Whose Fate and Whose Wealth?: An analysis of the Bhagya Lakshmi scheme in Karnataka

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List of Abbreviations

ABAD	Apni Beti Apna Dhan
AE	Actual Expenditure
ANM	Auxiliary nurse/midwife
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
BL	Bhagyalakshmi
BPL	Below Poverty Line
C&AG	Comptroller and Auditor General
CBPS	Centre for Budget and Policy Studies
CCT	Conditional cash transfers
CDPO	Child Development Project Officer
CRS	Civil Registration System
DLHS	District Level Household Survey
DoE	Department of Education
DoH	Department of Health
DWCD	Department of Women and Child Development
ECE	Early Childhood Education
GPI	Gender Parity Index
GoK	Government of Karnataka
HCR	Head Count Ratio
HSNP	Hunger Safety Net Programme
ICDS	Integrated Child Development Services
IFA	Iron/Folic Acid tablets
IIPS	Indian Institute of Population Sciences
LIC	Life Insurance Corporation
MDG	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Rate
MPCC	Monthly per capita consumption
NFHS	National Family and Healthy Survey
NPAG	Nutrition Programme for Adolescent girls
NSS	National Sample Survey
NSSO	National Sample Survey Organization
PAHELI	People's assessment on health, education and livelihoods
PRAF	Programa de Asignacion Familiar
RTE	Right to Education '
SASSA	South African Social Security Administration
SC	Scheduled Caste
ST	Scheduled Tribe
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

1. Introduction

1.1 The Issue

Karnataka, one of the southern Indian states, falls somewhere in the middle on development indicators among Indian states and is often placed in the 'above-average' range in comparison to the all-India statistics. This obviously means it is much better than many others, especially the eastern and northern Indian states which are, more often than not, positioned in the 'below-average' range. However, that does not mean the state does not have its own development challenges. While performing well on the economic front, Karnataka is often behind other southern Indian states on social indicators; this is especially true when it comes to gender disparities. For instance, Karnataka reported the lowest sex ratio at birth among four south Indian states that include Andhra Pradesh, Kerala and Tamil Nadu according to the Census of India 2011 report. What is worse is that, according to data in the fourth National Family Health Survey (NFHS-IV), the sex-ratio has been reported to have declined since then in Karnataka. Data from the Civil Registration System (CRS) also shows the same declining trend between 2011 and 2014 in Karnataka (Rajan, et al, 2017). Although the exact sex ratio at birth varies between 910 and 927 in 2014-15, depending on the source, the fact remains that is low and all sources confirm the declining trend. This is a major source of concern for the state's social policy makers. Karnataka is also the only southern Indian state with a three-digit maternal mortality rate (MMR) of 111 in 2015 (CBPS , 2015). Karnataka has done relatively better in education, with the Gender Parity Index (GPI) being close to 1 at primary and secondary levels of education but it faces inter-district disparities as a challenge (CBPS , 2015).

1.2 The Scheme

In order to address the issue of gender disparity in birth as well as other aspects, Karnataka introduced a scheme of conditional cash transfers, known as Bhagya Lakshmi (BL), in 2006-07. The scheme has been available only to Below Poverty Line (BPL) or economically backward households and entails providing financial incentives to the parent or guardian on fulfilment of certain eligibility requirements and conditions. This was in the wake of conditional cash transfers becoming an important policy instrument to influence household choices in a large number of developing countries since 1990s.

All girl children, subject to certain defined eligibility criteria, born in BPL families after 31st March, 2006, are eligible to be enrolled as beneficiaries under the scheme. The government issues a bond in the name of the girl child at the time of enrolment, which is to be encashed once she turns 18, subject to the fulfilment of defined conditions. The scheme also included (now removed) scholarships for girls going to schools. The amount increased as she graduated from one class to the next. Health Insurance was another benefit to which the enrolled girl child was entitled but that too has now been removed. Another benefit associated with the scheme is an insurance cover for the child in case of parental accident or death. (Matrix 1)

The following matrix summarises the benefits provided as part of the scheme and the subsequent amendments made:

Matrix 1: BL scheme benefits, 2006-08 and 2008 onwards

	Amount to be received for the beneficiaries born from 01-06-2006 to 31-07-2008		**Amount received for the beneficiaries born after 01-08-2008**	
Initial deposit amounts	Child 1 10,000	Child 2 10,000	Child 1 19,300	Child 2 18,350
Maturity amounts	Child 1 34,751	Child 2 40,169	Child 1 1,00,097	Child 2 1,00,052
Annual scholarship	Class 1-3 300 Class 4 500 Class 5 600 Classes 6&7 700 Class 8 800 Class 9 1000		Not applicable	
Health insurance	25,000		Not applicable	
If parent is fully disabled as a result of accidents	75,000		75,000	
If a parent is partially disabled from accidents	37000		37000	
Accidental death of either parent	1,00,000		1,00,000	
Natural death of either parent	42,500		42,500	
Pledging of bond			Eligible for a study loan of Rs. 50000 from any nationalised bank after 15 years of age	

Since its inception in 2006 till March 2015, more than 22 lakh girl children have been enrolled in the scheme across the state and the government has spent a total of Rs 4161.98 crore on the scheme. The enrolment is subject to the following eligibility criteria (DWCD Circular, 2014)[1]:

a. Enrolment is allowed up to one year of the birth of the girl child on the submission of the birth certificate.

b. Presence of a joint bank account of the eligible girl with her mother is mandatory.

c. Enrolment is restricted to two girl children of one couple belonging to the BPL category, and in order to be eligible for the scheme, the father, mother or legal guardian should have undergone terminal family planning methods and the total number of children in the family should not exceed three (later changed to two). The enrolment of second girl child is subject to submission of documentary proof of the terminal family planning method adopted by one of the two parents/legal guardians.

Initially, the registered girl child was required to have fulfilled the following conditions to be eligible to receive the transfer (DWCD Circular, 2014):

[1] Some of these criteria were modified in the later years, which will be discussed in detail later.

- Immunised as per the programme of the Department of Health (DoH)
- Be enrolled in the anganwadi centre within six months of the birth till the child attains six years of age
- Take admission in a school recognised by the Department of Education (DoE)
- Complete at least Class VIII
- Not become a child labourer
- Not marry until the age of 18 years

BL conditionalities have also undergone changes; Matrix 2 shows that the conditionalities relating to immunisation and institutional enrolment for early childhood care and education have been removed in recent years.

Matrix 2: List of conditionalities for BL

Conditionalities	**2006**	**2015**
a. Immunisation	Vaccinated for immunity from Department of Health	
b. Early education	Child between 0-6 years regular at anganwadi	
c. School education	Admitted to school recognised by DoE and completes education from classes I to VIII	Completes education from classes I to VIII
d. Child labour	Should not be a child labourer as per the Child Labour Act, 1986	Should not be a child labourer as per the Child Labour Act, 1986
e. Child marriage	Should not be married before 18 years of age	Should not be married before 18 years of age

The documents required for supporting the eligibility to enrol or for supporting the conditionality to claim the benefits have undergone changes in some cases. Matrix 3 shows the various documents required for fulfilling the eligibility criteria and the changes that have been introduced over time:

Matrix 3: Supporting documents required for BL enrolment and for claiming benefits

Eligibility	**2006**	**2007**	**2008**	**2011**	**2014**
Belong to BPL family	Permanent BPL card issued by the Food and	In case of absence of BPL card, income		To produce BPL card for any	

	Civil Supply Department	certificate issued by concerned tahsildar would be considered with income limit as Rs.12000 (rural areas) and Rs. 17000 (urban areas)		child born after 1/04/2011 or family ration card with photo of head of family and the names of parents	
Number of children in family	Not more than three				Not more than two*
Eligible to avail scheme	Two female children per family born after 31/3/2006		Two female children per family born after 1/8/2008		
Family planning	Either parent undergone permanent family planning operation				Attested certificate copy of either of the parents' family planning surgery at time of second child's application
Time of registration	Within one year from the date of birth of female child along with a birth certificate				
Marriage registration					Submission of marriage registration certificate**/marriage self-declaration certificate of parents (Form 6)
Other documents					Caste certificate, disability certificate (wherever applicable) and Aadhar card/ document

					supporting address proof)

* Exceptions in case the second delivery has two girl children (twins)

** Exceptions in case of orphans and divorced/single/widowed parents

The bond is being issued and managed by the Life Insurance Company (LIC), a public sector enterprise. At the time of maturity of the bond, which is when the girl turns 18, she is expected to submit relevant certificates of fulfilling the applicable conditions (e.g., immunisation, enrolment to anganwadi, elementary school completion) from the respective departments/authorities to be able to claim the matured amount. Since the scheme is still only ten years old, this aspect is yet to be experienced. Depending on the year the child gets registered, the respective conditions would apply for claims at the time of maturity.

The process of enrolment is envisaged to be driven by the anganwadi worker. She is supposed to motivate the mothers to apply for a BPL card during the mothers' meetings, even before the birth of the child. The couple is supposed to go to the anganwadi worker with their application and related papers for enrolment. If they are unable to come, the anganwadi worker is expected to go and collect all the documents from their homes. The anganwadi worker and the Integrated Child Development Services (ICDS) supervisor are supposed to meet twice a month, where the worker hands over all applications to the supervisor who then enters the data online. This is followed up by the Child Development Project Officer (CDPO), then the Deputy Director, followed by the Director and finally confirmed by the LIC which issues the bond. The supervisor is also expected to update the online database every year. The funds for the scheme come directly from the state government to the Director, who then passes it on to the LIC. When the enrolled girl turns 18, she is expected to personally go to the CDPO with the original bond. The CDPO would verify it through supervisors at the field level and check for fulfilment of all relevant conditions before issuing a recommendation to the Deputy Director, who recommends it to the Director, who authorises the LIC to release the amount into the joint account.

