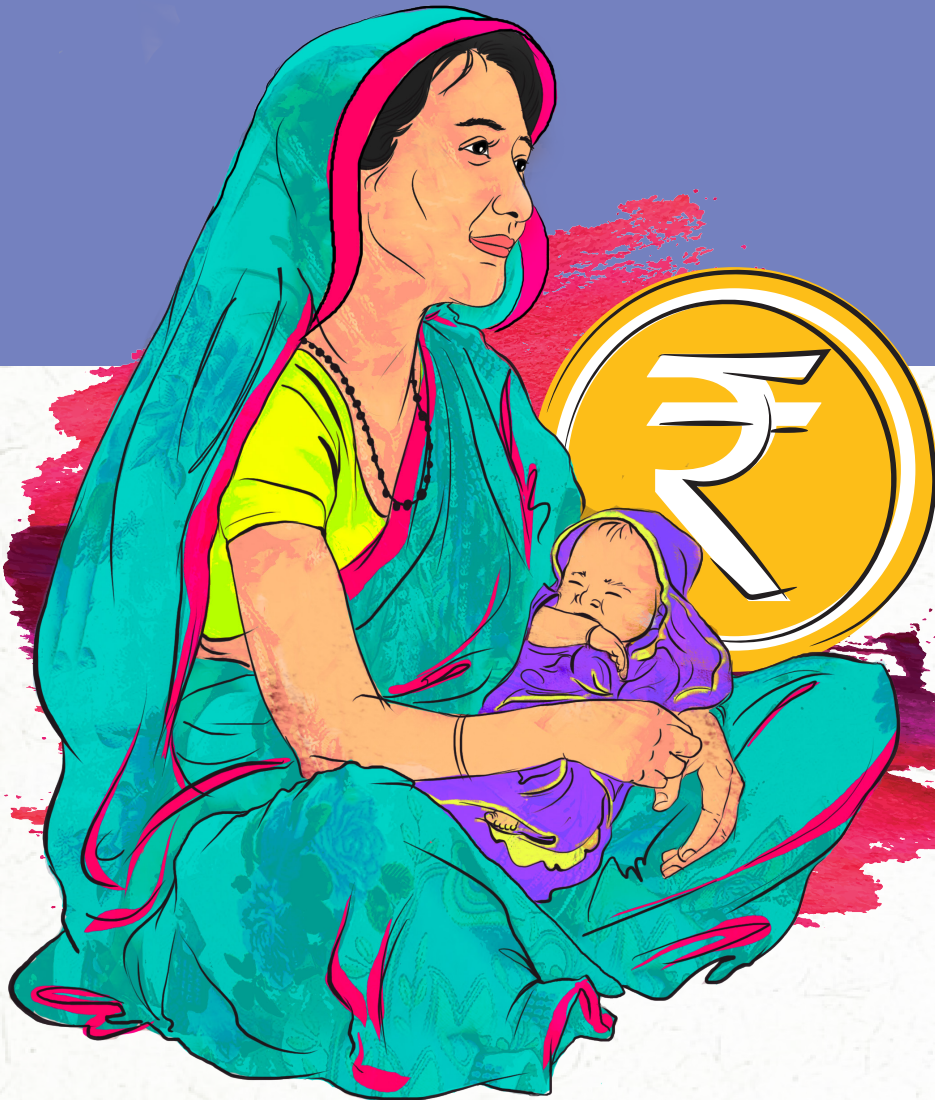


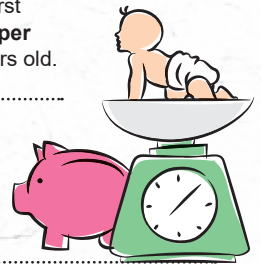
The Bihar Child Support Programme

The Bihar Child Support Programme (BCSP) was a conditional cash transfer pilot implemented by the Government of Bihar's Social Welfare Department, and evaluated by Oxford Policy Management (OPM). It targeted pregnant women and mothers of young children, with the aim of reducing maternal and child undernutrition. The pilot aimed to test both viability and impact of the cash transfer.

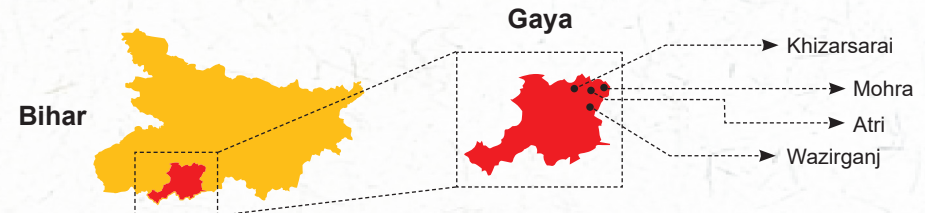


Under the BCSP, **women were registered** at the end of the first trimester of pregnancy and were **eligible to receive INR 250 per month** as a Direct Benefit Transfer until the child was two years old.

