



INDIA

RESULTS & LESSONS LEARNED

Findings from the Trickle Up India Program
2009-2012



INTRODUCTION

Continual evaluation and learning are cornerstones of the Trickle Up program. In 2012, four Trickle Up local partners in eastern India working with 1,093 participants finished the Trickle Up three-year program cycle. Based upon extensive data we collect to track their progress, as well as the insights of our staff, local partners

and participants themselves, we reflected on the results. What has worked well, and what does this mean for our participants' lives? What results did not meet our expectations? What have we learned that can help us improve our program design and implementation? Here is a summary of our key findings.

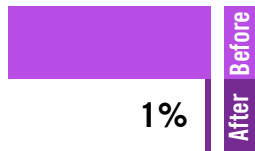
COMBATING HUNGER

- More and better food for the entire family
- Shorter “hungry seasons” with insufficient food



Participants who borrowed from moneylenders for food in previous year

72%

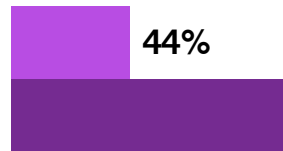


1%

After

Participants who report their families are now eating at least 2 cooked meals/day

44%



99%

The vast majority of participants experienced dramatic change in the quality and quantity of foods they grew, purchased and consumed over the three years. Agricultural training and investments helped women grow more of their own crops, including higher-yielding rice. Gardens of tomatoes, cucumbers, gourds and other vegetables brought in income and nutrients. Coupled with the income generated from their businesses and their participation in Self-Help Groups (SHGs) families were able to eat more and better foods; fewer families needed to borrow from high-interest moneylenders to pay for food.

Every year between planting and harvest seasons, people living in ultrapovertry endure a period of slow starvation. Parents often go without eating for days, children eat only once or twice a day, and meals sometimes consist of little more than bowls of rice-water. Thanks to Trickle Up, women and their families are now far less vulnerable to deprivation and dislocation during the “hungry season.”

At the start of the Trickle Up program, 64% of women reported hungry seasons lasting 3-5 months. By year three in our program, 63% reported the hungry season lasting 1-2 months, or half the usual duration, putting them on the trajectory of making hungry seasons a thing of the past.

Length of “hungry season” experienced by participants and their families was reduced from 3-5 months to 1-2 months

FINANCIAL SECURITY + LIVELIHOODS

- Everyone saving
- Expensive debt decreasing
- Greater livelihood diversification
- Reduced reliance on casual labor



All women had savings at the end of the project, the result of their participation in Trickle Up SHGs and the income generated from their business activities. Women also diversified their places of saving, with 50% holding money in banks, post offices and other formal institutions. Being able to take out loans from their SHGs and from formal savings institutions resulted in far fewer women getting deeply into debt from high interest loans from informal moneylenders.

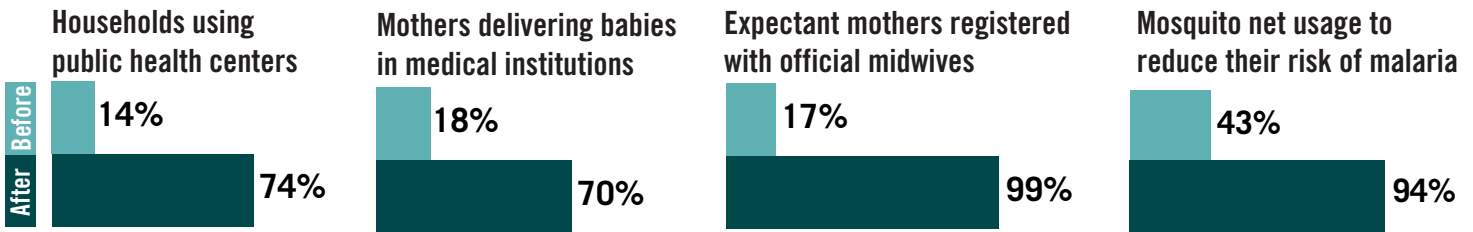
Running multiple businesses – women engaging in a mix of agricultural, livestock, and vending activities – helps build their resilience to unfavorable weather, illnesses, and other shocks that are a part of daily life for the ultrapoor. On average, each household in our program had one extra distinct occupation at the end of the program than at the beginning: 3.4 versus 2.3. Diversification also significantly decreases families’ reliance on daily wage labor and migration that can involve dangerous, back-breaking work in brick kilns or fields, often a long journey away from their villages. While

	BEFORE	AFTER
Participants who have cash savings	6%	100%
Average savings per participant (in USD)	\$2	\$60
Participants indebted to high-interest moneylenders	51%	8%
Participants with savings in banks, post offices and other formal institutions	0%	50%
Participants relying on daily wage labor to make ends meet	85%	20%

casual labor comprised the primary sources of income for 85% of participants at baseline, this figure reduced to 20% after three years. Migration decreased considerably: at baseline 80% of migrating households had two or more members migrating, which reduced to 35%. Qualitative data suggests that for many of the participants who continued to migrate, it was less “forced” to meet basic survival needs, tending to be more opportunistic and for shorter periods of time.

HEALTH

- Translating health information into action
- Safer births
- Less risk of malaria



Health is a major vulnerability for ultrapoor households in India. We recruit and train health workers who visit women monthly to provide preventive health care information and help families link with the government health care system, which offers higher quality and lower cost treatment than what can be found from village “doctors” who lack medical training. This has resulted in significant increases in the number of households using public health centers as their primary points of treatment, more mothers giving birth in medical institutions

rather than at home, a higher percentage of households using mosquito nets to ward off disease, and an increase in couples using family planning measures.