1.3 The Study

The scheme has been reviewed by the Comptroller and Auditor General (C&AG), the United Nations Population Fund (UNFPA), the United Nations Children's fund (UNICEF) and several others. Some of these reviews have compared the scheme with similar schemes of conditional cash transfers that seek to improve the status of girl child. However, the government of Karnataka (GoK) itself did not commission any formal evaluation or review of the scheme. The present study by Centre for Budget and Policy Studies (CBPS) has been undertaken in collaboration with the Department of Women and Child Development (DWCD), Karnataka, the implementing agency for the scheme, and is being carried out with the financial assistance of the UNICEF, Hyderabad Office.

The study is based entirely on the analysis of (i) existing data from secondary sources, (ii) DWCD data generated through its management information system (MIS) especially designed for the monitoring of the BL scheme[2] and (iii) preliminary consultations with the DWCD. The study seeks to:

a. review the scheme since its inception in 2006-07 from the perspectives of the scheme's rationale and objectives

[2] This is the first time that the DWCD has shared the MIS data with an external agency. CBPS acknowledges and appreciates their commitment to transparency.

b. propose a more detailed field-based study based on the review and the gaps therein

This section has outlined the scheme that is to be analysed. The rest of the report is organised as follows. The second section is based on the analysis of literature focusing on both international and Indian experiences with conditional cash transfer schemes, leading to a discussion on what worked and what did not, and the reasons. Using this as a frame, we subsequently review the BL Scheme. Section 3 analyses BL through an examination of its design, conditionalities and processes, using the MIS data generated by the scheme itself and juxtaposing it with data from other sources. The next section undertakes a budgetary and financial review of BL. The last and concluding section discusses the findings and arrives at conclusions about the design while also proposing a research design for a field-based study in the next phase. The report will be complete after the field-based study is completed and a comprehensive analysis of the findings undertaken.

2. Conditional Cash Transfers: A Literature review

2.1 International experience

In recent times, cash transfers are increasingly being adopted as part of government schemes to serve as a magic bullet for poverty alleviation and for achieving social policy-related goals across the developing world. A cash transfer is an instrument through which the state extends cash or purchasing power to the beneficiary to buy specific goods, instead of transferring the goods (Narayanan, 2011). Cash transfers are a form of social assistance schemes wherein money is handed over to individuals or households in lieu of, or in addition to, public provisioning of goods and services. The latter part of the transfer is known as cash-assisted-kind transfer wherein individuals are provided cash or vouchers to buy specific goods and/or services. In-kind transfers have also been a special provision in social assistance schemes across the globe, including India.

Cash or in-kind transfers can be of two types: conditional and unconditional, depending on the desired outcome of the scheme and the target beneficiary group. Unconditional cash transfers are unilateral grants to specific vulnerable groups in society on the basis of certain pre-determined eligibility criteria. These often do not have any strings attached and can be spent on anything based on the needs/wishes of the beneficiary (Prabhu, 2009; Narayanan, 2011) Conditional cash transfers (CCTs) are programmes that transfer cash, generally to poor households, on the condition those households make specified expenses on particular aspects, such as investing in the human capital of the household or in their children (Schady, 2009).

In general, it is believed that conditional cash transfer (CCT) programmes seek to alter the behaviour of the people and enable them to take responsibility for themselves. This indicates the slow withdrawal of the state being the provider of social care, making people co-responsible for determining their own welfare. Co-responsibility is the key feature of CCT programmes and this reflects the fact that social security is no longer seen as residing solely with the state. Instead, it now involves a co-management of risk, where the family too must play their part (Joseph, 2016). The first wave of CCTs began in a few municipalities in Brazil and Mexico and mainly addressed the issues of health and education. This trend gradually spread to almost the whole of Latin America. In the second wave, these schemes were rolled out in certain South Asian and African countries and addressed issues pertinent to them such as those related to schooling and maternal health (Schady, 2009).

CCTs are considered simple and easy to implement as they do not involve any procurement and distribution, often a source of leakages, and offer flexibility to the families in terms of real spending and adjustments. The origin of CCTs can be traced back to the 1990s in Latin American countries as a means to address inequalities of income and wealth (Catherine Arnold, 2011)(Vyasulu 2010) in the short run, and improvement of human capabilities in the long-run (Son 2008; Vyasulu 2010). Unconditional cash transfers are highly advocated because they guarantee freedom of choice with respect to expenditure preferences. On the other hand, CCTs are considered cost-effective with comparatively lower transaction costs as compared to direct delivery and tend to contribute to the local economy (Narayanan 2011). It also reduces the need for public procurement and hence lesser scope for diversion of resources (Ghatak et al 2016). Electronic cash transfers are also simpler to implement and regular audits ensure that the money is reaching those for whom it is intended (Vyasulu 2010).

A major presumption while rolling out CCT schemes in any country is that the economy has a strong, efficient and functional system of educational and health services and the CCTs will be instrumental in creating the necessary demand for the same (Schady, 2009; Son, 2008). CCTs lead

to quick and significant change in school enrolment and attendance if those are the conditionalities. As a result, the average years of schooling usually improves among the target group. This is a clear message from a large number of countries in Africa, Asia, South America and the selected developed countries where the programmes have been in operation in some form or the other. However, the timings of the payments/release of the transfer amounts matter. The impacts on enrolment are higher when a portion of benefits are delayed until the child starts coming to the next grade/re-enrolment, suggesting that linking benefits to completion and enrolment in the next level can provide higher impacts on enrolment than simply conditioning benefits to regular attendance.

Certain countries implemented comprehensive packages of schemes that had the potential to address supply-side issues while also providing cash transfers. For instance, the *Red Solidaria* programme implemented in El Salvador has a three-pronged strategy that includes cash transfer, a component for infrastructure development and one that supports income-generation. (Prabhu, 2009). The CCT scheme *Bolsa Familia* was also part of a larger programme known as the *Fome Zero* strategy that covered aspects of family agriculture, income-generation and social organisation and was instrumental in reducing poverty and inequality (Vyasulu, 2010). Thus, CCTs helped in shifting the emphasis of the state from the supply-side alone to a supply plus demand-driven solution.

In the case of education, the impact on enrolment and attendance is significantly higher at secondary levels as compared to primary stage. This is a fairly universal conclusion. The impact on schooling is higher in poorer families/countries. However, the impact on the poorest/most vulnerable families tends to be insignificant if the transfer amount is very low. The impact on non-eligible peers or siblings is not completely conclusive. In most cases, the impact on enrolment and attendance have helped in creating a positive social norm and others have also started going to schools more regularly whereas in some cases, non-eligible siblings have been retained in order to release the eligible ones from work and other responsibilities. The impact on learning and quality of education is less evident. In most cases, the impact has not been found to be significant. In cases where the impact on enrolment and attendance lead to sudden overcrowding, it might lead to dilution in quality if the supply side measures (adequate number of teachers, textbooks, training to deal with large classes, etc.) are not addressed immediately.(Jha, 2010)

The downside of cash transfers, some hold, is that they might provide adversarial incentives resulting in certain households or individuals trying to purposely maintain a lower income level in order to be eligible for a particular CCT scheme. Individuals might also get completely dependent on the state for benefits and may not engage in productive employment. Scholars term this phenomenon 'work disincentive' (Bastagli, 2011). Prioritisation of expenditure is critical and it can lead to greater vulnerability of women and the elderly, leading to household conflicts. The *Bolsa Familia* scheme in Brazil tackled this by transferring the money to the woman in the family who takes decisions on food and nutrition (Vyasulu 2010). Underdeveloped rural markets and absence of banking facilities can pose serious constraints (Ghatak et al 2016).

Very few CCTs have included aspects of empowerment such as parental education or marriage age. The gendered impact of such programmes has not always been covered by evaluations but available evidence, though limited, point towards mixed results. For instance, in Latin America where women were targeted, it led to greater control over money and therefore voice in intra-household decisions, but it also reinforced their mothering roles and expectations (Soares and Silva, 2010; Jha, forthcoming).

2.2 CCT schemes promoting the girl child in India

Conditional cash transfers are being increasingly adopted since the 1990s all across the globe, including India. In India, CCTs have been adopted with different design and targeting options. CCTs have been used to incentivise institutional deliveries and for availing health and education facilities. Most of them were introduced with an aim to reduce gender gaps and the adverse child sex ratios.

The Girl Child Protection Scheme in Tamil Nadu is one of the oldest cash transfer schemes launched in India (Ram, 2015). The national Dhanlakshmi scheme, launched in 2008, is the only CCT scheme fully funded by the central government. Under this scheme, cash transfers are made based on immunisation at different stages and on completion of full immunisation, enrolment in primary schools and completion of different classes, enrolment in upper primary school and completion of different classes till class VIII (Sekher, 2010). The Ladli Lakshmi scheme in Madhya Pradesh was launched in 2007 for couples who have undergone sterilisation and have only two children. Cash transfers were made periodically at the time of admission to Class VI and then Class IX and Class XI and a lump sum payment was given at the completion of 18 years of age (Sekher 2010). Other such state-level schemes include the Girl Child Protection Scheme in Andhra Pradesh, the Ladli Scheme in Delhi, the Rajalakshmi Scheme in Rajasthan (it has since been discontinued), the Balika Samridhi Yojana and Kunwar Bainu Mameru schemes in Gujarat, the Beti Hain Anmol and Indira Gandhi Ballika Suraksha Yojana schemes in Himachal Pradesh, the Rakshak Yojana in Punjab, the Mukhya Mantri Kanya Suraksha Yojana and Mukhya Mantri Kanya Vivah Yojana schemes in Bihar and the Mukhya Mantri Kanyadaan Yojana in Madhya Pradesh.

The Apni Beti Apna Dhan (ABAD) scheme in Haryana was one of the first CCTs started in India in 1994, remodelled in 2004. The scheme initially targeted all socio-economic disadvantaged girls but was revised in 2005 to restrict it to the second girl child of all groups, doing away with the targeting. The scheme offered two points of transfer: (1) a small cash disbursement to mothers (Rs 500) within 15 days of delivering an eligible girl; and (2) within three months of birth, and on enrolment into the scheme, a savings bond of Rs. 2,500 in the name of the new-born girl which was redeemable at maturity of Rs. 25,000 when she turned 18, provided the girl was fully immunised, remained unmarried and continued schooling.