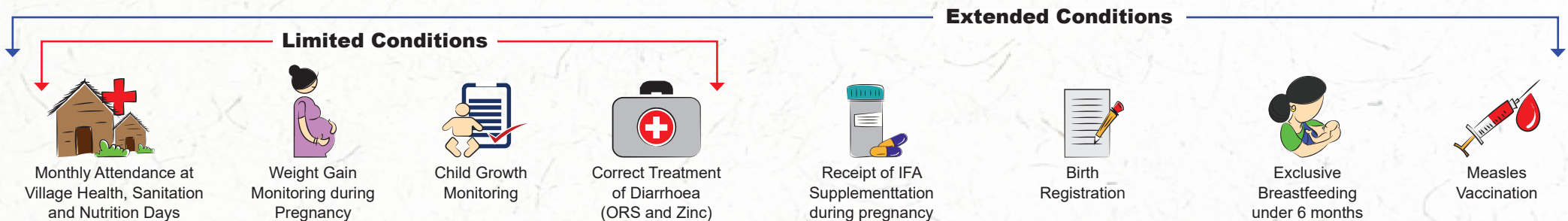
Women received the money only if they met certain conditions related to the uptake of services. In addition to the **monthly cash benefit**, a **bonus of INR 2,000** was given to the mother if the **child was not underweight at age two** and the **mother had not become pregnant again**. Therefore, the **total cash benefit to the mother was up to INR 9,500**.



The BCSP was supported by the UK Department for International Development and the Children's Investment Fund Foundation. The pilot ran between 2014 and November 2016. **9,040 beneficiaries were enrolled** in two intervention blocks, with two blocks forming a control group for evaluation purposes.

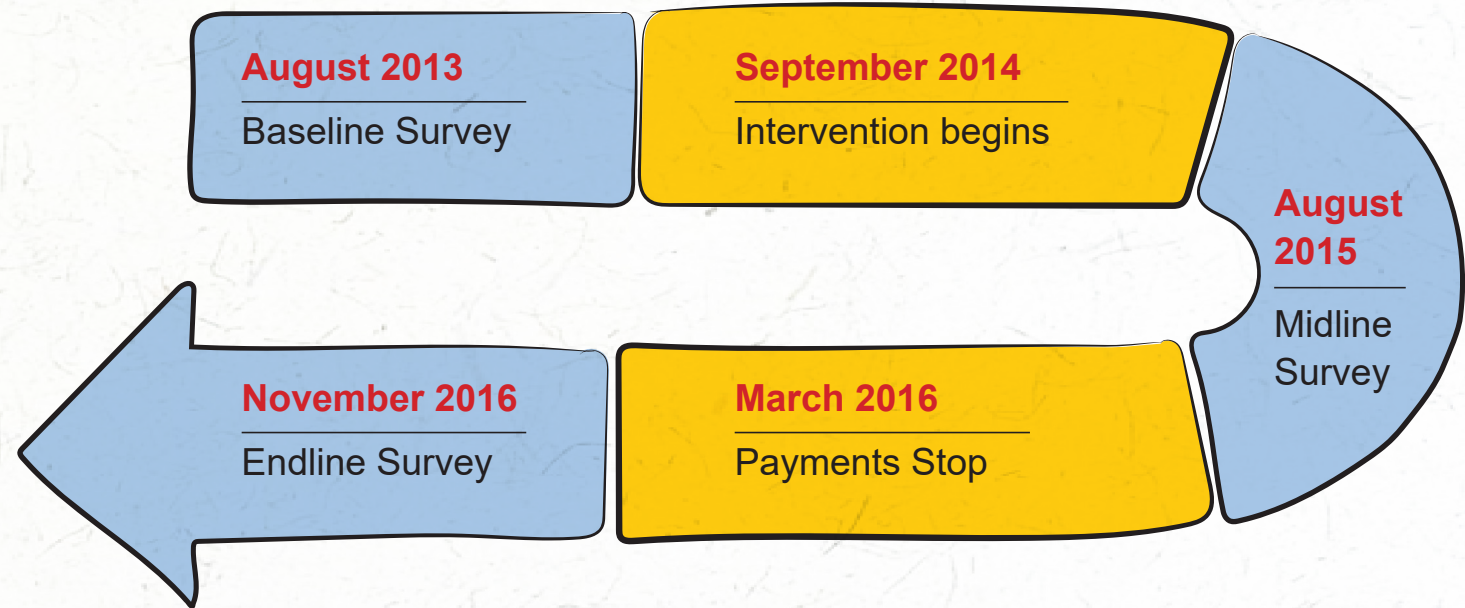


Beneficiaries were expected to meet different conditions in the two intervention blocks. In one block, 'limited' (four) conditions were applied, while in another 'extended' (all eight) conditions were applied. The terms 'limited' and 'extended' relate to the number of conditions applied.



