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Lessons from the Bihar Child Support Programme (BCSP), an initiative to deliver cash transfers via the Integrated Child Development Services

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The BCSP

- Implemented by the Social Welfare Department, Government of Bihar, supported by DFID's SWASTH programme, in Gaya District
- Started with a pre-pilot in 2013. The programme is running as a pilot since September 2014. Midline nearly finished.
- Targeted at all pregnant women and mothers of children under 3 years of age
- Rs 250 per month plus "outcome" bonuses – if meet conditions - total value of Rs 15,500
- Testing:
 - Viability: of systems, through Government, at a reasonable scale (270 treatment villages)
 - Effectiveness: on service delivery uptake and behaviours (conditions), consumption and diet, women's empowerment, intra-household allocations and decision making, time use, coping strategies, anthropometric and biomedical outcomes
- Current status – 6763 beneficiaries registered, 72% of beneficiaries meet conditions (75% soft, 65% hard)

BCSP Conditions

Soft Conditions	 <p>Monthly Attendance at Village Health, Sanitation and Nutrition Days</p>	 <p>Weight Gain Monitoring during Pregnancy</p>	 <p>Child Growth Monitoring</p>	 <p>Correct Treatment of Diarrhoea (ORS and Zinc)</p>
Hard Conditions	 <p>Receipt of IFA Supplementation during Pregnancy</p>	 <p>Birth Registration</p>	 <p>Exclusive Breastfeeding under 6 months</p>	 <p>Measles Vaccination</p>

Outcome bonus – to incentivise the mother to do the things that cannot be monthly conditions (e.g. handwashing with soap)

Rs. 2000 if the child is not underweight after 24 months

An additional Rs. 3000 if they are not underweight after 36 months

How the BCSP works

- A mobile phone application for village level Anganwadi Workers - Dimagi
- Anganwadi Workers register beneficiaries on the application & record who meets what condition
- Data flows to an MIS, which generates payment lists
- Conditions are relaxed if services are not available
- Payments are made direct to bank accounts (on average, takes 18 days after the end of the month)



Lessons - design

- A “good” condition is one that:
 - Is feasible to monitor, and verifiable
 - If related to a service, there is quantity, quality and elasticity of supply
 - Flexibility of provision
 - Isn't too unrealistic
 - Is a priority
 - Ideally support service delivery
 - Doesn't create ethical issues...
- In general, the further down the results chain you go, the harder it is to incentivise it (*caveat: outcome bonus*)
- It is hard to avoid a trade-off between nutrition-sensitive design and increasing confusion (and transparency) – as well as trade-offs with family planning
- Continual registration and reporting is key to a smooth system but creates its own challenges