Since the scheme has been in operation for about two decades, it allows itself to be evaluated against long-term goals, and therefore has been evaluated using both large-scale sample survey data (e.g. data from different rounds of the National Family Health Survey (NFHS) and District Level Health Survey (DLHS) and primary fieldwork (Jha, forthcoming). Sinha and Yoong (2009) concluded that the programme has contributed positively to girl child survival rates but Mazumdar's (2012) conclusion is that though there are improvements in the girl child survival rate, this cannot be attributed to the scheme. Mazumdar (2012) argues that the small size of the transfer was not enough to influence the deep-rooted bias, as majority of those with access to sex-selection exercises are relatively rich (Mazumdar, 2012), Nanda, Dutta, and Das (2014) estimated the self-efficacy of girls and concluded that the schemes had had no impact in that respect. Self-efficacy refers to the confidence in one's own capacity to undertake tasks and higher aspirations. The study concluded that there was no significant difference in the proportion of girls with high self-efficacy between beneficiary and non-beneficiary groups in both older and younger cohorts (Jha, forthcoming).

Another evaluation of the same programme indicated that sex ratio at birth worsened consistently in spite of the scheme. However, this was not proven statistically significant. Improvements for the first girl child born were noted but circumstances were worse for the second girl child born. However, immunisation coverage increased significantly for boys and girls and educational levels and mean age at marriage showed a significant increase (Krishnan et al, 2014). The scheme seemed

to have improved certain basic indicators related to education and health. However, it failed to positively impact societal views and perceptions about the girl child. They also concluded that about 40% girls across both groups had low levels of self-efficacy (Krishnan et al., 2014).

Certain state governments have also tried to alter the form of such schemes, like the cash-assisted kind transfer. For example, cycles are provided to girls on enrolment in secondary school (in Bihar and Chhattisgarh) and on completion of education (Uttar Pradesh) (Ghatak et al, 2016). Evaluations of the Saraswati cycle scheme in Chhatisgarh indicate that such schemes have led to increased girls' enrolment in secondary education, enhanced their confidence and positively influenced parents' attitude towards their daughter's education (Midstream Marketing & Research Pvt. Ltd.). The evaluation also found that such schemes were more cost-effective in increasing secondary enrolment than cash transfer programmes. The Bihar cycle scheme is believed to have increased girls' age-appropriate enrolment in secondary school by 30 per cent and also reduced the gender gap in age-appropriate secondary school enrolment by 40 per cent. The impact on enrolment holds good even after introducing controls for household demographics (caste and religion), socio-economic status and village characteristics, including closeness to facilities (Muralidharan and Prakash, 2013).

The same effect is apparently not visible everywhere. The feedback from Gujarat suggests that the distribution of bicycles alone does not make much difference (UNICEF, undated). The Bihar scheme was applicable to all girls enrolling in class IX whereas the Gujarat scheme was limited to the girls from BPL households. This could be the key to success of the Bihar programme. High numbers of girls using bicycles create a critical mass and therefore could be more effective in changing norms, especially in a social milieu where all girls face some kind of disadvantage (Jha, forthcoming). A bigger collective of girls could together take the journey and therefore cut the transport cost while also addressing safety concerns. The presence of all girls, including those from upper castes and upper income groups help in creating new social norms. If girls from other families are not using bicycles, it is difficult for girls from BPL families alone to use bicycles (Jha et al., 2016). The Bihar experience also suggested that bicycling was viewed as safe because schools were not located very far from residences. Distance could be the case in Gujarat for poorer response where the spread of government schools is very poor in rural areas (Jha et al., 2016).

The Janani Suraksha Yojna is a CCT scheme to encourage institutional deliveries and has resulted in satisfying results. A study conducted in 2013 through PAHELI assessment shows that the highest proportion of deliveries out of the total deliveries were institutional, which was as a result of this scheme (Dongre, 2013).

2.3 What makes CCTs effective

A review of the vast literature provides pointers towards the preconditions that help a CCT work and what the key features of an effective CCT scheme are. These may be grouped under three heads as shown in the matrix below:

PRECONDITIONS	IMPACT ENABLERS	CRITICAL DECISION AREAS
Strong supply and array of services and easy access	Use of technological solutions	Rationale for scheme
Easy access to procurement of documents	Mass awareness programmes driving behavioural change	Number and choice of conditionalities with respect to objectives
Proper integration between government departments -	Employment and income-generating schemes	Costs involved in targeting, transferring and monitoring
Income is the major constraint	Female recipient	High private and social costs
		Targeting designs
		Size of transfer, duration of scheme and exit strategy
		Method of enrolment into schemes
		Evaluation studies

2.3.1 Preconditions

The literature suggests that there are certain prerequisites to implementing cash transfers in a country. Many cash transfer schemes are conditional upon using health and educational services. This is based on the assumption that lack of income is a major constraint in availing these pre-existing services. Cash transfers, it is believed, would help in increasing the household-level income and motivate parents to access these services for their children. Thus, a CCT scheme that focuses on the demand side would succeed only if there are no supply side constraints.

When conditions are set to fulfil certain behavioural requirements such as accessing health and educational facilities, a major precondition is that these services are efficient, abundant and accessible in the country and that CCTs will only be instrumental in generating demand and influencing consumption patterns (Schady, 2009; Son, 2008). If that is not the case, schemes should be designed in a comprehensive manner in order to address issues of supply and demand simultaneously. For instance, CCTs such as *Red de Proteccion Social* and *Programa de Asistencia Familiar* were implemented in low-income Latin American countries (in Nicaragua and Honduras) where, besides the demand component of the cash transfer, there were also investments in infrastructure. A part of the programme's budget was set aside for building schools and health centres as well as improving school conditions (Son, 2008). Increasing demand for services with inadequate social infrastructure can prove to be counterproductive. For instance, if one of the conditionalities requires the child to enrol in a school and it positively affects enrolment rates, there is a risk of increasing teacher-pupil ratios (since the state is not equipped to supply more teachers) affecting learning levels. (Arnold, 2011).

Good governance and strong political support are also major preconditions before rolling out CCT schemes (Son, 2008). There should be clear vertical as well as horizontal integration between various departments and agencies concerned with the scheme. Field-level issues of monitoring, coordination between different departments, implementing agencies and financial institutions at the ground level also need to be addressed before the scheme is rolled out (Sekher 2010). According to the anecdotal experience of a community-level implementer in the Ladli evaluation

scheme, out of every 100 people, only 40 would have the relevant documents and even after five or six years of submitting the necessary documents to the authorities, beneficiaries would not have received the required certificates. Bureaucratic delays like these obstruct the roll-out of the scheme at its very first stage (Krishnan et al, 2014). It has already been learnt from the experience with the Rajalakshmi scheme in Rajasthan that getting the partner financial agency on board is important before going out to implement the scheme (Sekher, 2010).

2.3.2 Impact enablers

There are certain facilities and services not absolutely necessary for implementing a CCT scheme but the existence of which augment the impact accrued from CCTs. A major argument against CCTs is their limited focus on outputs and lagged performance on the outcomes. While there was a significant increase in the enrolment rates of secondary schools as a result of *Progresa* (Son, 2008), the educational achievements were termed as 'dismaying'. Similarly, the outcome for Brazil's *Bolsa Familia* were also quite bleak, indicating that 'beneficiary children are almost four percentage points more likely than non-beneficiaries to fail at school' (Prabhu, 2009).

On the other hand, CCT programmes in Bangladesh and Nicaragua improved the primary school enrolment rates by a huge margin (Son, 2008). CCTs have also proven to reduce inequalities in society on a large scale. After *Bolsa Familia* was introduced, there has been a reduction in the Gini coefficient from 0.593 to 0.552 in Brazil between 2001 and 2007. (Vyasulu, 2010).

CCTs generally do not exhibit a long-term sustainable change in outlook and behaviour. For instance, in the Laadli scheme it was observed that there was no change in the community mindset even if there were improvements in the utilisation of health and educational services. A World Bank evaluation of the ABAD scheme using NFHS data showed that it had a positive effect on the sex ratio of surviving children but inconclusive effects on mothers' preferences for having female children as well as total desired fertility (Krishnan et al, 2014). Studies in eastern Turkey suggested that socio-cultural biases against schooling for girls played a bigger role than cash incentives (Son, 2008). In order to combat this, the scheme should be accompanied by awareness campaigns and sessions that attach behavioural values to desired outcomes.

A comprehensive package of schemes that focus on income generation while also improving the supply of services and providing cash benefits have proven to be successful among CCT schemes. For instance, the *Red Solidaria* programme implemented in El Salvador has a three-pronged strategy that includes a cash transfer, a component for infrastructure development and one that supports income generation. (Prabhu, 2009). The CCT scheme *Bolsa Familia* was also part of a larger programme known as the *Fome Zero* strategy that covered aspects of family agriculture, income generation and social organisation and was instrumental in reducing poverty and inequality (Vyasulu, 2010).

Technology and tech-based applications have been adopted in various models across the world for different purposes such as making cash transfers seamless, avoiding leakages, reducing targeting errors, optimising costs, etc. For instance, *Cadastro Unico*, a register maintained by the federal government of Brazil to screen potential family beneficiaries has helped in smoothening out the implementation and monitoring processes in the *Fome Zero* strategy adopted by Brazil. The municipalities use this same database in order to monitor beneficiaries (Vyasulu, 2010). For the same scheme, switching to electronic benefit cards issued by a state-owned financial institution helped cut the administrative cost of delivering *Bolsa Família* grants nearly seven-fold, from 14.7 percent to 2.6 percent of grant value disbursed. The Northern Kenya Hunger Safety Net Programme (HSNP) for pastoralists also managed to increase the holders of bank accounts, following use of smart card and finger-print recognition technology for payments of cash transfers

by Equity Bank agents who are local traders in the community (Arnold, 2011). Even in Colombia, cash transfers are routed through banks to make the process seamless (Bastagli, 2011).