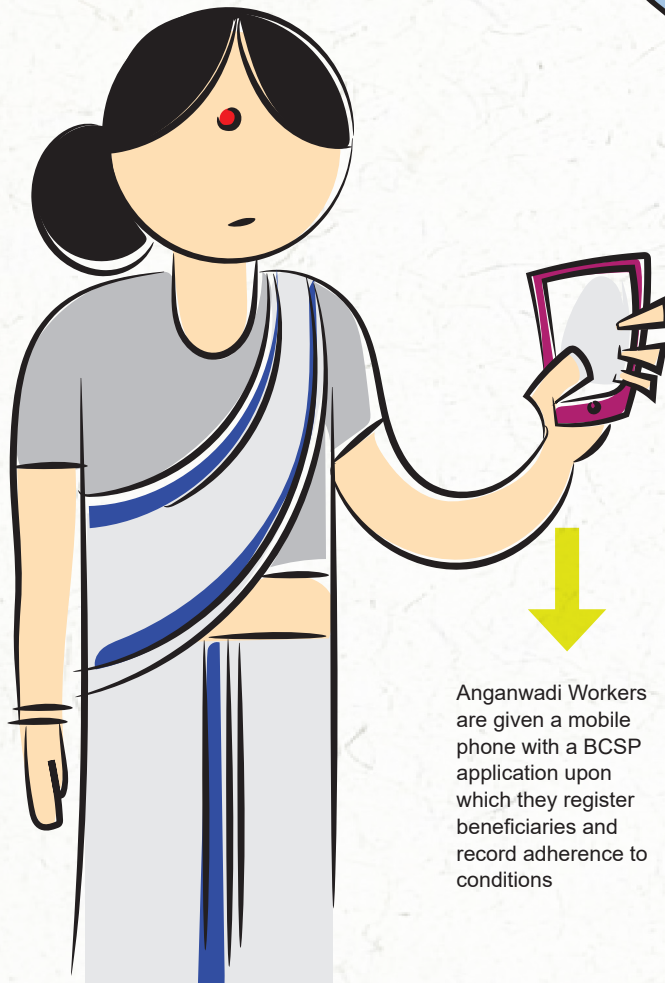
Evaluation Methodology

A prospectively designed, mixed methods impact evaluation was undertaken to analyse the effects of the BCSP. The quantitative evaluation is based on a quasi-experimental difference-in-differences (DID) design. The survey, with a sample of **1,500 mother-child** dyads in each block, is a repeated cross-section of a randomly selected sample of mothers. **The baseline was conducted in 2013, the midline was conducted in 2015, and the endline was conducted in 2016.** Extensive qualitative work accompanied each survey round.

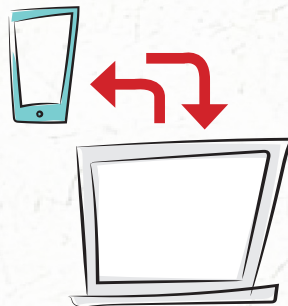


How the BCSP worked

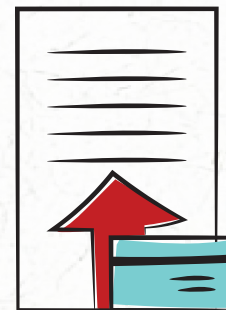
To be effective, cash transfers require strong systems for **enrolling beneficiaries, monitoring of adherence to conditions, making safe and timely payments** with **minimum risk** and **redressing grievances**. The BCSP developed robust systems integrated with government processes that could be scaled successfully.



Anganwadi Workers are given a mobile phone with a BCSP application upon which they register beneficiaries and record adherence to conditions



Automatic transmission of data from the application to a server



Generation of automatic payment lists through the Management Information System (MIS)



Sign-off on block-level payment lists by the Child Development Project Officer and the District Programme Officer after verification.



Fund transfer through banks using National Electronic Funds Transfer to beneficiaries' accounts within fifteen days of the end of each month

Resource Effect



91%

of the cash was spent on food. Several beneficiaries also reported using the cash transfer for health care expenses of children.

For Mothers: improved diet diversity due to increased spending on milk and milk products, meat, fish, vegetables and sugar-based products.