Improvements in other preventative health measures are also apparent, including an increase in hand washing and boiling water, both of which are essential to proper hygiene and preventing illness.

EMPOWERMENT

- Women self-confident, especially about making decisions for the family
- Increased status and involvement in the broader community



Women’s roles and status increased in their households and in their communities over the three-year Trickle Up program. The vast majority reported an increased role in household decision-making regarding their children’s education, health care, family planning, housing and finances. Approximately half of participants reported providing their children with higher quality schooling and/or increasing their attendance. Nine of every ten Trickle Up participants said the condition of their lives had improved, with 42% claiming it had improved a lot. Additionally, 94% claimed to be hopeful about their futures and expected their lives to continue getting better.

The number of women who could sign their names, an accomplishment in which the women express considerable pride, also doubled by the end of the program. Apart from affirming their individual identity, knowing how to sign their names means women can more easily connect with banks and other formal institutions. The solidarity and status of Self-Help Groups (SHGs) in communities, combined with women’s greater economic activity have also built women’s confidence to travel outside of their own villages and participate in the broader community.

Participating in SHGs helps women learn about their rights, support one another, identify problems affecting their lives and access government programs. In the last year of the project, 41% of women participated in meetings of the local Panchayat, the Indian equivalent of local government. Attending these meetings is an opportunity for women to provide input into local development priorities and receive important information on how to access government services. It is a significant program outcome because it shows women are becoming confident, finding their voice, and getting involved in the broader community. It also reflects the growing potential for SHGs to take collective action, working as a group to advocate for improvements such as improved roads and basic services they and their neighbors need that contribute to an entire community’s quality of life.



- ✓ can now sign their names, vs. 30% at the beginning.
- ✓ feel confident traveling outside their village, vs. 30%.
- ✓ report involvement in household financial decisions, vs. 18%.

LESSONS LEARNED

The evaluation data we collect demonstrates the outcomes of our program and, importantly, is a source for continuous program improvement. We aim to be thorough in our analysis, seizing the opportunity to learn and improve when results don't match our original expectations. Some key lessons from our India evaluation research:

1. LIVELIHOOD CHOICES

A high degree of variation in performance occurred according to choice of livelihood activity. Of particular concern is animal husbandry, despite the average value of livestock increasing ten-fold from Rs. 1,460 (approx. \$32) to almost Rs. 16,540 (\$365) per household. While goat rearing was highly valued by participants as providing income and security (as assets), in most cases this activity did not provide sufficient returns to meet income targets when it was at the center of a household's livelihood strategy. While Investments in agriculture—particularly in cash crops like vegetables—and vending, usually combined with livestock, tended to be more profitable. Goat-rearing takes longer than other activities to produce income, and goats are vulnerable to disease thus requiring considerable skill and care to grow a lucrative herd of goats from the typical starting point of 4-6 kids.

Investments in livestock will continue to be supported as part of developing a household's diversified livelihood strategy; however we will be ensuring that consistently high quality training and support is provided on the care and marketing of animals. And more importantly, staff are being encouraged to ensure that livestock-based activities are not over-emphasized during the critical phase of livelihood planning.

While vending activities tended to have the highest returns, only a minority of participants engaged in them. So, we are testing options to increase participant engagement in this activity, while continuing to take into account the limitations of local markets, skill requirements, types of vending activities and risk. These factors manifest in a fairly high degree of variance in income among participants engaged in vending.

2. BANK LINKAGES

Only 45% of Self Help Groups (SHGs) accessed loans from banks, and we fell short of the target ratio of 2:1 of total bank loans taken by groups to total SHG savings. While SHGs opened savings accounts early in the program, accessing bank credit was not actively encouraged until the latter part of the project

period. Our program team has made the appropriate changes to the program curriculum, and more emphasis will be placed in the future on accessing loans from banks earlier in the project cycle so that women can get accustomed to managing bank credit for business expansion and other needs.

3. ASSESSING HEALTH PRACTICES

While preventative health measures, such as hand washing and boiling water, appear to have improved, self-reporting about such practices may be biased and direct observation by health workers may not represent typical daily practices. The test for sustainability of changes in health behavior rests on the extent to which such messaging has been internalized, which will require further evaluation.

4. SOCIAL ISSUES

Engaging husbands and mothers-in-law about social issues, including child marriage and family planning, has been just as important as engaging the women themselves. For example, participants themselves are generally eager to limit their family size, although they may meet resistance from household members. But social mores in India are deep seated, suggesting the potential need to address such social issues at a community level as well as the individual household level.

5. INCREASING "COLLECTIVE ACTION"

With 42% of SHGs participating in collective actions for community change, we fell short of our 80% target for SHG collective actions. The role of field workers appears to be important for helping group members identify barriers and opportunities that could be addressed through collective actions, thus building the confidence in women to engage in this work. We will incorporate these facilitation processes into our field worker training in the future in order to increase the number of SHGs that collectively engage in actions to improve the wellbeing of their members and of the larger community.

Sources: 795 participants from 3 partner organizations in West Bengal, Jharkhand and Bihar, with exception of food security data from a random sample of 108 participants (all results reported have a 95% confidence level)

For further information, please contact us at communications@trickleup.org.