

The Role of Participatory Approach in implementing complex livelihood interventions: Qualitative Evidence from Central India

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Abstract

Despite registering the decline in poverty, rural communities in India continue to face challenges in uplifting their living standards as poverty has several dimensions. Such multidimensional challenges require multi-pronged interventions that have the capacity to address these dimensions simultaneously. In this article, we study the role of bottom-up approach where community members are empowered to play a pivotal role in implementation of the interventions. Such a group-based approach provides the benefit of reaching a larger group of community members at a time and further facilitates robust network formation across rural communities.

We study this approach in the context of a complex intervention program implemented by a Corporate Social Responsibility (CSR) program implemented in the Chandrapur district of Maharashtra, India. Given the many CSR programs committed to create socio-economic value, understanding the drivers on how to create this sustainably is critical. We conducted 33 qualitative interactions covering the program managerial staff, field-implementation team, and rural community members.

Overall, our findings show that a robust engagement with community members is critical to effectively implement complex interventions. Our findings highlight that (1) a leaner implementing team facilitates faster flow of intervention-specific knowledge, which helps to solve challenges in real-time, (2) tailoring interventions to the needs of community members and promoting collective ownership also renders the interventions sustainable in the long run.

Introduction

In developing countries, the causes of poverty are complex and multidimensional; they encompass factors such as limited livelihood opportunities in the rural economy, gender inequality, lack of access to market, credit and land, prejudiced social norms, poor healthcare and infrastructure among others. Therefore, solutions addressing the same warrant interventions that are tailored to respond to these multidimensional causes. Several novel approaches to alleviating poverty and stimulating social and economic development in the rural areas have been studied by academic researchers and policymakers. Such approaches have largely involved multipronged interventions with a scope encompassing various pertinent stakeholders that interact with each other at various levels of these interventions. The causal pathways in such interventions to achieve intended outcomes may not always be evident. However, the inclusive nature of such complex interventions enables them to facilitate knowledge exchange between the stakeholders and more importantly, they involve members of the community, thereby empowering them and increasing accountability (Bjorkman et al. 2017).

Despite being one of the fastest developing economies in the 21st century, the benefits of this growth are yet to reach remote areas of India, with a large rural population continuing to live below the poverty line. To tackle this, there are several complex interventions being implemented by the public and private sector, via CSR activities, to improve the economic wellbeing of the rural communities. These interventions aim to facilitate financial inclusion, stimulate livelihood creation, improve infrastructural support, and improve health and educational outcomes in the rural areas, thereby alleviating poverty among marginalised groups.

Yet, most such programs are seldom sustainable in the long run without programmatic assistance. Recent studies show that several interventions that support self-help groups (SHGs) for women have only a small impact on the livelihood of their members (Diaz-Martin et al. 2020) [1]. In their systematic review, Diaz-Martin et al, find that only 50% of the studies reviewed report a positive impact of such interventions on women's decision-making ability.

Often, these interventions are designed by program teams that

are not familiar with the hyperlocal contexts within which the interventions are designed to be implemented. In other words, these interventions largely adopt a top-down approach, where consideration of the individuals at the last-mile is often missing. In such cases, the program inputs, activities, or outcomes may be unsuitable for the intended effect of the complex intervention in that specific setting, resulting in a lack of uptake and buy-in among the community members.

In contrast, a bottom-up or a participatory approach to designing and implementing complex interventions has been found to be effective in action-oriented research. At its core, such a group-based approach provides the benefit of reaching a larger group of community members at a time and further facilitates robust network formation among women, which could potentially lead to increased autonomy and participation in decision-making (Diaz-Martin et al., 2020).

In such an approach, participation in development is understood as a process that enhances the capacity of individuals to improve their own lives and aids in social change in favour of disadvantaged or marginalised groups [2]. Complex relationships between community, social capital, and the state notwithstanding, a participatory approach to building and implementing complex interventions can help the “praxis of...democratisation of participants” and can be “a path through which communities can explore their society and ignite to change it” [4]. The aim of this case study is to document how organisations designing and implementing complex interventions with a participatory approach can work with local communities and strengthen local institutions to help create sustainable complex interventions.