The prioritisation of expenditure is critical and might lead to greater vulnerability of women and the elderly, leading to household conflicts. Literature also points out that women spend a greater proportion of the money under their control on children's education, health and nutritional requirements and hence making cash transfers to the woman in the household makes eminent sense.

2.3.3 Critical decision areas

Decisions with respect to certain aspects related to the design and strategy of the scheme require trade-offs and choices that determine the success of the schemes. The first and foremost decision is with respect to the rationale of the scheme. The state needs to assess the current level of specific human capital outcomes and identify key constraints of low outcomes in human capital (Arnold, 2011). Thereafter, it needs to identify what the best ways to tackle these constraints are and decide whether, given the current circumstances, cash transfers would be the optimal solution.

Selecting the appropriate set of conditions is another major aspect of decision-making under the design component of CCTs. It is important to understand the direct and indirect linkages between the desired outcomes and the usage of the services outlined in the scheme. When Haryana started the ABAD scheme in 1994, the main aim was to improve the sex-ratio at birth but its evaluation a decade later revealed that the community perceived it as a 'scheme that supports the marriages of children from poor families' (Krishnan et al, 2014). Schemes with multiple conditionalities and eligibility criteria become cumbersome to track and increase private costs incurred by individuals and households. More importantly, the focus is diverted from the programme goals and desired outcomes among the variegated pool of conditionalities that need to be fulfilled (Sekher 2010).

The size of the cash transfer also determines how much an individual or household is incentivised to fulfil the pre-set conditionalities (Schady, 2009). Setting the cash amount at a minimal level would not encourage the individual to access services and setting it too high might create undesirable incentives. Certain households or individuals might try to purposely maintain a lower income level in order to be eligible for a particular CCT scheme. To avoid this, certain schemes such as PRAF II in Honduras, kept cash benefits at lower levels so as to prevent adverse selection by the richer households (Prabhu, 2009).

Decisions regarding timings of entry and exit are also vital at this stage. A prominent question is when the state should stop cash transfers so as to avoid increased dependence on it. At the same time, the limited time period must ensure that the desired outcomes have been achieved. In Nicaragua, the families were entitled to cash benefits for a maximum period of three years irrespective of the eligibility criteria (Bastagli, 2011). Enrolling eligible people into the beneficiaries should also be done systematically in order to avoid exclusions. In Cambodia, programme rules specify that information posters will be placed in all pertinent schools, on the commune council notice board and in the health centres, markets and pagodas. Sometimes community representatives are also appointed in order to enrol beneficiaries into the scheme. The 2014 impact study of Dhanlakshmi revealed that announcing in *gram sabha* meetings and public announcements were the most effective ways of publicising the scheme. But this could prove risky if the on-ground implementation itself has faltered as was the case with the Ladli scheme in Haryana where it was found that there was poor involvement of the DoH, local government, NGOs and women's groups.

Targeting is a game-changing element in any social assistance scheme and the same holds true for CCTs as well. The decision on targeting and methods of targeting depend on technical and fiscal analysis as well as on administrative capacity and political acceptability. In practice, the best results are often achieved by combining two or more forms of targeting (Arnold, 2011). In most cases, CCTs are targeted at certain specific sections of society and are not universal in nature. These target groups are either defined on the basis of poverty or some type of social exclusion. Targeting on the basis of economic criteria is similar to the procedure adopted while designing any other social assistance programme (Schady, 2009). Hence, already existing poverty lines are usually used as a measure to target households and individuals. In many Latin American countries, beneficiaries are identified through proxy means tests. Instead of using income or consumption as criteria, a welfare score is computed to rank potential beneficiaries. One of the ways of identifying beneficiaries is also through limiting the scheme to certain geographical regions (Prabhu, 2009). Targeting errors are common in CCT schemes just like in any other social assistance scheme. Although inclusion errors can be avoided by setting the cash benefits at lower levels, exclusion errors are more difficult in nature. In recent times, public oversight networks and social audits are emerging as a means to keep the targeting errors at the minimum (Prabhu, 2009). Generally, it has been found that programmes which are universal in nature reap the maximum impact which was reflected in the evaluation of the Ladli scheme in Haryana as well (Krishnan et al, 2014).

CCT schemes involve certain exclusive costs that are generally absent from other kinds of social assistance programmes. Firstly, there are costs involved in the identification and targeting of beneficiaries. If the targeting mechanism is itself weak then it would lead to many leakages from the scheme in the long-run (Son, 2008). But studies also prove that targeting costs are high at the start of the programme and gradually taper down during the course of the programme. For example, in Mexico, during 1997, the first year of the implementation of *Progresa*, the cost of targeting was 65 percent of the cost of the programme which subsequently declined to 11 percent by 2000. However, the reverse was the case with the costs associated with the monitoring of the conditionality which rose from eight percent in 1997 to 24 percent by 2000. Whereas in 1997, the actual delivery of transfers to beneficiaries was only eight percent, it increased by 2000 to 41 percent.

Targeting also involves certain social costs as was the case in Mexico where certain groups expressed resentment because of the benefits handed over to beneficiaries as opposed to the non-beneficiaries (Bastagli, 2011). Secondly, there are major private costs incurred at the individual or household level. The eligible beneficiaries incur huge expenditures in order to access educational and health facilities and to comply with the multiple conditionalities (Vyasulu, 2010). This also includes the money and time costs involved in procuring necessary identification proof and documents to be eligible for the scheme.

Thirdly, costs are also incurred in the process of providing cash benefits. Recently, a number of innovative methods have been devised in order to make these transfers more cost-effective, one of them being the usage of tech-based applications. Reducing the number of intermediaries in the process is another way of making the transfer process cost-effective. (Bastagli, 2011) Upgrading payment mechanisms substantially reduce the cost to government by leveraging the involvement of the private sector or community players. For instance, the South African Social Security Administration (SASSA) saw its costs of delivering social transfers drop 62 percent (to less than US$2 per payment) after moving to bank accounts offered by the private banking sector. (Arnold, 2011). In Mexico, a fairly low-tech Brinks truck model is still the main payment modality. Households are paid in cash at temporary pay points that use available infrastructure (such as community centres), with transportation and payment of the money contracted to the Mexican post and telegraph office. In Kenya, payments are made through the post office. A pilot

programme in Tanzania will disburse funds to community representatives who will make the payments (Prabhu, 2009).

The largest expenditures in CCTs are incurred on monitoring the fulfilment of conditions especially in cases where there are multiple conditionalities to monitor. A comparative study conducted across Nicaragua, Honduras and Mexico found that the monitoring costs are anywhere between 2 to 24 per cent of the total programme costs. Evaluating compliances and accountability become costly affairs as they are the single biggest indicators to understand the impact of a CCT scheme. (Son, 2008). By design, some programmes involve a social worker who, in the case of non-compliance, will reach out to the beneficiaries (e.g., El Salvador, Jamaica). Colombia's *Familias en Acción* used a system of sample-based site monitoring or 'spot checks' as internal process evaluation. Interviews were conducted every six months in a sample of 20 municipalities. For participants, programme officials, and local governments, interviewers use defined questionnaires that cover 400 indicators of various programme aspects (including inscription processes, verification of compliance with conditions, payment systems, appeals, and quality of the health education component). To some extent, that is the approach followed by Chile's *Solidario* programme.

Evaluation studies are hard to implement in the case of cash transfer schemes since it is difficult to measure a change in the behavioural component of households and communities. In the absence of a control group and because of rapid changes in social structures, it is difficult to attribute any kind of impact as an effect of the scheme (Krishnan et al, 2014). A randomised control trial experiment was a one-of-a-kind study conducted in Malawi to evaluate its impact which found that conditional and unconditional schemes resulted in the same level of impact in on the context.

3. Bhaghya Lakshmi (BL) enrolment and conditionalities: Analysis of data and processes

3.1 Enrolment

As listed earlier, there are three eligibility criteria for the enrolment to the scheme. This section examines the status with reference to these three to the extent the available data permits an examination and raises issues that emerge from the analysis.

3.1.1 BPL

The BPL population in Karnataka has declined consistently from nearly 50 million in 1993-94 to about 21 million in 2011-12. The proportion of the BPL population in the total population declined from nearly 21 per cent to 13 per cent during the same period. In fact, the rate of decline in the number of poor people as well as the ratio of the BPL population, has been higher for Karnataka as compared to all-India (Table 1). This includes the period when BL had already been introduced. Does it imply that the enrolment for BL should also be declining? The initial perusal of BL data does not necessarily confirm that.

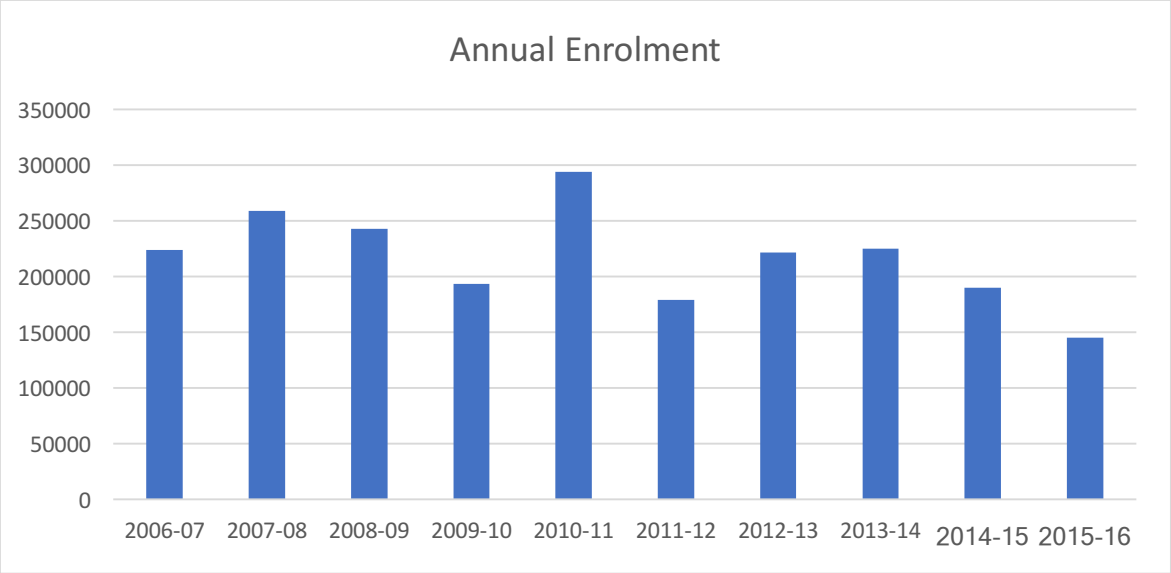
Table 1: Poverty estimates in Karnataka: Headcount of people living below the poverty line (BPL)