For Children: improvements in the introduction of semi-solid foods for children between six and eight months of age.

Cash given to beneficiaries was not spent on tobacco or alcohol.

“

Mothers

Earlier, we used to eat only rice, daal and all. Now we can eat rice with milk, vegetables also. - A BCSP beneficiary

I utilised Rs. 250 for my meal. Daily I also bought half kg milk. And I used to take Horlicks also. - A BCSP beneficiary

I spent Rs 250 on food. I would eat fish, gari and chohara (dry fruits), and fresh fruits. - A BCSP beneficiary

”

“

Mother-in-Law

My daughter-in-law has small children. She uses this money on their food and nutrition. She uses it on her three daughters. She uses it on medicines for her children as well. She bought Horlicks. She bought many other things like cashew nuts, raisins and all. Even she used our money also.

We should use it (BCSP money) on food, diets and health of the children. We should buy fruits, vegetables and all. – Mother-in-law of a BCSP beneficiary

”

Distribution of additional expenditure(₹)

- Milk and milk products
- Meat Poultry products
- Vegetables
- Sugar, honey and sugar preparations



Conditions Effect

Rs. 250

was sufficient to incentivise women to avail community health and nutrition services.

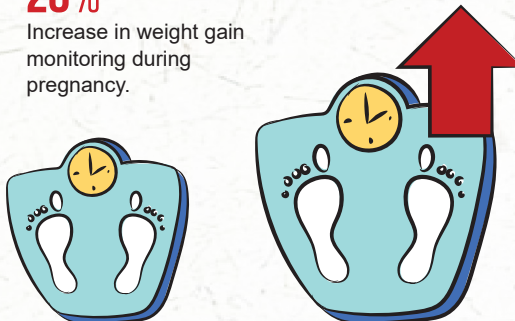


66%

Increase in attendance of Village Health Sanitation and Nutrition Day (VHSND) during pregnancy and after birth.

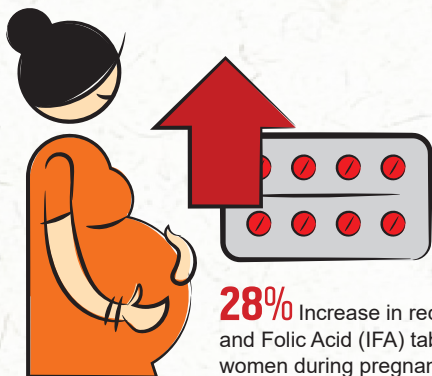
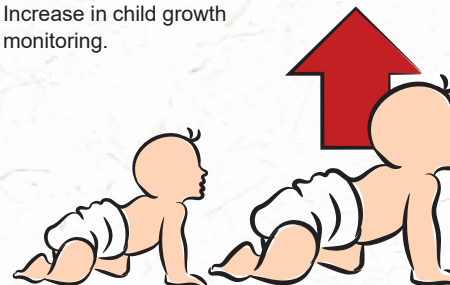
26%

Increase in weight gain monitoring during pregnancy.



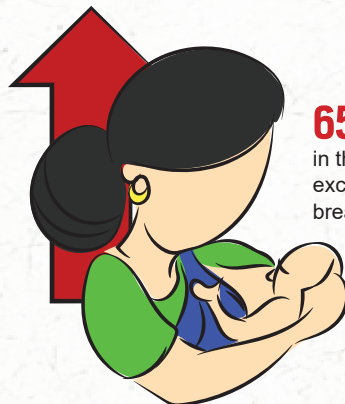
59%

Increase in child growth monitoring.



28%

Increase in receipt of Iron and Folic Acid (IFA) tablets by women during pregnancy.



65%

Increase in the rates of exclusive breastfeeding.

