The prevalence of under-nutrition in Bangladesh remains among the highest in the world. Though there has been significant progress in reducing the incidence of underweight children below 5 years, progress in reducing wasting and stunting has been less successful. Improving nutrition and cognitive development of poor children is particularly critical in arresting intergenerational transmission of poverty.

Although the problem of under-nutrition affects the whole population in Bangladesh, the poor primarily bear its burden. Poverty interferes with the access to knowledge and services related to nutrition and proper food intake behavior—for example, both wealth and mother’s education are positively correlated with higher vaccination rates among children. Poverty can also hamper school achievements: poor children in Bangladesh exhibit less educational attainment compared to their non-poor counterparts. Yet, none of the major safety nets focus on child nutrition and cognitive development. While education efforts contribute towards improving nutrition and child development outcomes, nutrition remains a multi-sectoral challenge that requires a comprehensive and holistic strategy.

Despite remarkable progress in poverty reduction, extreme poverty and vulnerability in Bangladesh remain stubborn problems, which in turn can negatively affect child nutrition and educational outcomes.

**Evidence for Conditional Cash Transfers**

Global evidence suggests conditional cash transfers (CCTs) have resulted in sizable reductions in poverty among recipients, especially when transfers are adequate, well targeted and structured in a way that do not offer disincentives towards productive employment. CCTs provide regular cash payments to families on the condition that they fulfill certain basic obligations, which are typically related to the usage of health or education services. By providing a steady income, cash transfers have helped protect poor households from the effects of unemployment, catastrophic illness and other sudden income shocks.

The Government of Bangladesh was among the first to pioneer conditional cash transfers in the early 1990s in the form of the Female School Stipend Program (FSSP). Some studies attribute this intervention to reversing gender gaps in secondary school enrollment, and since then several CCT programs have been implemented to improve primary education outcomes in Bangladesh.
The Shombhob Approach: Nutrition Impact from Nutritional Allowances

This project monitored the impact of cash transfers on the socioeconomic conditions of the beneficiary families, food security, and how additional income is allocated among education, food, and other expenses.

Out of the 37,801 families who applied for the program, the poorest 15,952 families were selected. The final number of enrolled households was 14,125 which was based on final validation by community leaders, district chairmen, and in one case, a Mayor’s office. Among this roster of eligible households, there were 7,004 children who were eligible to receive the nutrition benefit and 15,774 children who were eligible to receive the education benefit. The breakdown of the beneficiary families in terms of their location and the type of benefit is provided in Table 1 below.

More recently, and through funding from the South Asia Food and Nutrition Security Initiative (SAFANSI) and support from the Government of Bangladesh, the Shombhob CCT Pilot Program focused on improving nutritional outcomes of young children. The Shombhob project (“Shombhob” means “possible” in Bangla) delivered bi-monthly cash transfers to very poor households with children aged 0 to 36 months or children attending primary school, provided that they fulfill a range of nutrition and education-related obligations.2

Survey Results

Baseline and endline surveys tracked the program’s impact over a two year period, and the results suggest that on average whatever per capita transfer was received per month was almost entirely passed on to food expenses, increasing total food consumption by a significant 11 percent. Moreover, food expenses on protein-rich foods—meat, eggs, dairy, fish and pulses—increased significantly for Shombhob Pilot recipients, and even more so for households receiving the nutrition awareness sessions, which

<table>
<thead>
<tr>
<th>Total Beneficiaries</th>
<th>14,125 families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaldhaka</td>
<td>7,735 families</td>
</tr>
<tr>
<td>Hatibandha</td>
<td>4,238 families</td>
</tr>
<tr>
<td>Narayanganj</td>
<td>2,154 families</td>
</tr>
<tr>
<td>Nutrition-related benefits</td>
<td>7,004 children</td>
</tr>
<tr>
<td>Education-related benefits</td>
<td>15,774 children</td>
</tr>
</tbody>
</table>

Table 1: Distribution of Beneficiaries

These transfers were a flat amount and did not vary with the number of children in either category. Thus the maximum benefit amount a household could receive was BDT800 per month (approximately USD10). Payments were made using Point-of-Sales machines with the option of accessing the cash either at the village level with the help of a “mobile payments team” or at the Upazila level branch office.
were encouraged but not mandatory. In the last year of the project, payments amounting to $1.9 million were made to over 14,000 beneficiary families complying with co-responsibilities.

Evidence also shows that mothers’ knowledge about the importance of exclusive breastfeeding and nutrition improved by 8 percent. Additionally, the intervention had a significant impact on the incidence of wasting among children who were 10-22 months old when the *Shombhob* Pilot started, reducing the share of children with weight-for-height below 2 standard deviations from the World Health Organization’s benchmark by 40 percent. Dietary diversity also improved, but not significantly.

Given the results, and consistent with global knowledge on nutrition, the *Shombhob* intervention should reduce health costs during the beneficiaries’ lifetime and increased earnings are expected to reduce beneficiaries’ dependency on social transfers.

**Lessons Learned**

The pilot positively impacted the welfare of extremely poor households as well as household consumption patterns towards more proteins for households who received the nutrition allowance. Mothers were motivated to see their child improve and grow using new nutrition knowledge, regular growth monitoring and cash in their accounts, which in turn strengthened their role in family decision-making.

The process assessment and the results from the impact evaluation of the *Shombhob* pilot project suggest that given appropriate tailoring of an intervention and its proper implementation, there is potential to bring about certain changes in household behavior that can help in improving child nutrition outcomes when cash transfers are conditioned on child growth monitoring. The introduction of new technology, through the use of postal cash cards for beneficiaries, though initially challenging, demonstrated the potential to overcome inherent challenges of leakage and weak administration.

While changes in some behavior and long-term outcomes are not likely to be captured in such a relatively short project time frame, the combination of nutrition information, growth monitoring and cash are able to motivate mothers towards nutrition-enhancing feeding practices.

Most importantly the results suggest CCTs are able to affect household poverty as well as a set of important human development outcomes in
the short term, thereby making them valuable instruments in the fight against poverty in the Bangladesh context.3

Encouraged by these results and to further strengthen safety net delivery at the local level, the Government of Bangladesh requested additional support to scale up the Shombhob Pilot in other parts of the country, which resulted in a new, $300 million Income Support Program for the Poorest which will likely reach 600,000 households in the poorest regions of the country.

Conclusion

CCTs have been successful in incentivizing participants to do things such as enroll their children in school, or attending counseling and knowledge sharing sessions to educate parents and caregivers about the benefits of balanced diet.

CCTs are successful if they are thought of in conjunction with other social policies. These programs alone cannot break the intergenerational transmission of poverty if the quality of supply services including health facilities, schools, etc., are inadequate and thus must be seen as part of a more holistic human development lens in order for the long term impact to be realized.

CCTs also have a potential to evolve from their role in poverty reduction strategies to become part of a broader system of social protection, by setting up common outreach and service platforms. As families graduate out of the program, they can be linked to skills and income generating activities to ensure the sustainability of the poverty alleviation impact, by linking children to education stipend programs and adults to literacy programs; entrepreneurship programs; and financial services. This demands a focus on a range of policies and programs encompassing the country’s poverty reduction strategy in the context of a life cycle framework to provide a more effective support system for the vulnerable and poor population.

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