Karnataka						
	Rural		**Urban**		**Total**	
Year	% of poor	No. of poor (million)	% of poor	No. of poor (million)	% of poor	No. of poor (million)
1993-94	56.6	16.7	34.2	4.1	49.5	20.8
2004-05	37.5	13.5	25.9	5.2	33.4	18.7
2009-10	26.1	9.7	19.6	4.5	23.6	14.2
2011-12	24.5	9.3	15.3	3.7	20.9	13.0
India						
	Rural		**Urban**		**Total**	
Year	% of poor	No. of poor (million)	% of poor	No. of poor (million)	% of poor	No. of poor (million)
1993-94	50.1	327.7	31.8	74.9	45.3	403.0
2004-05	41.8	325.8	25.7	81.4	37.2	407.2
2009-10	33.8	278.2	20.9	76.5	29.8	354.7
2011-12	25.7	216.7	13.7	53.1	21.9	269.8

Note: Estimates are based on MRP of distribution of monthly per capita consumption expenditure of the National Sample Survey (NSS)
Source: Reproduced from Economic Survey, 2013-14, Table 7.2 (Government of Karnataka, Programme Monitoring and Statistics Department, 2013-14)

The total enrolment in the programme shows a varying trend over the ten-year period in which the scheme has been operational: the annual enrolment has varied from year to year, and remained in the range of 1,45,000 to almost 2,60,000 with an exception of nearly 3,00,000 in 2010-11 (Figure 1). It is clear that the BL enrolment does not necessary match with the consistently declining trend of the BPL. The enrolment has gone up and down from year to year, showing a declining trend first during the three-year period of 2007-08 to 2009-10, and then again during the last three years.

Figure 1: Annual registration of girls in the BL Scheme



Source: BL computerised database, WCD, Karnataka

Table 2: BL Enrolment as against total registered live births of girls

	Total BL enrolment	**Total registered births (girls)**	**Estimated number of girls born in BPL families* (HCR)**	**% of eligible girls covered (based on HCR estimates)**
a	**b**	**c**	**d**	**E**
2010-11	293865	606581	143154	205
2011-12	179027	538216	127012	141
2012-13	221398	531853	111157	199
2013-14	225141	545013	113908	198
2014-15	189752	527015	110146	172
2015-16	145194	460617	96269	151

* based on the BPL headcount ratio estimates for Karnataka in 2009-10 as 23.6 percent (used for 2010-11), and that of 20.9 percent in 2011-12 (used for that and subsequent years); Source: Table 1; also assuming that the share of girls in BPL households will be same as the share of BPL counts in the population. The data for registered births segregated by sex is available only for the period 2010-11 onwards in District Handbooks. Before 2010, the live births of each district are not disaggregated by sex.

Table 2 shows that the BL enrolment has been consistently higher than the estimated registered birth of girls among BPL families in respective years from 2010-11 to 2015-16. This could be due to several reasons. One, our estimate of registered birth of girls among BPL families may itself be an underestimate; considering that the birth rate is generally higher for lower socio-economic strata, the share of girls among live births may be higher for the BPL population. The second probable reason could be the definition of BPL itself; if the definition has changed over the years, it could affect the eligibility. This, to a large extent, seems to be the real reason. The requirement for a BPL card for registration to BL was changed in 2007 when income certificates were also considered as a valid document to claim the BPL status for the specific purpose of BL enrolment. As per the WCD's own acknowledgement[3], it was observed that this change in the nature of documentation required resulted in inclusion errors and a number of APL families also got registered. The C&AG report (2014) also takes note of this error and points out that this decision

[3] Memo no. WCD:CW:BS: Para /01/10-11

resulted in enrolment of 84 percent of total girl child born in the year, 2009-10, in the state. In 2011, the requirement was again changed to production of the BPL card/ration card and it was observed that the enrolment drastically reduced to 176,336 in 2011-12 from 293,865 in the previous year.

Table 3: BL Enrolment as against total registered live births of girls (%)

	Total BL enrolment	**Total registered births (girls)**	**Estimated number of girls born in BPL families* (HCR)**	**% of eligible girls covered (based on HCR estimates) d/b*100**	**Estimated number of girls born in BPL families** (BPL ration card estimates)**	**% of eligible girls covered (BPL ration card estimates)** b/f*100**
a	**b**	**c**	**D**	**e**	**f**	**G**
2010-11	293865	606581	143154	205	315422	93.2
2011-12	179027	538216	127012	141	279872	64.0
2012-13	221398	531853	111157	199	276564	80.1
2013-14	225141	545013	113908	198	283407	79.4
2014-15	189752	527015	110146	172	274048	69.2
2015-16	145194	460617	96269	151	239521	60.6

* based on the BPL headcount ratio estimates for Karnataka in 2009-10 as 23.6 percent (used for 2010-11), and that of 20.9 percent in 2011-12 (used for that and subsequent years); Source: CBPS, MDG Report (sourced from Economic Surveys, Karnataka, which had estimated the same using); Also assuming that the share of girls in BPL households will be same as the share of BPL counts in the population. The data for registered births segregated by sex is available only for the period 2010-11 onwards.

** assuming that 52 per cent of the population had ration cards, the same proportion has been applied to estimate the number of girls born in a year in BPL families. The same proportion has been used for all single years included here in this table.

However, the fact that the BL enrolment remains higher than estimated girl child numbers in BPL families continues even after this decline. That is again due to differences in the definitions used by different sources. BPL estimates using NSS data on consumption expenditure (as shown in Table 1) appear much lower than those used by the Department of Food and Civil Supplies to issue a BPL or ration card. Table 5 shows that more than half of Karnataka's population (52%) possesses BPL cards, and therefore, if we include that to estimate the number of girls born to BPL families, the coverage remains less than cent per cent (i.e., 100 %) for all years shown in Table 3. Certain other sample survey-based estimates also arrived at this conclusion that about 55 per cent of the state's households have a BPL card. (Sekher, 2010)

This fact is also corroborated by the BL's own records. Table 4 shows that almost the entire enrolment is backed by the presence of BPL card details since 2011-12, the period after the introduction of the software-based MIS. As per the DWCD, these documents exist even for earlier periods but are yet to be uploaded. This means that there is usually no lapse in the process of enrolment; only those who have the requisite documents are getting enrolled. Nevertheless, the

possibility of minor lapses cannot be ruled out, as evidenced by the C&AG's cross-verification of records with the online data of Food and Civil Supplies Department, which showed that 118 temporary cards were confirmed later as APL. According to a study conducted by the Directorate of Economics and Statistics, GoK, of the BL scheme in 114 taluks, 3 percent of the families belonged to APL families. It has also been reported that parents hoping to grab the benefits are registering the same girl child's birth twice in some villages (*Times of India*, 19th February 2011, Sekher, 2010). These point towards some inclusion errors (enrolling APL) but these do not answer the question of whether holding a BPL card accurately represents economic status. Because, if the BPL definition itself is liberal and includes a good proportion of APL, then the size of inclusion error grows much more than what comes through either in the form of lapse or malpractices discussed elsewhere.

Table 4: BL enrolment and BPL card details

Year*	**Yearly Enrolment**	**BPL Card details not available**	**% enrolment without BPL card details (in the database) c/d*100**
A	b	c	d
2006-07	224002	108266	48
2007-08	259120	162262	63
2008-09	242943	187846	77
2009-10	193307	155987	81
2010-11	293865	94565	32
2011-12	179027	144	0
2012-13	221398	5	0
2013-14	225141	8	0
2014-15	189732	4	0
2015-16	145194	4	0
2016-17	63062	1	0
TOTAL	2236791	709092	32

*Financial Year: (April to March)
Source: BL computerised database, WCD, Karnataka

Table 5, based on an analysis of NSS data, shows that about 52 per cent of households possess BPL cards and about only about 30 per cent of those possessing BPL cards really belong to the BPL category as defined by the NSS. Without going into the reasons that have led to such anomalies, what is evident is that in the absence of a clear definition of BPL, and the indicators used for the purpose of identification, the targeting of the poor can be compromised owing to high inclusion errors. Also, when inclusion errors are high, it also tends to hide exclusion errors: non-inclusion of eligible girls from the poor households cannot even be identified without going into the field.

Table 5: Types of ration card possessed by different groups of households in Karnataka

	Type of ration card possessed				
	No Card	Anthyodaya	BPL	Other (APL)	Total
Rural					
Above poverty line	10.2	4.7	44.6	15.9	75.5
Below poverty line	2.8	1.9	17.4	2.5	24.5
Total - Rural Karnataka	13.0	6.6	62.0	18.5	100.0
Urban					

Above poverty line	34.7	1.1	24.1	24.8	84.7
Below poverty line	1.6	1.7	10.3	1.7	15.3
Total - Urban Karnataka	36.4	2.7	34.3	26.6	100.0
Total (Rural + Urban)					
Above poverty line	19.1	3.4	37.2	19.2	78.8
Below poverty line	2.4	1.8	14.8	2.2	21.2
Total Karnataka state	21.4	5.2	52.0	21.4	100.0

Source: Reproduced from Economic survey Karnataka 2013-14 (Table 7.8, p167) (Analysis based on monthly per capita consumption (MPCC) data from the National Sample Survey Organisation (NSSO)

Of course, the larger question of whether this targeting of poor or BPL is even required or appropriate in this context is another question that needs to be examined for a number of reasons. In addition to the fact that targeting remains fraught with high levels of both inclusion and exclusion errors, as well as high costs, in this case, it becomes questionable also because one is not sure if the incidence of practices that the policy instrument wishes to target is relatively higher in the BPL households. In other words, if the scheme is attempting to address the issues of son preference and girl child immunisation, early childhood care and education, schooling, labour and early marriage issues, it is important to examine whether these problems are more common in BPL households. If not, then the targeting of BPL families is not justified.