As a successful example of such a participatory approach, this paper examines a complex intervention program implemented in the Chandrapur district of Maharashtra, India. This case study documents how this program, spearheaded by an external CSR partner, has created and implemented a set of successful complex interventions through community participation. The authors conducted an exploratory research study in Chandrapur in late 2022 to understand the contextual landscape of the program and to document the bottom-up approach to complex interventions. Chandrapur district is 150 kilometres south of Nagpur, which is an important regional centre in the state.

The Mihan Special Economic Zone (SEZ) also falls on the route from Nagpur to Chandrapur, and thus this area is in the vicinity of a robust industrial ecosystem. For more than two decades, this external intervention has made deep inroads with communities

in these areas to work with them on holistic community development.

The implementers have done so mainly through layered interventions such as facilitating and promoting establishment of self-help groups and enabling access to microcredit for women entrepreneurship and skill training for young adults, subsidies for agricultural inputs, knowledge support for farm ponds farming and terrace farming for farmers, basic veterinarian and vaccination support through community-based cadres for livestock owners, and community-run health clinics supported by health-worker cadres.

In 2009, they also mobilised rural women led SHGs to form a Federation for the women, which is run for and by SHG women and receives technical support from implementers. As there is a lack of access to formal credit among the communities in this region, the Federation plays an important role in providing an alternative in the form of microcredit through a community-led Revolving Fund model.

The research objectives of this exploratory project were as follows:

- Document the concept and usage of the Revolving Fund (RF) and understand what aspects of this microfinance model have helped build trust among the group members and enabled its success.
- Document specific emerging livelihood opportunities and model(s) supported by the complex intervention in Chandrapur, to review their potential as an additional income source for households, to understand the enablers and barriers to individual and collective enterprise formation and scalability of such finance and business models within the local context.

This paper focuses on the participatory aspects of the complex intervention in question and elaborates how a ground-up approach has ensured community ownership and buy-in of the program.

Methods

The study adopted a qualitative method of inquiry for this exploratory research. In-depth interviews, focus group discussions, both in person and virtually, along with observational visits were conducted to gather insights on the implementation of the program. Purposive sampling was used to identify a mix of primary and secondary-level stakeholders who played a role in the design and/or implementation of the complex intervention in Chandrapur. The community members interviewed were selected from the existing member database available with the program implementation team.

Table 1: Data collection methods across respondent categories in Chandrapur, Maharashtra

Data Collection Method	Number of Interactions	Respondent Category
Focus Group Discussions (FGDs)	11 (~40-45 respondents across all FGDs)	SHG members
		Cluster heads
		Federation managerial board members
		Project implementation team
		Pashu Swasthya Sakhis (PSS) and Master PSS cadre
		Safalya Farmer Produce Organisation (FPO) canteen staff
		Sanitary napkin production unit team

Key Informant Interviews (KIIs)	22	SHG heads
		Goat rearing women entrepreneurs
		Small business owners
		Block-level officials (MAVIM, MSRLM)
		Health Sakhis
		Secondary stakeholders such as veterinarians, trainers, and bank officials

Semi-structured guides for interviews and FGDs were created for each category of stakeholder, and these were administered in Marathi, Hindi, or English depending on the respondents' preferred language. These FGDs and KIIs focused on understanding the role of each stakeholder in the model, their motivation for being a part of the program, the nature of assistance provided to them by the program (where applicable), challenges faced in the program participation or implementation, and their expectations from the program in the future.

Particularly in the case of SHG members, we also focused on capturing the scope of business expansion, their knowledge regarding business management, and challenges faced in expanding their businesses. Interviews and focus group discussions were recorded with the informed consent of the participants and were then transcribed into English for analysis [5].

Thematic analysis of the contents of the transcripts was conducted to identify major characteristics, enablers, and challenges of the intervention. It should be noted that the lack of regularly collected programmatic data is a limitation of this case study. Since these interventions were built over time and have gone through phases of trial and error, a comprehensive list of indicators has not yet been established that can be used to collect data around impact of the complex interventions to support this exploratory research.

Results

The program being implemented in Chandrapur has a complex ecosystem that consists of broader participatory partnership with local communities as well as other stakeholders embedded in the local context. Figure 1 diagrammatically represents the flow of the complex intervention ecosystem that was explored as a part of this study.