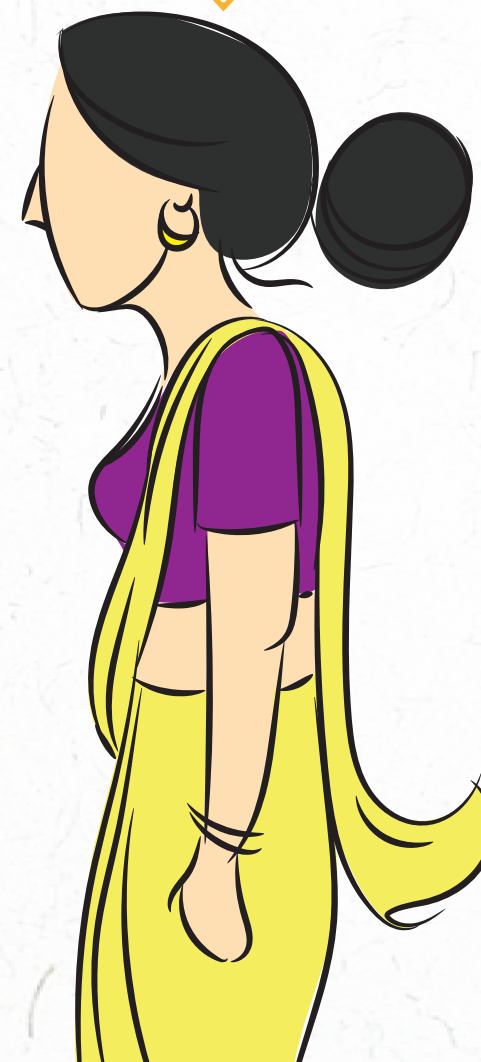
No significant impact seen on the appropriate treatment of diarrhoea, family planning practices, measles vaccination or birth registration.

“

Women were not able to come for nutrition day. But from the time BCSP programme has started every beneficiary in my village knows that they need to go on every Friday for Nutrition Day and for getting the weight of the child checked. Beneficiaries come to get the weight of their children checked. Earlier I had to be behind them. But now they are behind me. They say that today is Friday so check the weight of my child.

An Aanganwadi Worker

”

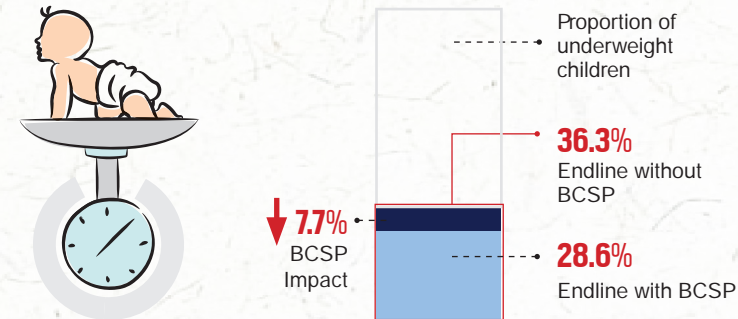


Anthropometric Outcomes

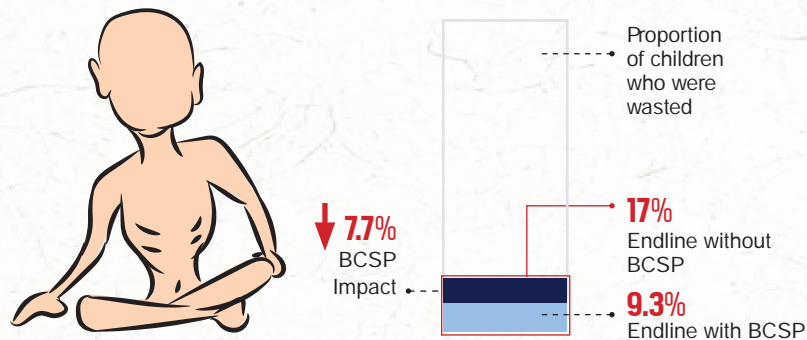
One of the primary aims of the BCSP was to improve the nutritional status of beneficiary children and mothers. Quantitative endline findings point to a significant impact of the BCSP on anthropometric outcomes for children and mothers enrolled in the programme. This impact was found to be largest for the most vulnerable social groups - including women (and children) from poorer, less educated, and scheduled caste households.

Impact on children (under two years)

The BCSP was responsible for an additional decline of 7.7 percentage points among the **proportion of underweight children**.



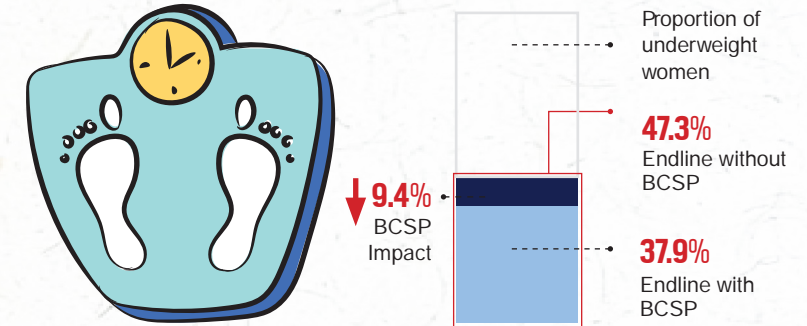
An additional decline of 7.7 percentage points among **proportion of children who were wasted** (low weight-for-height).