If protecting the girl child from being eliminated either through prenatal sex selection or infanticide was the major concern to be addressed, there seems to be little justification for restricting the scheme to BPL households as "child sex ratios were adverse across economic strata, but were more skewed among the well-off" (Kumar, 2015). The economically better off households being particular about keeping the family size small attach importance to having at least one male child and are prone to prenatal sex selection. Access to sex-selection choices is available only to those who can afford them and therefore skewed against the poor. Similarly, the relationship between poverty and early marriage is also generally weak in places where the practice is more prevalent due to a number of social customs and traditions (Jha et al, 2016). This includes parts of Andhra Pradesh, Gujarat, Rajasthan and North Karnataka. Similarly, girls' engagement in labour is largely in the form of care work or contributions to home-based work, highly unlikely to be reported in any form. With immunisation almost reaching universal reach in Karnataka, early childhood education (ECE) and continued schooling for girls are the only two aspects of the BL objectives that may have some direct linkages with low income but those too show major inter-district disparities in the state. Therefore, the choice of targeting BPL households in all districts in the state needs closer examination. We come back to this issue later in the discussion section.

Table 6: Social category-wise enrolment of girls in BL scheme

	Total number of beneficiaries	**Percentage**
Scheduled Caste	460,392	20.58
Scheduled Tribe	175,354	7.84
Minority	338,874	15.15
Others	1,262,201	56.43
Total beneficiaries	2,236,821	100.00

Source: BL computerised database, DWCD, Karnataka

Although the scheme is targeted at BPL families belonging to all social categories, it helps to understand the distribution by social category since there is a close correlation between social categories and poverty. A social category-wise analysis of the enrolment indicates that the

percentage-wise break-up of enrolment is a little higher than the proportion of population for respective social categories. According to the 2011 Census, Karnataka has 17.1 per cent Scheduled Caste population and 7 per cent Scheduled Tribe population[4]. However, given that the share of SCs and STs in the BPL population is larger than their respective population percentages in the total population[5](Planning, Programme Monitoring & Statistics Department, 2013-14), BL registration should also have a higher than proportional population representation of these two social groups. This is indicative of exclusion errors – SC and ST representation in BL is less than their representations in the BPL population.

3.1.2 Second child enrolment and the issue of son preference

Though the scheme allows for up to two girl children to be enrolled per family, the enrolment of second girl child is much lower as compared to the first girl child. A very small percentage of enrolment is also for the third girl child in the family. This is an exception given to those families who have twin girl children at the time of second delivery. About 87.73 per cent of the enrolees are the first girl child of the family (Table 7), which implies that they are the first girl child born to or adopted by parents. Only about 12 per cent of total BL registration are for the second girl of the household. To an extent, it can be surmised that this is the reason for less than full coverage of the estimated girls born in BPL households in BL: all eligible girls are not being registered in the scheme, as shown in Table 3, and they seem to largely be second girl children.

Table7: Distribution of enrolment by birth-order of the child

	Enrolment	**Percentage**
First girl child	1,964,991	87.73
Second girl child	274,341	12.25
Third girl child	489	0.02
Total Enrolment	2,239,821	100.00

Source: BL computerised database, DWCD, Karnataka (calculated)

Although there could be several reasons for the low enrolment of the second girl child, what appears to be most likely is that parents are reluctant to enrol, as given that the second child is also a girl, parents might want to have a third child in the hope of that being a boy. This condition seems to be dissuading families from enrolling in the scheme. This raises a serious concern, as it could also mean that while the enrolled girl child is looked after better and also made to fulfil the conditions in the hope of receiving the money at the maturity of the bond, the unenrolled girl may be withdrawn from school and other services.

One major objective of the programme is to address the issue of son preference by making the cash transfers available only to girls. It is not a condition but it is a basic requirement for registration. But the fact is that the enrolment of second girl child is very low and if it happens to be for reasons of not wanting to go for family planning to be able to have a son, the very purpose gets defeated. In absence of hard data, it is difficult to infer this with certainty but if that is true, it is important to take note of this fact and address it through suitable changes.

[4] Census 2011 Figures at a Glance
http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/karnataka/Figures_Glance_Karnataka.pdf

[5] Please refer to Table 7.6 from Economic Survey 2013-14 (page 165)

3.2 Conditionalities: are they being fulfilled?

The rationale for CCTs lie in their conditionalities. The assumption is that the incentive of cash would motivate households or individuals to behave differently. Therefore, it becomes important to understand whether the introduction of the scheme has led to any change in the desired direction or not. In this case, it would amount to looking at five aspects: son preference, immunization of girls, their enrolment in early childhood centres, completion of at least elementary level or eight years of schooling, and not joining the child labour force or getting married before the legal age of marriage. Since the scheme is only about ten years old, it is difficult to gauge the last two conditions – both preventive in nature – not joining the paid labour force and not getting married before attaining 18 years of age. Therefore, this report does not discuss these two issues in detail. However, those are covered in the discussions where we analyse the design and its relevance to the context. The conditionalities of immunisation and anganwadi enrolment have now been removed but they are applicable to those who enrolled till the time these were part of the scheme. So, at present, fulfillment of three important conditions: immunisation, enrolment in anganwadis and completion of elementary level of schooling can be examined and analysed.

The scheme was introduced during 2005-06. Considering that the completion of elementary stage of education has remained an important condition for claiming benefits later, we have clubbed the data based on date of birth, taking 1st June as the cut-off date. The choice of the date is determined by the fact that the DoE in Karnataka generally uses this date for their age-appropriate admissions. Table 8 presents the absolute numbers from the BL software that provide BL-enrolled girls' individual level data and Table 8 provides the percentages of those who have received immunisation, have been enrolled in an anganwadi and those who have been enrolled in a school.

Considering that we have been able to access this data in early 2017, the assumption would be that all those who are born at least before June 2010 (6 years and above) should have been fulfilling all conditions. We have estimated the percentage of those who received at least one immunisation, would have been enrolled in anganwadi in the past and now in school. This proportion is very low, lower than even those who fulfil at least one condition. Tables 8and 9, when seen together, show the following:

a. the number as well as proportion of those who fulfil even one of the three conditions remains much lower than the total registration
b. the number of those who fulfil all three conditionalities remain even lower; this means that even those who fulfil one conditionality are not necessarily fulfilling the others

The DWCD informed us that the MIS data does not reveal the actual picture as these have remained unfilled, and therefore absent data does not necessarily imply that they are not fulfilling the conditions; it simply means that that the details are not yet filled. This is mainly attributed to a large number of vacancies in the department and the consequent lack of human resources to collect the data from various departments and then fill it for every individual. Immunisation data is collected from the Department of Health and the school data is collected from the Department of School Education while the aanganwadi data is their own.[6]In such a situation, the following questions arise:

a. what is the purpose of the MIS if it cannot be used for the purpose of monitoring, even with a time lag, if there is no cut-off date for filling the information and report generation?

[6]Source: Interview with Assistant Director, DWCD dated July 31, 2017.

b. the objective of conditionality is to enable behaviour change but, as evidence across the globe shows, cash transfers need to be backed by a number of other interventions to be able to push change in the desired direction. What is the purpose of an MIS if it is not being used for supplementary interventions especially if there are lapses in fulfilling the conditionalities? It is especially important because these conditionalities are time-bound and linked with the ages of the girls. If one discovers at 18 that the girl did not get fully immunised or received early care and education followed by schooling, there is no way of changing the situation for her retrospectively.

Table 8: BL: Number of registered girls, number of immunisations completed, ever enrolled in anganwadi and ever enrolled in school (2005-06 to 2016-17)

	Cohort description	Total BL enrolment or registration	Number of immunisations received (ever immunised / cumulative data)			Ever enrolled in angan-wadi	Ever enrolled in school	Three conditions fulfilled*
	Born between (except Row 1)		> 6	between 4 and 6	Between 1 and 3			
1	Born before 1.6.2006	43476	9065	10669	831	12205	26937	9094
2	1.6.2006 and 31.5.2007	185769	41549	51307	4181	57898	125596	39679
3	1.6.2007 and 31.5.2008	140697	29375	38129	3726	41195	102779	22392
4	1.6.2008 and 31.5.2009	41465	15248	20015	2700	22313	17839	3420
5	1.6.2009 and 31.5.2010	224598	14614	17504	2990	20870	307	43
6	1.6.2010 and 31.5.2011	260599	9767	13133	2572	13849	21	0
7	1.6.2011 and 31.5.2012	230986	3939	7661	1514	6815	1	0
8	1.6.2012 and 31.5.2013	215702	1831	3674	1053	3053	0	0
9	1.6.2013 and 31.5.2014	264355	1408	1978	832	1149	2	0
10	1.6.2014 and 31.5.2015	190484	597	1272	514	448	0	0
11	1.6.2015 and 31.5.2016	222460	11	346	353	47	0	0
12	1.6.2016 and 31.5.2017	216198	0	58	123	0	0	0
		2236789	127404	165746	21389	179842	273482	74628

*those who had received any immunisation ever, had ever been enrolled in an anganwadi and had ever been enrolled in school.
Source: BL computerised database, DWCD, Karnataka (calculated)

Table 9: BL: Percentage of immunisations completed, ever been enrolled in anganwadi and ever been enrolled in a school (2005-06 to 2016-17)