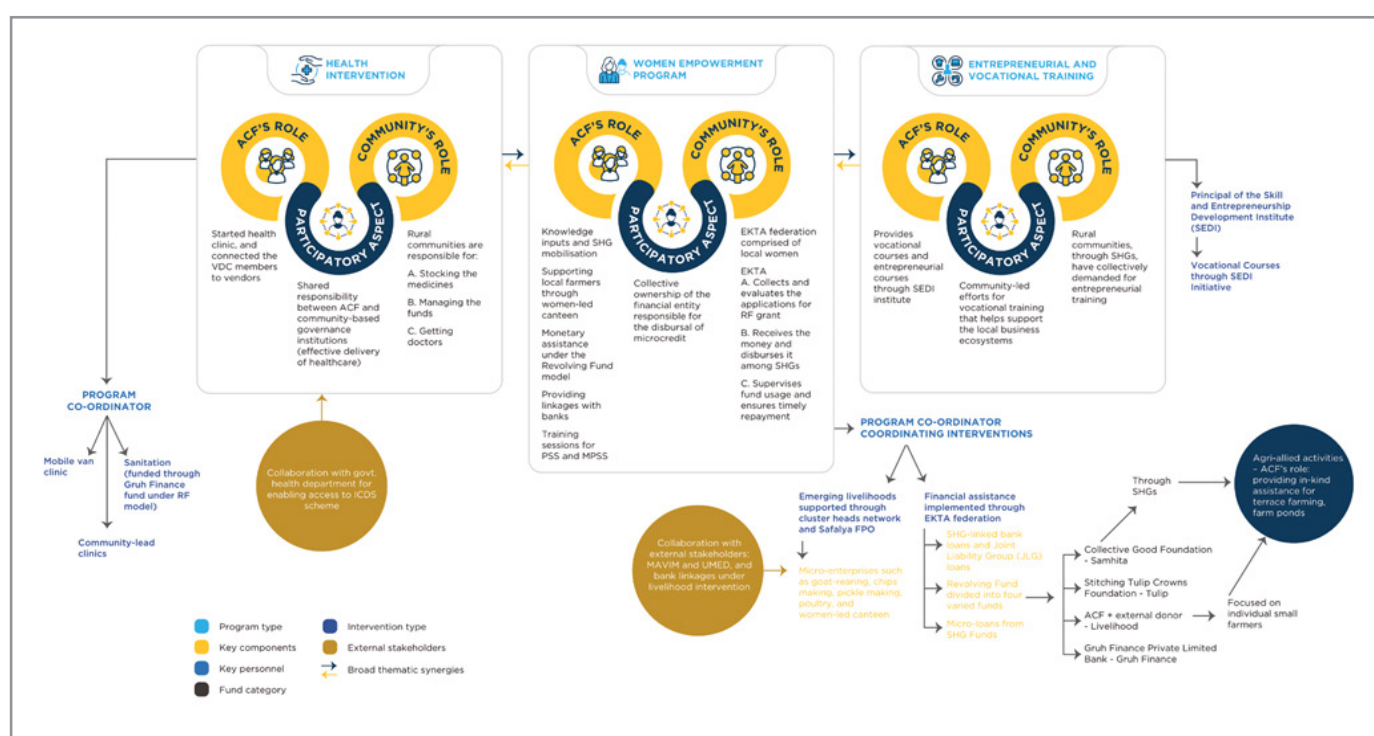


Figure 1: Participatory Approach in the CSR Program Interventions

For this exploratory study, three program components were explored in varying degrees of detail. The Women Empowerment vertical was the focus of inquiry, while some stakeholders across the Health and Entrepreneurship and Vocational Training verticals were also interviewed to understand the overall system better. As is apparent from Figure 1, there are many linkages between verticals, including community-led Revolving Funds that cater to livelihoods, sanitation, and small business develop-

ment. Local government bodies in charge of health, education, and enterprise development are also included as stakeholders in the program to align program efforts with existing government schemes targeted at community members.

An important feature of this model for complex interventions is that two autonomous bodies have been established in the community as a part of the long-term sustainability strategy. The

first is the Federation, a community-owned and operated entity dealing with agricultural inputs, that oversees the evaluation of the applications and disbursement for the Revolving Funds and conducts financial transactions [6].

The Federation is also a channel for SHG women to access government schemes for the community members, and through its activities provides support to the programmatic focus on social issues. It is an independent body that receives technical assistance from the program. Many of the Federation members are involved with the program initiatives in some way: some are Aarogya Sakhis (friends of health) and Pashu Sakhis (friend of animal health), and others work as Heads of SHGs or Clusters. The second body is the Safalya Farmer Producer Organisation (FPO), an offshoot of the federation that deals mainly with business transactions.

