

Bangladesh Income Support Program for the Poorest

[SecureNutrition Forum, Moscow](#)

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Background and Context

- Bangladesh has made remarkable progress in poverty reduction
 - 2000: 48%
 - 2005: 40%
 - 2010: 31.5%
- However, 26 million people still remain in extreme poverty
- The prevalence of under-nutrition in Bangladesh is among the highest in the world
 - Bangladesh ranks 6th in the world in terms of largest number of stunted children, and
 - Incidence of low birth weight was also among the highest in the world at 22%, and
 - maternal under-nutrition at about 24%

Social Protection in Bangladesh

- Government implements variety of safety nets to address challenges of poverty and vulnerability – **social protection** spending amounts to **2% of GDP** with **23 ministries** implementing over **150 programs**
- **Poor targeting of benefits** with considerable inclusion errors, limiting the potential of safety nets in reducing poverty
- SP programs cover only one-third of poor population
- Limited programs focused on pregnancy and early childhood
- Local governments implement most safety nets and play a crucial role in identifying beneficiaries and delivering benefits
- Need for strengthening their capacity to ensure an effective, transparent and accountable delivery of safety net services

Shombhob Conditional Cash Transfer Pilot

- In 2011, the World Bank and Government of Bangladesh implemented a pilot on “Cash Transfers for Human Development through Local Governments”
- The project aimed to pilot ways to improve the ability of the local government institutions to effectively implement cash transfers to extreme poor households to promote the nutrition and education of their young children
- Intervention
 - Monthly cash transfers of between Tk. 400 to Tk. 800 to 14,000 mothers via electronic postal cash cards
 - Education condition for households with children going to primary school: at least 80% attendance in classes
 - Nutrition condition for households with children below 36 months: regular monthly growth monitoring of children and attendance in nutrition counseling sessions

Results of *Shombhob* Pilot Project

- Significant positive impact on total **household food consumption** of 11%
 - Food expenses on proteins increased for households, even more for those receiving the nutrition package
 - Improvements on **dietary diversity** but not statistically significant.
- Significant positive impact on **mother's knowledge about nutrition**
 - 6.5% more mothers know you should exclusively breastfeed children until age 6mo
- **Positive impact on underweight** (weight for height) for children aged 0-12 months at baseline
- Incidence of **wasting reduced** by 12.5 percentage points or 40% reduction from 43 to 28% of underweight children
- No significant impact on school attendance for children aged 6-15 years old

Income Support Program for the Poorest

- Based on encouraging results from pilot, the Government of Bangladesh is scaling up the conditional cash transfer program to also include pregnant women and children up to the age of 5 years.
- The [project development objective](#) is to provide income support to the poorest mothers in selected Upazilas, while
 - (i) increasing the mothers' use of child nutrition and cognitive development services, and
 - (ii) enhancing local level government capacity to deliver safety nets.
- The [project beneficiaries](#) are pregnant women and mothers with young children below the age of 5 years from the poorest households – the project will directly benefit approximately 600,000 beneficiary mothers.

Expected Positive Impacts

Short term

- Reduction of poverty by increasing beneficiaries' expenditures
- Increase household food consumption, especially high quality food
- Improve mothers' knowledge and practices about better child nutrition and development

Medium term

- Increase government's effectiveness in delivering safety nets to poor households
- Improved nutrition indicators

Long term

- Improve earnings capability of beneficiary children
- Reduce intergenerational transmission of poverty
- Reduce government expenditure on safety nets

How does it work?

- Beneficiaries will be selected from bottom two expenditure quintiles – those households with **pregnant women and children under 5 years** will be eligible
- Benefit payments will only be offered for **first and second born children**
- Depending on profile, beneficiaries will be expected to fulfill following co-responsibility
 - **Pregnant women** – quarterly antenatal care check up
 - **Children under 24 months** – monthly growth monitoring (height & weight)
 - **Children between 24-60 months** – quarterly growth monitoring (height & weight)
 - **All beneficiaries** – monthly nutrition and child development counseling

- Incentives are designed to **emphasize importance of growth monitoring & promotion** among children under 24 months and that of early childhood development to all children under 60 months.
- Quarterly cash transfers will be made based on beneficiary compliance through electronic smart card from the Bangladesh Post Office
 - The same **biometric-enabled card** will also be used to monitor attendance
- **Average size of monthly transfer would be \$15-23** – this is about 15-23% of the average monthly per capita expenditure of the target population

- Comprehensive curriculum will be developed on nutrition, cognitive development and early learning using existing best practice customized for local context
 - This will guide counseling sessions for all beneficiaries and be designed to be interactive and tailored to the different groups of beneficiaries
- Community participation is integral to the Program
 - Public outreach, social mobilization and regular follow up with mothers will be conducted in close collaboration with Community Support Groups - comprised of members from the local community to mobilize the community in raising beneficiaries' awareness and encouraging utilization of health services offered by the Government.
- The interventions are complementary to existing nutrition services offered under the Government's universal National Nutrition Services
 - Incentivizes poorest pregnant women and mothers to regularly utilize services that are important for child nutrition and growth.
 - Additional support will be provided to Community Clinics through the project to ensure sufficient capacity to provide services, e.g. growth monitoring equipment, NGO services, etc.

Monitoring & Evaluation

- Compliance monitoring
 - MIS will track monthly compliance of beneficiaries against which payments will be made.
- Monitoring of service delivery and assessment of beneficiaries
 - Third party NGO/firm will monitor service delivery every six months on sample of locations.
 - Knowledge, Attitude and Practice assessments on CDCD issues on a random sample of beneficiaries to track project outcomes.
- Process assessment
 - Assessment of project cycle processes to assess administrative issues and constraints for a sample of locations

These assessments will help to assess and identify areas that require remedial measures and course correction and will be used to inform necessary changes and updates needed to the ISPP Operations Manual.

- Impact evaluation

- Household surveys to assess the impact of cash transfers on:
 - ✓ socioeconomic conditions and food security of beneficiary families;
 - ✓ child nutrition;
 - ✓ child cognitive development, and
 - ✓ readiness for school.
- Qualitative work to examine beneficiary and non-beneficiary assessments of how well the program is working, including perceptions of targeting, leakages, and the program co-responsibilities, as well as the impacts of the program on empowerment of women and other social dynamics.

Results of the IE work will feed back into improving the program design and operation for the next cycle of scale up.