	Cohort description	Percentage of those who received immunisation*			Ever enrolled in anganwadi	Ever enrolled in school	Three conditions fulfilled*
	Born between (except Row1)	> 6	between 4 and 6	Between 1 and 3			
1	Born before 1.6.2006	20.9%	24.5%	1.9%	28.1%	62.0%	20.9%
2	Born between 1.6.2006 and 31.5.2007	22.4%	27.6%	2.3%	31.2%	67.6%	21.4%
3	Born between 1.6.2007 and 31.5.2008	20.9%	27.1%	2.6%	29.3%	73.0%	15.9%
4	Born between 1.6.2008 and 31.5.2009	36.8%	48.3%	6.5%	53.8%	43.0%	8.2%
5	Born between 1.6.2009 and 31.5.2010	6.5%	7.8%	1.3%	9.3%	0.1%	0.0%
6	Born between 1.6.2010 and 31.5.2011	3.7%	5.0%	1.0%	5.3%	0.0%	0.0%
7	Born between 1.6.2011 and 31.5.2012	1.7%	3.3%	0.7%	3.0%	0.0%	0.0%
8	Born between 1.6.2012 and 31.5.2013	0.8%	1.7%	0.5%	1.4%	0.0%	0.0%
9	Born between 1.6.2013 and 31.5.2014	0.5%	0.7%	0.3%	0.4%	0.0%	0.0%
10	Born between 1.6.2014 and 31.5.2015	0.3%	0.7%	0.3%	0.2%	0.0%	0.0%
11	Born between 1.6.2015 and 31.5.2016	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%
12	Born between 1.6.2016 and 31.5.2017	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%

Note: Percent distribution for respective year's enrolment/registration with BL
*those who had received any immunisation ever, had ever been enrolled in an anganwadi and had ever been enrolled in school.
Source: BL computerised database, DWCD, Karnataka

Table 10: BL registered girls: Enrolment in school by present class enrolled in (2017)

	Presently enrolled* in schools: class enrolled							
Cohort	Class I	Class II	Class III	Class IV	Class V	Class VI	Class VII	Class VIII
Born before 1.6.2006	4811	2545	5182	11094	3008	293	4	0
Born between 1.6.2006 and 31.5.2007	19780	18064	41125	40673	5604	338	8	2
Born between 1.6.2007 and 31.5.2008	14705	39113	41264	7185	471	37	3	0
Born between 1.6.2008 and 31.5.2009	4791	10473	2314	243	15	3	0	0

*data collected in early 2017
Source: BL computerised database, DWCD, Karnataka

With regard to age-appropriate enrolment in schools, Table 10 shows that the distribution as culled from the MIS data is intriguing. For instance, all girls born before 1st June 2006 should be studying in class IV or V but the data shows that about half of these girls are enrolled in classes I to III. The pattern is similar for other cohorts as well (Table 10). This reveals that the MIS is not facing only the issue of missing data but the veracity of the data being filled is also an issue.

This also brings the issue of scholarships to the fore, part of the original scheme as an interim incentive lined for continued schooling and promotion in schools, discontinued since mid-2008. The amount for girls registered during the period when the benefit was part of the scheme is being now added to the bond amount so that she receives it along with the lump sum maturity amount. The amount was earlier being deposited to the joint bank account of the girl and her mother after a process of verification with the concerned anganwadi worker along with the supervisor. The process of verification remains the same. Once the pass certificate from the head of the school is received, the supervisor enters the data into the online database, which is then verified by CDPO, followed by Deputy Director, and finally, the Director of the DWCD. After all the rounds of recommendation, the amount is transferred to the LIC.

The main reason for the discontinuation was apparently the difficulty associated with locating the child and therefore in administering the annual disbursement of the amount. Huge gaps were recorded in the allocated amount for scholarships and the spent amount. Due to these inclusion errors, the scholarship was removed. The Department plans on restarting these once the MIS is linked to that of the DoE, where the Aadhar card details of all children are listed. This would help in reducing the inclusion errors and make tracking easier.[7]

But the questions that arises are: what is the purpose of the scholarships and how can one be sure that the girl is indeed continuing in school? The objective of the scholarships is of course to incentivise continued schooling and since the final claim is subject to verification of elementary school completion, it is considered logical to merge the scholarship with final disbursal. But as mentioned earlier, it is not clear what happens if the girl is not attending the school. There is no measure to check this and intervene in absence of timely and regular updating of the data. Another argument given by the DWCD is that the subsequent introduction of the Right to Education (RTE) Act in 2009 that made detention at the elementary stage illegal also made the scholarships irrelevant. Whether making an entitlement a fundamental right makes any policy intervention for incentivising a particular choice or not is an issue we will come back to at a later stage.

The scheme is expected to be monitored on a daily basis by district and state-level officials using the online tracking system introduced in 2010 on aspects such as the number of enrolments in each block, number of financial transactions completed, etc. In 2007, the government instructed the DWCD to form a taluk-level task force headed by the tahsildar to monitor the implementation of the scheme and also coordinate with other concerned departments. The MoU also suggested the formation of coordinating committees consisting of representatives of the LIC and DWCD at the taluk, district and state levels (C&AG Report on Local Bodies, 2015). However, the large amount of missing and therefore unfilled critical data suggests that monitoring is extremely weak.

The discussion on conditionalities, especially from the perspective of weak monitoring, suggests that these are hardly being viewed as important aspects that need urgent attention. This means that there would be no possibility of influencing those who would have not fulfilled the conditions

[7]Source: Interview with Assistant Director, DWCD dated July 31, 2017.

– they would have already missed the bus. The government at most will withhold the payment but the purpose is to attain the objectives and not withhold the payment. It also means that when these girls would produce, or fail to produce, desired certificates from respective departments about fulfilment of conditions, the monitoring data will have no role in substantiating it. Further, it cannot be ruled out that the dependence on certificates from respective departments rather than using the regular monitoring data for verification could promote the use of unfair means in producing the desired certificates at the time of the maturity of the bond.

Another point for discussion is the assumption that if a child is enrolled in school, then she is unmarried and also not engaged in labour.[8] Although this may be true to an extent, there could be instances of girls being engaged in not only household chores but also paid labour in home-based paid labour (e.g., beedi-making, embroidery) or farm work. In the case of marriage, this assumption can be highly suspect as examples of continued schooling after marriage are not rare (Jha, et al, 2016). A related and more important question about conditionalities is whether a CCT is the best policy instrument to impact all these varied aspects of son preference, demand for early childhood care and education, demand for schooling, prevention of child labour and child marriage. We will come back to these in detail in the discussion section.

Box 1: Issues related with data definition, objective, consistency and veracity: Some illustrations

a. The date of birth is not validated properly as a date field. Hence the date formats are inconsistent in different districts and years. Even within the same district, the formats are constantly changing. The formats are varying between DD/MM/YYYY and MM/DD/YYYY. Even the separators used in the date format are varying from ' /' to '- '

b. There are instances where the school field is empty and the class field is filled which makes it unclear what field to consider for verifying if the student is enrolled in a school at all

c. The maximum number of immunisation rounds is different in every district of the state; in some places it is six and in others seven. It is not clear whether, if the number of rounds is 0, it means that the girls are not immunised at all or immunisation details have not been recorded. The assumption is that unfilled cases are ones that are unrecorded

d. The BL also has details of housing, health conditions, IFA tablet intake, NPAG enrolment scheme etc. This gives rise to question as to why this data which are not relevant to BL's MIS are collected. Although it might be a good practice to have unified data for anganwadi and BL to enable coordinated monitoring, it is not clear from the database that this is the case

e. The income field also mentions Rs.0 as the income, especially in the later years of the data (2016, 2017). Does this mean that there is no income at all (which is spurious) or the field has not been filled? It is also not clear if the income recorded is on a monthly or an annual basis

f. When are the details on marriage captured and are they even being updated? If yes, then from where and what is the means of verification? The same question obtains with child labour

[8]Source: Interview with Assistant Director, DWCD dated July 31, 2017

3.3 District-wise analysis

It is important to carry out disaggregated analysis of districts in view of the fact that inter-district disparities for various development and gender-disparity indicators are sharp in Karnataka. A comparison of district-wise distribution of BL enrolment and BPL populations reveals some very interesting patterns and raises questions difficult to answer. Based on BPL estimates for the districts and respective sizes of BPL population in every district, we estimated the proportion of the total state BPL population for each district. This exercise uses the 2011 population figures as sourced from the Census of India. Then, we compared this percentage with the proportion of the total BL enrolment of each district in comparison to the total state enrolment. We have estimated BL enrolment shares for districts for two financial years, 2010-11 and 2011-12, given that the enrolment was high in one (2010-11) and low in another (2011-12); a comparison with BPL shares would tell us if there was any shift in the comparative picture. These two years also used two different documents to support the BPL status for BL enrolment; a comparison could also indicate if that makes the difference in terms of comparison with BPL population share. The relative share of BPL population is assumed to be constant and, therefore, those estimates are only for one year for which poverty estimates are available, 2011-12.

