Evaluating Impact: Turning Promises into Evidence

Benazir Income Support Programme (BISP)

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1. Background

- **Benazir Income Support Program**
  - Benazir Income Support Program is a nation-wide unconditional cash transfer program distributing Rs. 1000 per family per month (1/5 of the avg. income of the population below the cut-off) to the female head of the family.
  - Introduced in response to the triple F (Financial, Fuel and Food) crisis and in response to economic reforms (removal of indirect subsidies).

- **Objectives**
  - Design a safety net system based on objective targeting based on Poverty Score Cards
  - Maintain household consumption of the poor
  - Women Empowerment
  - Central registry for Social Safety Net.

- **Implementation Timeline**

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<tbody>
<tr>
<td>Cash Transfer based on Parliamentary Identification</td>
<td>Poverty Score Card (PMT based) Initiated in 16 pilot districts</td>
<td>New eligibility rule established for 16 districts</td>
<td>Program roll-out (according to new eligibility cut-off) completed in 16 districts</td>
<td>Program roll out completed in about 50 districts</td>
<td>Program roll out completed in all 129 districts</td>
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2. Results Chain

**Inputs**
- GoP recurrent budget
- SSN TA
- DfID Trust Fund
- BISP Department created (autonomous body)

**Activities**
- Implementation of PSC data collection in 16 pilot districts.
- Cash disbursement
- Alternative Payment Mechanisms
- Grievance Redressal Mechanisms
- Fiduciary Systems developed
- MIS systems set up

**Outputs**
- # of beneficiaries receiving cash transfers
- Number of women registered for CNIC
- Rs. 30 billion disbursed already
- Cut-off established to identify eligible beneficiaries
- Poverty Database created

**Outcomes**
- Increased per household expenditure/consumption (food, health, education)
- Improved nutrition

**Long-term Outcomes**
- Reduced poverty
- Improved capacity to face income shocks
- Increase government capacity for policy and decision making

# of beneficiaries receiving cash transfers
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3. Primary Research Questions

1. What is the effect of cash transfer on the household consumption /expenditures?
2. What is the effect of cash transfer on women empowerment?
3. What is the effect of cash transfer on nutrition?
4. Outcome Indicators

1. - Household food expenditure/consumption
   - Household expenditure/consumption on education (School fee, uniform and books)
   - Household expenditure/consumption on health (Doctor and medicine)

2. Percentage of money on household expenditure spent as per female’s decision?

3. Household’s improved nutrition (number of meals per day, protein intake per week, amount of calorie intake)
5. Identification Strategy/Method

- Rollout of the program done by district (no sufficient staggered rollout within district)

- Randomized Assignment of the program at district level is NOT feasible as the national rollout strategy will be determined by 5 firms outsourced for PSC data collection.

**Proposed Methods: combination of quasi-experimental**

- DD + Regression Discontinuity at the household level within treated districts

**Limitations:**

- Detects local effect around the cutoff (little external validity)
- Does not capture spillover effects (if they are important)

- DD + Matching at community level or hh level (compare one eligible hh in treated district vs. Eligible hh in control district). Need to collect data in both T and C districts.

**Complementary analysis:**

Qualitative methods (focus group, interviews) in 15 pilot districts to learn on use of benefits, to generate hypothesis on potential outcomes, to understand operational bottlenecks as in payment systems, to learn on beneficiaries’ perceptions on the program, to ultimately inform baseline questionnaire design
6. Sample and data

- Evaluation will not involve 15 pilot districts, Leyah and 27 districts in Baluchistan if/where implementation of the program will be completed or underway by the time of the baseline survey.
- Evaluation will most likely exclude 7 districts for security reasons.
- Analysis will be conducted in 79 (129-15-1-27-7) districts.

**Sampling:**
Selection of treatment and control districts (around 20) will be:
- consistent with planned rollout of program
- such as T and C are balanced on observable characteristics that affect outcomes.
- Use Pakistan Living Standards Measurement Survey (2005-06) for power calculations to determine sample size.
- Communities/villages are primary sample units.

**Data Collection Plan:**
- baseline household survey will be completed before the PSC roll-out in selected T districts to avoid “announcement effect”.
- The follow-up survey will be a panel conducted 6-8 months after the baseline and before program is implemented in C districts.
7. Time Frame/Work Plan

- Qualitative Survey in 15 pilot districts – April, May 2010
- Questionnaire Design, Field Work Prep, Sampling – May, June 2010
- BISP Cash Transfer in 50 districts – June 2010
- Baseline Data Collection – July, August 2010
- Data Analysis and Baseline Report – Sept, Oct 2010
- Follow-up Survey – Feb 2011
- Impact Evaluation Analysis – April, May 2011
8. Sources of Financing

- World Bank Technical Assistance to BISP on Social Safety Net (SSN TA)