

BANGLADESH -- From Pilot to Scale

Engaging local governments and established local service providers in the *Jawtno* conditional cash transfer program

Jawtno will bring to national scale early years services through community clinics, post offices, and mothers' groups, while coordinating with NGOs to ensure service supply meets demand. *Jawtno* builds on key learning from a pilot program that was shown to rapidly reduce malnutrition.

The Situation in Bangladesh:

Children's nutritional status has been improving in Bangladesh, and yet challenges remain. The prevalence of stunting is among the world's highest, at 36 percent. The incidence of low birth weight is also among the highest, at almost 18 percent. And for mothers, undernutrition is a serious issue that affects one in every five who are pregnant or lactating. The result of this combination—stunting, low birthweight, poor maternal nutrition—is a transfer of malnutrition across generations in Bangladesh.

The Program:

Jawtno means “nurture” in Bangla, and is a conditional cash transfer program (CCT) that builds on the experience of a prior pilot program, *Shombhob* (“possible”) which showed rapid results in reducing stunting. It will target the bottom 40 percent of the income distribution and cover 10 percent of the extreme poor population and 2 percent of total households directly. The program is expected to start in July 2017.

Jawtno will target pregnant women and mothers of children up to 5 years. The women will receive nutrition services such as antenatal care and regular growth monitoring and promotion for their children, as well as counseling sessions that address healthy physical and cognitive development of children in the early years: pregnancy care, nutrition, hygiene/sanitation, parenting skills, child stimulation and more.

The counseling sessions will be linked to children's check-ups in clinics and in small group sessions. Local governments will manage program implementation and deliver services through Community Clinics. NGOs will play a role in ensuring reliable services and support Clinics in managing the demand, as well as delivering the counseling sessions. Cash transfers to beneficiaries will be managed through biometrically secure electronic cash cards that can also provide access to savings accounts at local Post Offices.

Implementation Lessons:

These lessons are from *Shombhob*, whose experience has been transferred into *Jawtno*'s design.

(1) **Prioritize rural areas with concentration of poverty and malnutrition:** *Jawtno* will concentrate in rural areas with poverty rates of 40% or higher. The implementation of *Shombhob* indicated that a wider, and more comprehensive system of interventions would be required to address nutrition outcomes in poor urban settings (i.e. housing, sanitation, daycare facilities).

(2) **Promote child cognitive development concepts among caregivers:** *Jawtno* will include social and behavioral change communications on early childhood cognitive development.

(3) **Partner with Local Governments and NGOs for coordination and service supply:** LGs in Bangladesh are mandated to facilitate a variety of public services, as well as to coordinate safety net implementation

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across Ministries. Alongside NGOs, they are important partners in ensuring seamless delivery of services and payments linked to the CCT.

(4) ***Provide different points of payment:*** the program will give beneficiaries the option of getting their allowance either at the village level (through a “mobile payments team”) or at the Union level through a local Post Office branch. The program will also facilitate access to interest bearing Post Office savings accounts. New technology will also be utilized through biometric identification systems to verify attendance and payments under *Jawtno*.

(5) ***A CCT can have a significant impact on poverty reduction and nutrition:*** the pilot showed that the intervention contributed to a 4 percentage-point reduction in poverty headcount in target areas. Beneficiary households also increased their consumption by 70 percent of the average size of transfers received and improved food consumption patterns (food expenses on proteins increased significantly, and even more so for households receiving the nutrition awareness sessions). There were also significant improvements in the outcomes of children aged 10-22 months: wasting was reduced by 12.5 percentage points (which is a reduction of about 40 percent of wasted children in this age group).

References & Resources:

- Ferre, Celine and Sharif, Iffath (2014), [Can Conditional Cash Transfers Improve Education and Nutrition Outcomes for Poor Children in Bangladesh? Evidence from a Pilot Project.](#)
- Hamadani et al. 2014. “Cognitive Deficit and Poverty in the First 5 Years of Childhood in Bangladesh” in *Pediatrics*, 2014;134:e1001
- Video [Investing in Healthy Mothers and Children in Bangladesh](#)