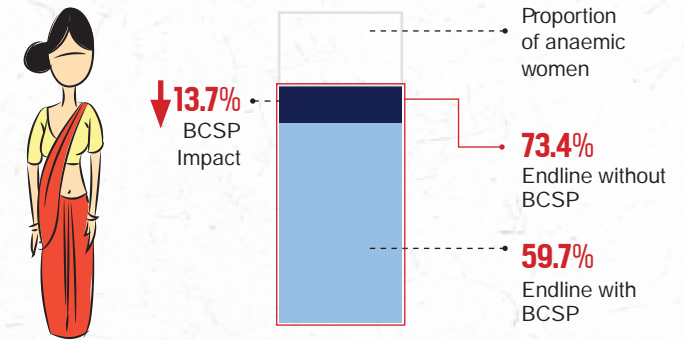
The BCSP had no impact on child stunting (low height-for-age). BCSP's lack of impact on stunting, although unexpected, is not unusual. Stunting is influenced by a number of complex underlying environmental and socio-economic factors, and reflects chronic malnutrition caused by long-term poor health.

Impact on mothers

The BCSP was responsible for additional decline of 9.4 percentage points among the **proportion of underweight women**.



An additional 13.7 percentage points of **women were no longer anaemic** at endline, when compared to baseline.



66

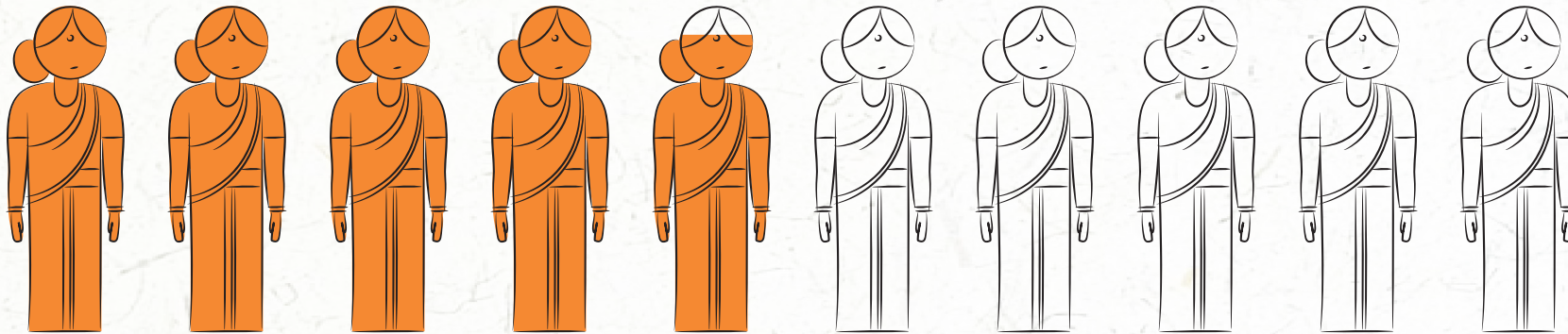
I was able to feed my children, bring them up. The only advantage was that if there was ever a shortage of money, because of this money I was able to take good care of my child.

They said his weight should not be less than 10 kg and he is 11.3 kg, the last time I weighed him. And before he turned two, never was he underweight.

A BCSP Beneficiary

99

Uptake and Access



49.6%

of all eligible women surveyed were enrolled under the BCSP.

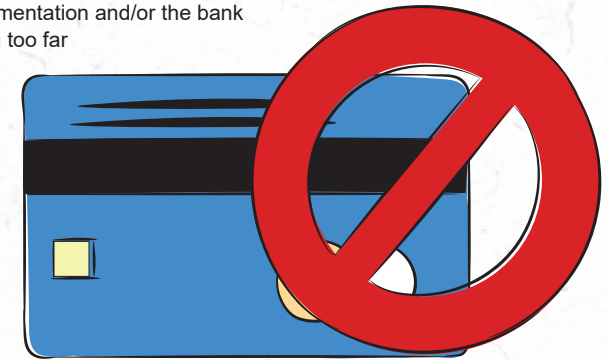
Half of the non-enrolment was due to not knowing about the BCSP.