It works with farmers in the Upparwahi region to improve income from agriculture and allied activities and has recently acquired the required food safety licences to package and sell local packaged food products made by women members of the SHGs and the FPO. The FPO also runs three canteens (or cafeterias) in proximity to an industrial area. Both these entities have been established with the aim of enabling the community to eventually take over the implementation of the intervention programs in the long term. With these bodies in place, the program empowers community members to make decisions about how funds will be used for improving the local business ecosystem, and how farmers can collectively bargain for better profits and bring the community together for livelihood creation [7].

From the observational fieldwork and interviews, we find that the certain components and approaches to the intervention design and implementation make this program successful. **The first factor is that the program focuses on helping communities establish and scale up livelihood choices that are appropriate for the hyperlocal context of Chandrapur.** The rural communities in this area are mostly agrarian, many of them reportedly having practised agriculture for generations. As per program data, majority of the programmatic support for livelihoods creation is thus provided to farm livelihoods and small businesses allied with agricultural activities, such as goat rearing and poultry farming and dairy. Even other economic activities supported by the intervention cater to hyperlocal needs such as shevaya making units (a popular breakfast staple in this region), stitching and tailoring units, and home-based beauty parlours and convenience stores.

Women are largely engaged in goat rearing and poultry activity and have procured programmatic assistance either in the form of money through funds under the RF intervention or non-monetary assistance such as goats. These businesses thrive because of the predisposition of the community members to these economic activities. The implementation team built on these activities over the years and provided technical assistance to help increase profitability of these activities, which in turn increased the uptake of these activities as small businesses.

Today, the average annual income by selling goat meat is INR 70,000 to 85,000 with an annual profit range of INR 25,000 to 40,000 depending on the asset ownership of the household asso-

ciated with the program. For perspective, the Department of Animal Husbandry and Dairying (DAHD) estimates the domestic market value for goat meat at around INR 377 billion (National Action Plan 2022). For poultry farming, sale of poultry and eggs reported is in the range of INR 40,000 to 48,000, with an average annual profit of INR 35,000 to 37,000 per year depending on the asset ownership of the household. The size of the Indian poultry market is estimated to be INR 1515.8 billion as of 2019-20 (DAHD). Even the larger business units supported by the program, such as the FPO-supported canteens/cafeterias and a sanitary napkin unit have been established through community participation and ownership of the value proposition and business planning phase.

The next critical factor for the success of such a participatory approach is that the program provides not just financial aid to the community members through grants and Revolving Funds, but also provides tailored non-monetary support for the program community members through knowledge support and provision of infrastructure. For instance, rural community members often have to spend a lot of time and money in order to access services of veterinarians for their livestock, and medical doctors for themselves and their families. The program identified this as a gap and has trained an all-female cadre of Pashu Swasthya Sakhis and Arogya Sakshis. These women are trained to provide basic veterinarian and medical support to the community that can help bridge the gap between community needs and available resources in the area.

As a result, due to the basic medical knowledge and support provided by the Pashu Swasthya Sakhis (PSS), the quality of goats reared by program community members is reportedly better than that of goats available in the local livestock market. Hence, these small businesses are attractive ventures for local women. Similarly, the program aids with setting up of the infrastructure needed for farm ponds in the form of engaging the appropriate machinery and labour required, instead of merely providing a monetary grant to the community members.

The former approach is successful because the implementation team is able to mobilise its connections and outreach capacity to arrange the material support required for multiple community members at once—which an individual farmer interested in farm ponds may not be able to arrange on his/her own.

Working in synergy with the local community and local government officials also enables implementers to forge new ties and leverage the existing relationships to maximise the impact of their interventions. Particularly, such collaborative effort enables the program team to obtain a higher-level understanding of the complex challenges that communities face, the interlinkages that these challenges share, and to ultimately tailor their complex interventions to better address these challenges. For instance, working on the healthcare challenge, the program has extensive ties with the local health and the ICDS department.

Together, they train and support government cadres of Anganwadi workers (AWWs) and the Accredited Social Health Activist (ASHA) workers on key healthcare topics like nutrition spreading awareness about healthy lifestyle. The Village Development Committees (a voluntary local organisation) and the Panchayati

Raj institutions – both composed of elected members from the respective villages – are key stakeholders in these interventions. For instance, the VDC is responsible for the maintenance of the community health clinics supported by the program. This active participation ensures buy-in and develops a sense of accountability in the community, which empowers them to lead the intervention with the program implementer playing a supervisory role in the long-run.

