of the study.

For the baseline survey, 5 villages were chosen at random from each of the 24 Gram Panchayats. In cases where there were fewer than 5 villages per Gram Panchayat all villages in the Gram Panchayat were included in the survey and the number of households per Gram Panchayat was increased.

The same households were surveyed during the endline as well.

### RESPONSE RATE

The baseline survey was carried out in 131 villages. 2,246 households were interviewed with respondent women who met the sampling criteria—1,164 in the treatment areas and 1,082 in the comparison areas. At endline, 2,246 baseline households were revisited and 2119 could be re-interviewed (those with baseline respondent women available), for an attrition rate of only 5.65 percent. The most common reasons for attrition among the respondents were migration for work, permanent relocation, temporary absence from the village, and death.

Anthropometric data was collected for 2,116 respondent women from the baseline, re-interviewed the mothers of 2,084 index children (35 were not alive), and anthropometric data for 2,006 index children from the baseline was collected. In addition to the index child, if the mother had given birth to one or more children since the baseline, at endline information on the youngest of those children between the ages of 6 and 23 months was collected. There were 805 such youngest children, and anthropometric data were available for all of them, with no dates of birth missing.

## Data collection

### DATES OF DATA COLLECTION

Start	End	Cycle
2016-04-01	2016-05-30	Baseline
2018-10-01	2018-11-30	Endline

### DATA COLLECTION MODE

Face-to-face [f2f]

### DATA COLLECTION NOTES

Data collection was sub-contracted by IFPRI to Oxford Policy Management (OPM) who hired a team of more than 90 enumerators.

## Questionnaires

### QUESTIONNAIRES

The full set of questionnaires are available for download under the downloads tab.

## Data Processing

### METHODOLOGY NOTES

The data analysis had four components:

- Contextual data analysis, drawn from the household and community surveys, intended to ground the results in the study context and attrition analysis, to compare baseline characteristics of households that were re-interviewed at endline to those could not be re-interviewed;
- Impact estimates, using ANCOVA models for those outcomes measured at both baseline and endline, and single-difference for the remaining outcomes;
- Delivery and exposure summary statistics, to triangulate changes in the delivery of the intervention and the household-level exposure to treatment, explain the impact estimates;
- Cost estimates of implementing the JEEViKA-MC pilot using an adapted ABC-I method (accounts for program costs from inputs, input quantities and input unit costs), to better understand the costs involved in engaging SHGs to improve health and nutrition outcomes

## Access policy

### CONTACTS

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### CONFIDENTIALITY

### CITATION REQUIREMENTS

Example:

Use of the dataset must be acknowledged using a citation which would include:

- the Identification of the Primary Investigator
- the title of the survey (including country, acronym and year of implementation)
- the survey reference number
- the source and date of download

Example:

The World Bank. India - Impact Evaluation Survey of JEEViKA Multisectoral Convergence Initiative in Bihar, 2018, Engaging

Women’s Groups to Improve Nutrition (MCI-IE Bihar). Ref: IND\_2016-2018\_MCI-IE\_v02\_M. Downloaded from [uri] on [date].

ACCESS AUTHORITY

Name	Affiliation
Ashi Kohli Kathuria	World Bank

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DISCLAIMER

The user of the data acknowledges that the original collector of the data, the authorized distributor of the data, and the relevant funding agency bear no responsibility for use of the data or for interpretations or inferences based upon such uses.

Metadata production

DDI DOCUMENT ID

DDI\_IND\_2016-2018\_MCI-IE\_v02\_M\_WB

PRODUCERS

Name	Abbreviation	Affiliation	Role
Development Data Group	DECDG	World Bank	Documentation of the study

DATE OF METADATA PRODUCTION

2024-02-12

DDI DOCUMENT VERSION

Version 02 (2024-02-12)

Revised, updated datasets. Added descriptive variable labels and dropped variables with potentially identifying information.

## Data Dictionary

Data file	Cases	Variables
<b>baseline_anthro_anon</b> Baseline Survey - anthropometric data	4574	45
<b>baseline_asha_anon</b> Baseline Survey - ASHA module	121	987
<b>baseline_aww_anon</b> Baseline Survey - AWW module	131	1049
<b>baseline_cm_anon</b> Baseline Survey - CM module	120	1227
<b>baseline_community_anon</b> Baseline Survey - Community module	119	796
<b>baseline_man_anon</b> Baseline Survey - Man module	2248	227
<b>baseline_roster_anon</b> Baseline Survey - Roster	14923	40
<b>baseline_woman_anon</b> Baseline Survey - Woman module	2246	2861
<b>endline_anthro_clean</b> Endline Survey - anthropometric data	5241	68
<b>endline_cm_clean</b> Endline Survey - CM	120	2129
<b>endline_community_clean</b> Endline Survey - Community module	128	782
<b>endline_hsc_clean</b> Endline Survey - HSC	67	661
<b>endline_man_clean</b> Endline Survey - Man module	2139	1820
<b>endline_woman_clean</b> Endline Survey - Woman module	2135	5554
<b>unique_id</b> Unique ID Data	5527	9

# Documentation

## Questionnaires

### Jeevika Questionnaire (ASHA)

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Title Jeevika Questionnaire (ASHA)  
 Author(s) World Bank  
 Country India  
 Description Jeevika Questionnaire (ASHA)  
 Filename jeevika\_asha\_questionnaire.pdf

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### Jeevika Questionnaire (AWW)

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Title Jeevika Questionnaire (AWW)  
 Author(s) World Bank  
 Country India  
 Description Jeevika Questionnaire (AWW)  
 Filename jeevika\_aww\_questionnaire.pdf

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### Jeevika Questionnaire (CM)

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Title Jeevika Questionnaire (CM)  
 Author(s) World Bank  
 Country India  
 Description Jeevika Questionnaire (CM)  
 Filename jeevika\_cm\_questionnaire\_pdf.pdf

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### Jeevika Questionnaire (Community)

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Title Jeevika Questionnaire (Community)  
 Author(s) World Bank  
 Country India  
 Description Jeevika Questionnaire (Community)  
 Filename jeevika\_community\_questionnaire.pdf

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### Jeevika Questionnaire (Household)

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Title Jeevika Questionnaire (Household)  
 Author(s) World Bank  
 Country India  
 Description Jeevika Questionnaire (Household)  
 Filename jeevika\_hh\_questionnaire\_pdf.pdf

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## Reports

## JEEViKA Multisectoral Convergence Initiative in Bihar - Summary Report Impact Evaluation

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Title JEEViKA Multisectoral Convergence Initiative in Bihar - Summary Report Impact Evaluation  
Author(s) World Bank  
Country India  
Description JEEViKA Multisectoral Convergence Initiative in Bihar - Summary Report Impact Evaluation  
Filename summary\_report\_impact\_evaluation\_\_jeevika\_mci\_bihar.pdf

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### Technical documents

#### Data dictionary

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Title Data dictionary  
Author(s) World Bank  
Country India  
Description Data dictionary  
Filename data\_dictionary.xlsx

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#### Endline Labelbook and Codebook

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Title Endline Labelbook and Codebook  
Author(s) World Bank  
Country India  
Description Endline Labelbook and Codebook  
Filename endline\_labelbook\_and\_codebook.xlsx

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