Research Question: To what extent does a non means-tested cash transfer targeted to pregnant and nursing mothers affect children’s nutrition?

Contributions
- Impact of a non means-tested CT on child wellbeing
- Impact of CTs on child nutrition in the populous Indian context
- Disaggregated program effects
  - By child gender - documented son preference in India
The Mamata Scheme

- Launched Sept. 2011, 2.5 million beneficiaries at time of the study

- Exogenous source of variation for quasi-experiment (program eligibility)
  - Mother’s age > 19 years
  - Child’s birth order <=2

- Difference-in-differences using NFHS survey data
  - Treatment Group: Odisha
  - Comparison Group: West Bengal

- Results: WHZ↑  HAZ↑
Motivation

- Early-life circumstances shape a child’s future health (Currie & Almond, 2011). Nutritional deficits in early life have adverse effects on adult outcomes (Victora et al., 2008).
- Early-life interventions are important to tackle future gaps in human capital outcomes (Hoddinott et al., 2008).
- Globally, many cash transfer (CT) programs, both conditional and unconditional, are means-tested, and target female beneficiaries and/or households with children under 5 years. Fewer specifically target pregnant and nursing mothers.
- More research is needed to examine the effect of non means-tested CTs with narrower targeting on child well-being.
- Examine the effect of an Indian maternal cash transfer program “Mamata Scheme” in the state of Odisha on child nutrition.
- Child undernutrition is a large global problem, and India bears a large share of the burden, despite rapid economic growth, “a puzzle” (NFHS 2015-16).

Data

- Two rounds of the India National Family Health Survey (NFHS), collected in 2005-6 and 2015-16 (n=8726). NFHS is a nationally representative repeated cross-sectional survey conducted in five waves from 1992-2019.
- Odisha Sample: 4540 women aged 15-49 in Wave 3; 33,271 women in Wave 4.
- Survey has household, man’s and woman’s questionnaires. Includes height and weight measurements for all children under 5, wealth index classification.
- Sample restricted to households with children under 5 present in both survey waves.

Methods

Difference-in-Differences Regression Model

\[ Y_{it} = \beta_0 + \beta_1(Eligible*2015)_{it} + \beta_2(Eligible)_{it} + \beta_3(2015)_{it} + \gamma X_{it} + \eta_i + \epsilon_{it} \]

Covariates include household, mother and child-level characteristics. Regression includes birth month and year FE and a control for wealth trends.

Summary of Findings

- Being eligible for a maternal cash transfer is associated with higher weight-for-height (lower wasting) and height-for-age (lower stunting) in Indian households.
- Difference-in-differences regression model (Intent-to-treat analysis) finds that being eligible for Mamata benefits improves a child’s weight-for-height (lower wasting) and height-for-age (lower stunting).
- Heterogenous effects by hh. wealth and location (rural/urban) and child gender for wasting.

Discussion

- Non means-tested cash transfers could be very valuable to reduce stunting and wasting in India.
- Girls have lower WHZ than boys; potentially due to son preference
- Nationwide rollout of a similar CCT program starting in 2017 (Shukla & Kapur, 2019).

References Cited