Complex interventions that are embedded in each other, working towards tackling several issues such as livelihoods, education, and health, require several implementing teams to work in unison. Given that the standard operating procedures and the broader organisational structure is largely consistent across all program implementing teams, often, personnel and resources are common across interventions. This lean structure of the implementing bodies ensures a smooth flow of pertinent knowledge regarding interventions in real-time. This allows the implementation team to roll out their interventions with speed, thus addressing the ground-level challenges in a timely manner and maximising the impact of their interventions. Thus, in the larger context of complex interventions, such a participatory approach within the implementing organisation, reflected in the lean structure of its on-ground teams, is an enabler critical for the effective delivery of planned interventions.

Our findings so far make a persuasive case for the argument that participatory approach is a robust enabler for effective implementation of complex interventions as it promotes a bottom-up approach. There is an active role played by the communities, which essentially increases accountability among them and renders the entire intervention sustainable in the long-run, as was reflected in the case of the Revolving Funds and community-led clinics. Here, we focus on potential recommendations for practitioners to address existing challenges, which can augment the positive impact of their complex interventions:

- Investing in establishing and strengthening community institutions by building administrative and strategic capacity can help in implementation of complex interventions in the short term, as well as sustainability of the program in the long-term once the implementation agency withdraws from the geography.
- Adapting program inputs to the contextual needs of the community by understanding the predisposition and capacities of its members can aid in more effective intervention delivery. This tailored approach is possible when the community participates in identification of needs and the modalities of assistance required.
- Program inputs should be multidimensional in nature: while microcredit and revolving funds can help the success of complex interventions, communities may often require knowledge support, capacity building, infrastructure support, market linkages, and other kinds of outreach and aid in kind that an implementation agency can leverage for them at a higher level. This kind of assistance often goes on to strengthen the community's knowledge and aids with livelihoods creation, enterprise formation, and organisational infrastructure to help them sustain the positive impact of the intervention in the long-term.

- Working closely with the local government officials and village-level community institutions can help improve community buy-in for the interventions and embed them in the local ecosystem in the long-term. This includes making these stakeholders an integral part of the implementation process and identifying how their motivations and capacities can be leveraged for the success of the program.
- A lean implementation team that has expertise across multiple components or themes of the complex intervention brings the necessary agility and responsiveness required to make such a program successful. The commitment and ownership shown by this team has a significant effect on the new directions the program takes, as it learns and grows with the community it aims to serve.
- Practitioners can leverage partnerships with the private sector—especially for better outreach to a larger cohort of women members—to build on the gains of participatory approach to scale the interventions to the next level, especially in areas such as the development of growth-track enterprises. These partnerships can be used to plug crucial gaps in credit and market linkages, as well as to provide business and knowledge support to existing collectives to develop them as aggregation hubs for branding, marketing, and quality control of commodities produced by the community.

Conclusion

From this case study, it is thus evident that a participatory, contextualised approach to designing and implementing complex interventions can result in successful uptake of the intervention by communities through such programs. Such an approach leads to the development of locally relevant programs attuned to hyper-local contexts, especially in a vast and varied country such as India. Building trust and collaboration among the community and treating them as an important stakeholder is an important factor in the success of such programs: as illustrated by the success of the Federation, the Revolving Funds, the FPO-run canteens, the standalone production units, and the community health clinics in this case study. A participatory approach should not be restricted merely to complex intervention design and implementation. Rather, monitoring, evaluation, and learning (MEL) of complex interventions can also be conducted in collaboration with the target communities.

This case study is thus an example of how participatory complex interventions can help address multifaceted solutions of livelihoods, health, education, women empowerment, and climate resilient agriculture in India today by involving the community members in designing and implementing the same.

Practitioners can successfully partner with the private sector entities to build on the gains of the participatory approach and create further credit and market linkages, as well as build capacity and provide knowledge support to communities to scale up the impact of interventions that have been successful in the local context. With community buy-in and ownership of the program, interventions can be sustained over longer periods of time and result in more targeted and effective solutions, thus making these interventions a true partnership between the implementing partners and the communities they aim to serve.

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