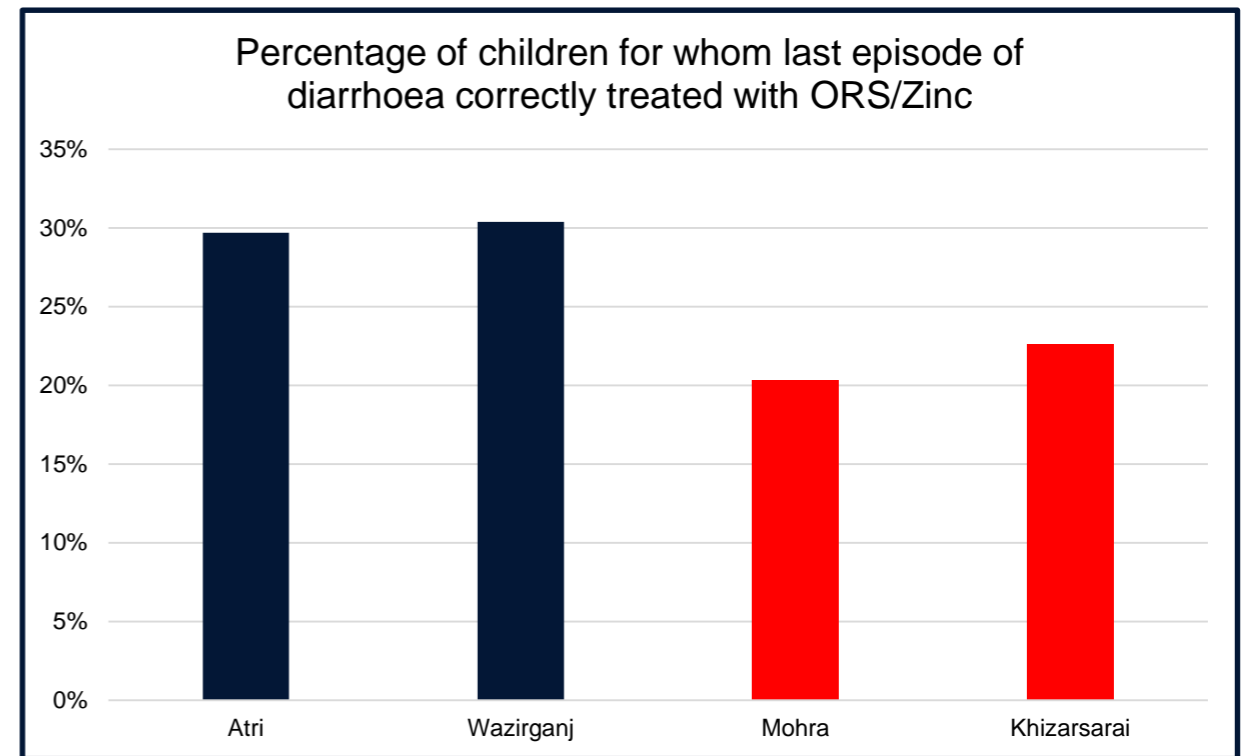
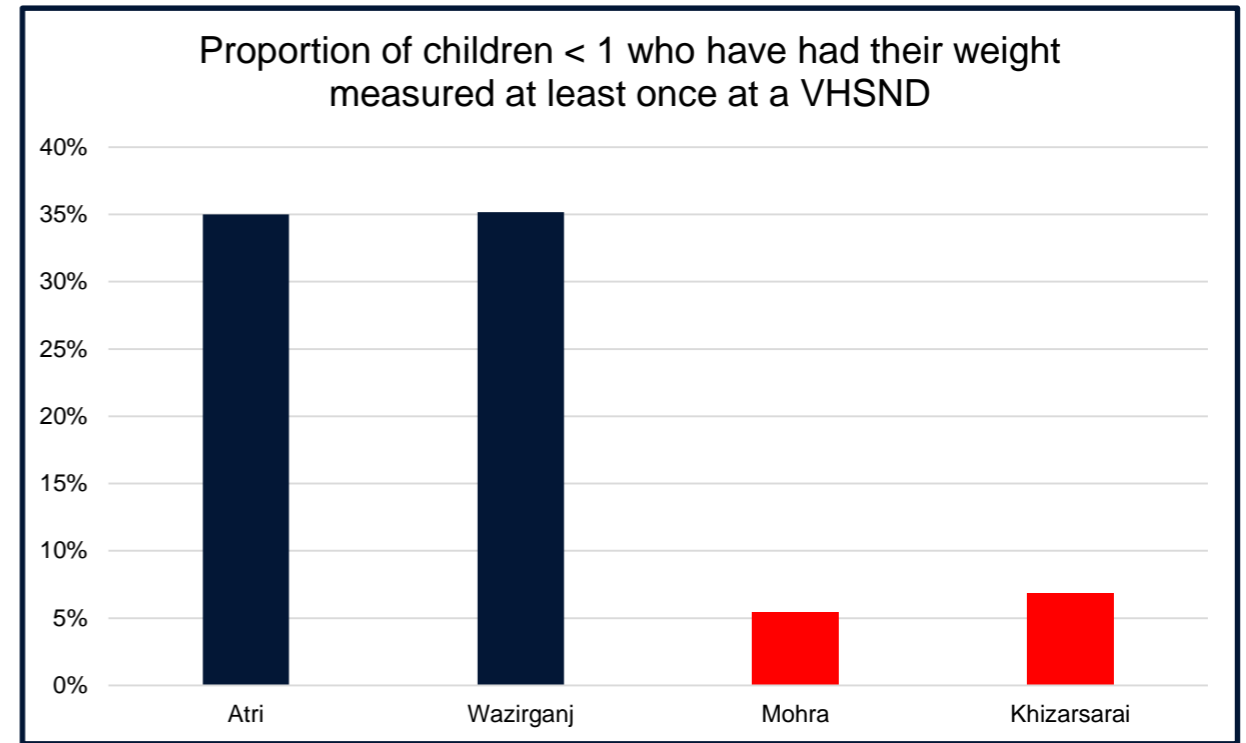
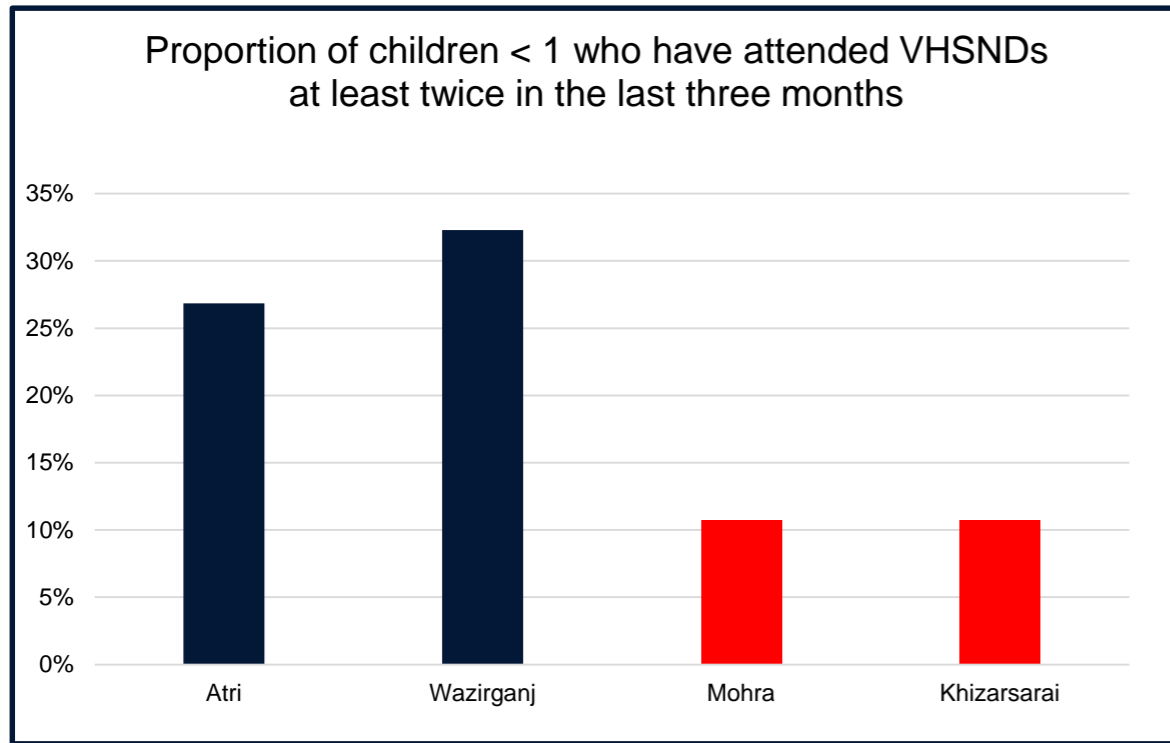
The biggest challenge – distributing money

- KYC norms and opening accounts
- Transcription errors, dormant accounts
- NEFT
- Blocking withdrawals

What is the architecture at scale to manage this?



Emerging evidence



Consumer preferences...or are they?

Percentage of mothers of children under 2 who are enrolled and prefer cash over same value of food:

90%

Percentage of mothers of children under 2 who are **not** enrolled and prefer cash over same value of food:

83%



Some open questions on external validity and scaling

Would the characteristics of the “treated” area be substantially different in different parts of Bihar...or elsewhere?

Would the intervention be the same if it was scaled?

Would it still work without our (light touch) programme team, especially given the bank transfer issues?

What would it take to be sufficiently confident to scale?

What is the counterfactual? Food? Investment in the supply side? BCC?



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Thank you

