Lessons from the Bihar Child Support Programme

Conditional Cash Transfers (CCTs), whereby a direct benefit transfer is given to beneficiaries subject to the meeting of certain conditions, are an increasingly popular policy instrument globally for achieving maternal and child health and nutrition outcomes. Systematic evidence reviews have shown CCTs to be generally effective at increasing access to health care especially immunisation coverage, improving child and maternal nutrition, reducing morbidity risk and mitigating poverty (Owusu-Addo & Cross, 2014).

The Bihar Child Support Programme (BCSP) was a conditional cash transfer pilot undertaken by the Government of Bihar. It targeted pregnant women and mothers of young children, with the aim of reducing maternal and child undernutrition. The pilot, the Bihar Child Support Programme (BCSP), supported by the UK's Department for International Development (DFID), and Children's Investment Fund Foundation (CIFF) was implemented in 261 villages in Gaya District. Women receive monthly cash payments directly to their bank accounts, subject to meeting various conditions related to the uptake of services and adherence to nutrition sensitive behaviours. The pilot aimed to test the viability and the impact of the conditional cash transfer on nutrition outcomes.

Under the scheme, women enrolled upon completion of the first trimester of pregnancy and received 250 rupees (Rs) per month directly into their bank account upon meeting certain conditions. The beneficiary was eligible for the cash transfer for a period of 30 months (i.e. until the child was two years of age). The programme also designed a bonus of Rs 2,000. In one of the implementation blocks, this would be received if the child was not underweight at age two, and in the other, women were eligible if they had not become pregnant again at the end of two years after birth. Therefore, the potential total maximum value per child was Rs 9,500.

The pilot was implemented in two blocks in Gaya District, Bihar, covering 261 Anganwadi Centres (AWCs) for two years and over 9,000 beneficiaries. In one block, Wazirganj, four conditions were applied, known as 'limited' conditions. In another block, Atri, there were an additional four 'extended' conditions. Thus, in Atri, beneficiaries were expected to meet all eight conditions, whereas in Wazirganj beneficiaries were expected only to comply with four conditions. The terms 'extended' and 'limited' relate to the number of conditions, rather than to the nature of the conditions applied. The pilot also had two control blocks: Khizarsarai (a technology only block) and Mohra (a pure control block).

Key Findings and Impacts

Resource Effect

- Beneficiaries used cash in a strongly 'pro-nutrition' way. In most cases, money was kept separate from general household expenditure. In general, the cash transfer appeared to have had a large impact on food expenditure at the household level, with 91% of the cash being spent on food, and it allowed households to buy calories that are more expensive (as measured by Rs spent per 1,000 calories).
- Beneficiary households saw increased spending on meat, vegetables, and sugar-based products over the life of the programme. Qualitative data also indicated that beneficiaries generally spent the money on fruits, vegetables and milk for their child and for themselves.

- A significant impact of the BCSP in improving maternal diet diversity. Analysis of food consumption data highlighted that women in treatment blocks consumed food from a significantly greater number of food groups. BCSP also led to small improvements in child diets, specifically in regard to the introduction of semi-solid foods for children between six and eight months of age.
- Several beneficiaries also reported using the cash transfer for health care expenses of children.

Conditions Effect

- There was a strong increase in uptake of services at the Village Health Sanitation and Nutrition Day (VHSND). Large effect sizes were seen in the number of women attending the VHSND (increase of 36 percentage points), weight gain monitoring during pregnancy (increase of 17 percentage points), and child growth monitoring (increase of 22 percentage points).
- Receipt of iron and folic acid (IFA) tablets by women during pregnancy increased by 14 percentage points.
- However, no significant impacts were seen in the uptake of nutrition-sensitive behavioural practices that were incentivised, such as appropriate treatment of diarrhoea with oral rehydration salts (ORS). This points to the need for complementary counselling around nutrition behaviours, without which a conditional cash transfer appears to have limited impact on infant and young child feeding (IYCF) practices.
- There were very significant increases in the rates of exclusive breastfeeding (20 percentage points) in the limited conditions block (where exclusive breastfeeding was not a condition) compared to the control block.

Empowerment Effect

- The cash transfer was successful in improving the self-esteem of women enrolled in the programme. A number of women reported positive impact of the cash transfer in improving their self-confidence by allowing them to make better decisions around child nutrition and health care.
- The cash transfer also increased the physical mobility of women through the possession of a bank account and by necessitating visits to the AWC.

Empowerment Effect

- The programme led to a 7.7 percentage points decline in the proportion of underweight children. (27% decline from the baseline value).
- BCSP also led to a 7.7 percentage points decline in wasting amongst children in the treatment block. This can be interpreted as a 14% decline relative to the baseline level.
- The BCSP led to a 9.4 percentage points decline in underweight mothers. This translates to a 19% decline in the proportion of underweight mothers. This impact was found to be largest for the most vulnerable communities, with the largest differences being noticed amongst poorer, less educated women (and children) from scheduled caste households.
- Because of the BCSP, an additional 14 percentage points of women were no longer anaemic at endline, when compared to baseline.

- Incentivised by the BCSP, the increase in the frequency and quality of weight monitoring of children may have played a central role in the observed improvement in outcomes in treatment blocks.

Overall, the BCSP experience suggests that a small value cash transfer can have large effects on service uptake but limited impact on behavioural practices, unless it is supported by strong counselling services and supportive enforcement.

Lessons for scaling-up

i. A continuous, flexible enrolment process is necessary to ensure maximum inclusivity of the programme and to reach migrant populations. A longer registration window could help improve enrolment statistics amongst more difficult-to-reach populations. This enrolment process must be complemented by strong awareness-generation activities that use multiple avenues to improve information channels about the programme.

ii. Portability of services under the programme would help both labour migrants and migrants to the natal home.

iii. Additionally, support must be provided to create accounts within banks and improve access to and understanding of the financial system.

iv. Conditional cash transfer programmes should focus on simple, comprehensible conditions that 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.

v. The pilot saw minimal leakage in payment transfers and generation of payment lists. This can be attributed to the automated cash transfer through banks and to monitoring by the implementation team.

Source: *Oxford Policy Management, Final Evaluation of the Bihar Child Support Programme, Funded by Children's Investment Fund Foundation (CIFF)*