Other drivers for non-enrolment included:

- Migration to the natal home during the critical registration period

- Labour migration, particularly seasonal migration to brick kilns

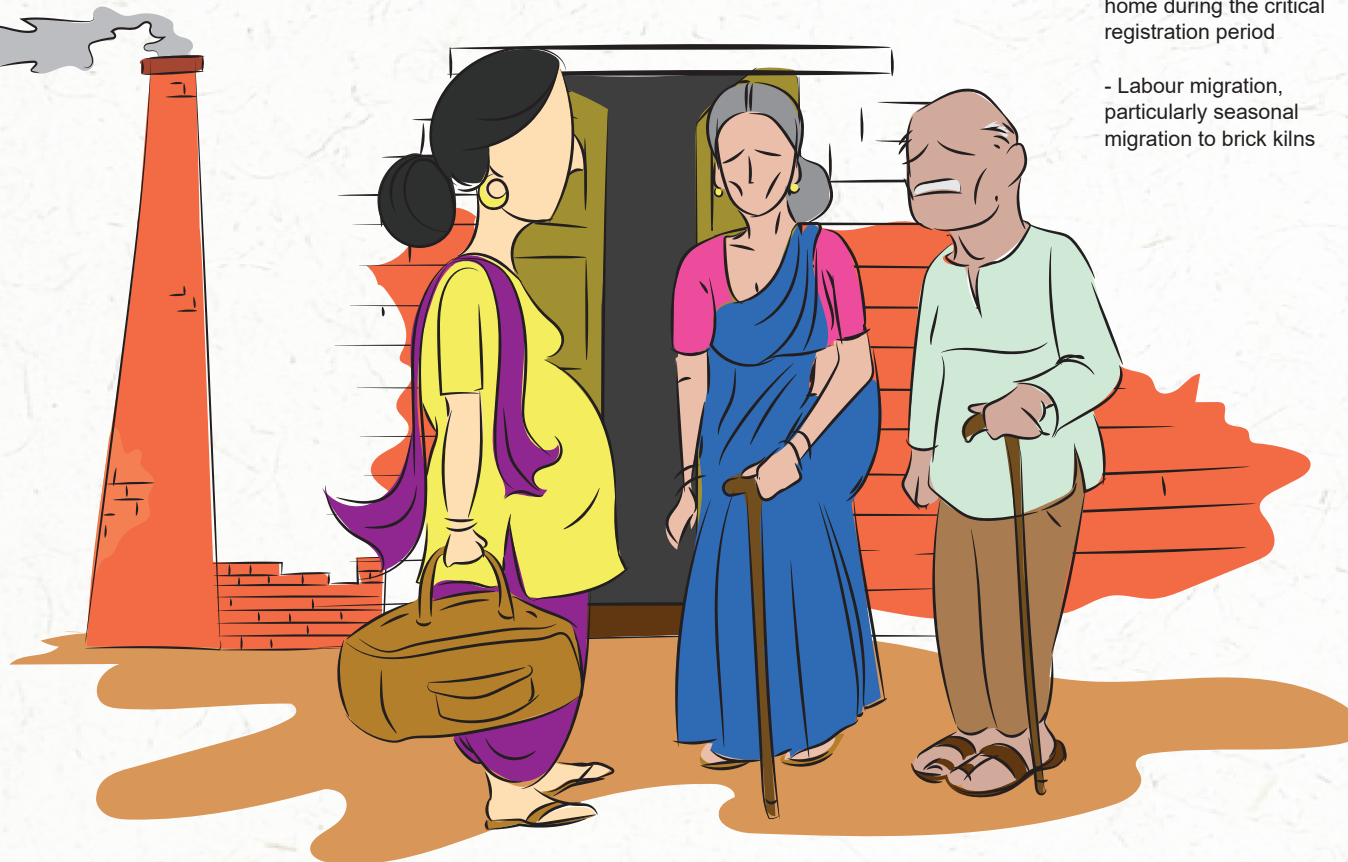
Problems with opening of bank account - Non-availability of required documentation and/or the bank being too far



“ I could not register my name under this programme as I was working on Bhatta (brick kiln).
- BCSP non-beneficiary

I was not aware at that time and also was not there at my home. I was at my mother's place.
- BCSP non-beneficiary

”



Policy Lessons

Enrolment:



50% of all eligible women enrolled in the programme.

Key barriers to enrolment included seasonal labour migration, migration to maternal home and the weaker reach of ICDS system in poorer villages. This highlights the need for portability of services across the ICDS system, especially for seasonal migrants.

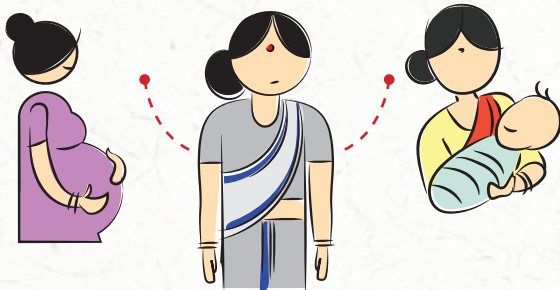


Community-based enrolment which relies on the Anganwadi Workers alone could miss people outside the traditional ICDS service net. It would be important to engage other actors (for example, PRIs and Self Help Groups) and design an appropriate incentive system.

Design:

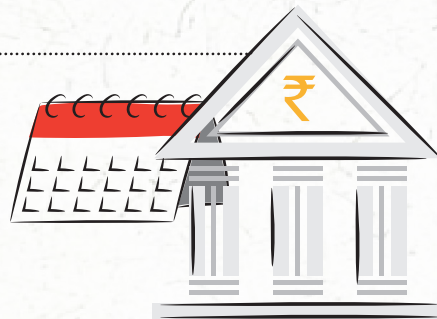


Conditional cash transfer programmes should focus on **simple, comprehensible conditions** which are easy for beneficiaries to understand and for service providers to enforce.



Behaviour change conditions, if any, must be complemented by strong counselling and communication services.

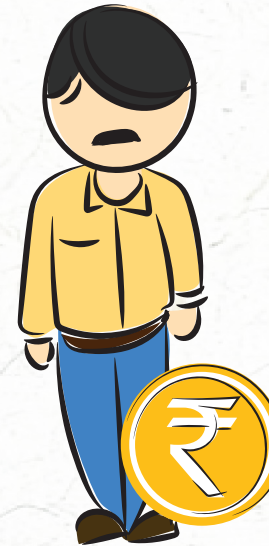
Due to the costs of accessing banks, beneficiaries tended to withdraw cash quarterly not monthly, so quarterly tranches may be more efficient.



Implementation:



An effective conditional cash transfer requires strong systems that cost **8-10%** of the total transfer value.

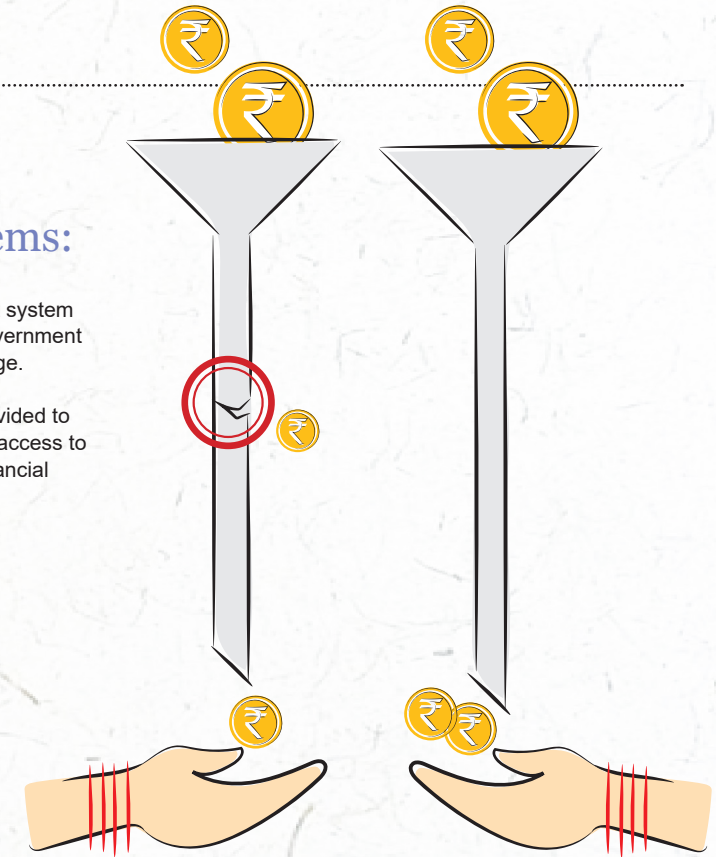


Future programmes must include an incentive system that supports various stakeholders within the programme and allows for a robust grievance redressal mechanism.

Payment Systems:

An automated cash payment system can be delivered through government channels with minimal leakage.

Ground support must be provided to open accounts and improve access to and understanding of the financial system.



Oxford Policy Management in India

Since 2009, our India office has been based in New Delhi, and works closely with colleagues in the Oxford office and other select partners to provide public policy analysis, advice and support. It is supported by satellite offices in six states – Assam, Bihar, Chhattisgarh, Kerala, Maharashtra and Odisha – and a full-time presence in Goa, West Bengal and Rajasthan.

We have a staff of over 100 people, including tenured and project staff, and up to 400 data-collection staff engaged at any one time. Most of our technical staff are social scientists with strong academic backgrounds from leading international universities, who blend analytical rigour with extensive practical experience of working with and for government. Our senior technical staff are recognised as sector experts nationally and internationally. We can also draw upon expertise and insight from our global colleagues and project experience as necessary.

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