Table 11: District-wise comparison of proportional BPL population and BL enrolment

Districts	Incidence of Poverty at district Level 2011-12 (total)	Total Population 2011	Estimated BPL Population 2011 (a/100* b)	BPL population as percentage of total state BPL population (c/total c*100)	BL enrolment 2010-11	Percentage share of BL enrolment 2010-11 (e /e state* 100)	BL enrolment 2011-12	Percentage share of BL enrolment 2011-12 (g /g state* 100)	Child (0-6) sex ratios 2011
	a	B	c	d	e	F	g	h	I
Belgaum	28.8	4778439	1376190	10.76	27052	8.77	16227	8.63	934
Bagalkot	35.8	1890826	676916	5.29	11392	3.69	7826	4.16	935
Bijapur	23.1	2175102	502449	3.93	15733	5.10	6275	3.34	931
Gulbarga	37.2	3737877	1390490	10.87	25404	8.24	12745	6.77	943
Bidar	35.1	1700018	596706	4.67	10053	3.26	6248	3.32	942
Raichur	37.7	1924773	725639	5.67	11701	3.79	6578	3.50	950
Koppal	40.7	1391292	566256	4.43	9568	3.10	4947	2.63	958

Gadag	21.8	1065235	232221	1.82	6771	2.20	5325	2.83	947
Dharwad	34	1846993	627978	4.91	9911	3.21	5830	3.10	944
Uttara Kannada	19.6	1436847	281622	2.20	6043	1.96	4871	2.59	955
Haveri	33.7	1598506	538697	4.21	10154	3.29	6485	3.45	946
Bellary	40.8	2532383	1033212	8.08	16406	5.32	8901	4.73	960
Chitradurga	46.7	1660378	775397	6.06	9558	3.10	7975	4.24	947
Davanagere	23.3	1946905	453629	3.55	11306	3.67	7053	3.75	948
Shimoga	29.3	1755512	514365	4.02	7971	2.58	5421	2.88	960
Udupi	22.4	1177908	263851	2.06	3308	1.07	2472	1.31	958
Chikmagalur	14.7	1137753	167250	1.31	4585	1.49	3403	1.81	969
Tumkur	13	2681449	348588	2.73	13601	4.41	8564	4.55	959
Kolar	10	2794608	279461	2.19	13241	4.29	9004	4.79	962
Bangalore urban	1.5	9588910	143834	1.12	19286	6.25	5858	3.11	944
Bangalore Rural	15.7	987257	154999	1.21	4430	1.44	2361	1.25	951
Mandya	16.4	1808680	296624	2.32	9499	3.08	6655	3.54	939
Hassan	11.6	1776221	206042	1.61	8161	2.65	6006	3.19	973
Dakshina Kannada	1.6	2083625	33338	0.26	3156	1.02	3131	1.66	948
Kodagu	1.5	554762	8321	0.07	1529	0.50	985	0.52	978
Mysore	15.5	2994744	464185	3.63	13653	4.43	10296	5.47	961
Chamarajanagar	1.6	1020962	16335	0.13	5616	1.82	4532	2.41	953
Ramanagar	10.5	1082739	113688	0.89	4777	1.55	3053	1.62	962
Total	21.2	63558066	12788283	100.00	308460.00	100.00	188128.00	100.00	

*NOTE: Yadagir and Chikballapur have been carved out of Gulbarga and Kolar in 2010 and 2007 respectively. Separate population and poverty estimates are not available for these two districts. Hence, BL enrolments and total population have been included in their erstwhile districts for the purpose of this table. Sources: Total Population 2011 from Census of India, 2011; BPL percentages from Draft MDG Report, GoK (based on MPCC-based estimates using NSS data), BL enrolment from BL computerised database, DWCD, Karnataka; Child sex ratios – Census 2011 and District Handbooks 2011.

Given that the scheme is for BPL alone, in an ideal situation, the percentage share of BPL population and percentage share of BL enrolment should match for respective districts, if the distribution is equal across all districts. However, this is not necessarily true in most cases (Table 11). In general, the districts with higher BPL populations, mostly located in north-east and central parts of the state, had relatively lower representation in BL enrolment (indicated in green in Table 11), and districts with relatively lower share of BPL populations in coastal and southern Karnataka had a relatively higher share of BL enrolment (indicated in red in Table 11). Nevertheless, Belgaum and Gulbarga (including Yadgir) districts with more than ten per cent of the state's BPL population each also had the highest percentage share of the state's BL enrolment in both the years. Bijapur and Gadag in the north, Uttar Kannada on the coast, Davangere and Bangalore rural among central districts have somewhat matching BPL and BL enrolment percentages (shown in yellow in Table 11).

Bangalore urban with a share of slightly higher than one per cent BPL population, had more than 6 per cent share in 2010-11, which came down to a little higher than 3 per cent in the following year. This shows that though such divergences widened during the year income certificate was allowed as a support document for the BPL status, these remain high even when this was changed to possession of a BPL card by the household in subsequent years. It is difficult to understand the reasons for this pattern through the analysis of literature or limited consultations that we have had at the state level for this study. One can only surmise that the high level of awareness in relatively developed districts coupled with probably higher efforts from the administration resulted in higher enrolment. But this also is a worrying pattern given that while the child sex ratio is adverse in all the districts, it is generally (not universally) worse than others in the northern districts.

Considering that the MIS data is far from complete, any district-wise analysis is not going to depict the correct picture. However, a perusal of data on immunisation, anganwadi enrolment and school enrolment shows that though all districts have major backlogs, certain districts such as Belgaum, Udupi and Dakshina Kannada seem better than others in terms of having relatively less proportion of missing data (Annex 1).

4. Budgetary and financial review

Since the announcement of the scheme during the state budget of 2006-07, the scheme received increasing amounts in the state budget till 2012-13 and thereafter experienced a decline. Table 12 gives an overall estimate of the allocations under this scheme. In the first two years of its implementation, the budget allocations were under the object head Financial Assistance/Relief. However, from 2008-09 onwards, the budget allocated was segregated into Special Component Plan and Tribal Sub-Plan. In 2013-14, a portion was allocated under Special Development Plan, which was introduced as a means of allocating higher resources for the most backward taluks, identified by the Nanjundappa Committee.

Table 12: BL budget allocations and expenditures (Rs. in crores)

Year	Financial assistance / Relief	SC Sub-Plan	ST Sub-Plan	Special Development Plan	Total
2006-07 AE	166.00	0.00	0.00	0.00	166.00
2007-08 AE	132.16	0.00	0.00	0.00	132.16
2008-09 AE	207.15	76.55	32.90	0.00	316.60
2009-10 AE	159.90	53.67	16.07	0.00	229.64
2010-11 AE	419.75	87.89	50.00	0.00	557.64

2011-12 AE	318.92	132.37	34.80	0.00	486.09
2012-13 AE	640.23	83.95	31.21	0.00	755.39
2013-14 AE	181.61	115.19	44.78	30.00	371.58
2014-15 AE	251.87	62.85	25.14	0.00	339.87
2015-16 RE	344.06	83.06	46.23	0.00	473.35
2016-17 BE	242.27	59.08	32.31	0.00	333.66
Total	3063.92	754.61	313.45	30.00	4161.98

Source: Calculated using GoK budget documents for the period 2006-2017; AE: Actual expenditure; RE: Revised expenditure estimates; BE: Budgeted expenditure

Table 13: Expenditure on BL Scheme as a percentage of total DWCD budget (Rs. in crores)

Year	BL scheme budget	DWCD Budget	% of DWCD Budget
2006-07 AE	166.00	624.87	27
2007-08 AE	132.16	742.86	18
2008-09 AE	316.60	988.78	32
2009-10 AE	229.64	1349.03	17
2010-11 AE	557.64	1742.88	32
2011-12 AE	486.09	1958.56	25
2012-13 AE	755.39	2461.33	31
2013-14 AE	371.58	2347.23	16
2014-15 AE	339.87	2722.88	12
2015-16 RE	473.35	3297.35	14
2016-17 BE	333.66	3383.20	10

Source: Calculated using GoK Budget documents for the period 2006-2017; AE: Actual expenditure; RE: Revised expenditure estimates; BE: Budgeted expenditure

This scheme is one of the most important implementation programmes of DWCD, GoK, along with the ICDS. The expenditure on the scheme, as a percentage of the total DWCD budget has been fluctuating between 26.57 per cent in 2006-07 and 30.69 per cent in 2012-13. After 2012-13, the share of expenditure on this scheme has been almost halved to around 12-15 per cent. Table 13 gives details of these fluctuations, which could also be a result of reduced enrolment over the last three to four years.

Table 14 attempts to estimate the requirements by simply multiplying the number of enrolled children to the applicable bond amount in respective years and it shows that while the expenditure has been less than required in initial years, it have been much more than required in subsequent years. It is possible that there was a time-lag in enrolment and actual expenditure incurred on the bonds and that explains the year to year mismatch. There have also been delays in dispatching the bonds. The BL MIS includes the print date which denotes the date on which the bond was printed and dispatched. The print date for dispatch of the bond is missing for about 45 percent of the total beneficiaries. However, there is a drastic reduction in the number of missing values since 2010. But it is not clear if the missing values denote non-despatch of the bond or the bond was dispatched but not yet recorded.

Table 14: Amounts required* versus budget allocated for the scheme

Year	Total number of first child enrolled	Amount required for first child (Rs. in crores)	Total Number of second child snrolled	Amount required for second child (Rs. in crores)	Total amount required	Total budget allocation for the scheme	Total requirement (f) as % of total budget allocation(g)
a	b	C	d	E	f	g	H
2006-07	328251	328.25	22528	22.53	350.78	166.00	211
2007-08	250676	250.68	8285	8.29	258.96	132.16	196
2008-09	222992	430.37	19866	36.45	466.83	316.60	147
2009-10	169306	326.76	23993	44.03	370.79	229.64	161
2010-11	242163	467.37	51682	94.84	562.21	557.64	101
2011-12	144377	278.65	33662	61.77	340.42	486.09	70
2012-13	180054	347.50	42329	77.67	425.18	755.39	56
2013-14	182710	352.63	42431	77.86	430.49	371.58	116
2014-15	60520	116.80	4001	7.34	124.15	339.87	37
2015-16	134873	260.30	10296	18.89	279.20	473.35	59
2016-17	60520	116.80	4001	7.34	124.15	333.66	37

*The estimation of the required amounts is based on estimations using the norms existent for respective years.
Source: Number of Beneficiaries data calculated from raw beneficiary data; Budget allocation from GoK budget documents

No separate budget has been allocated for scholarships. The interest generated on the maturity amount is being used as scholarship amount. The anganwadi worker's incentive of Rs. 25 per child per year has also not been included in the budget and grouped as administrative costs, in the same head under which the maintenance cost incurred by the NIC for data management is allocated. There is hardly any allocation for mobilisation and monitoring except for the MIS building and maintenance.

The health insurance was given during the period of 2006-2008, and will be given to all those enrolled within this time period, until they complete 18 years of age.[9] In this case, the verification is done by the doctor at the hospital where the beneficiary is who issues a receipt for the expenses. A total of Rs. 25,000 per annum was allocated for each beneficiary. The health insurance has been discontinued since 2008 and the insurance claims are directly credited to the beneficiary's account by the LIC after the verification process is completed. It does not go through the DWCD. As per data provided by the LIC and shared by the DWCD, a total of 196 claims were settled amounting to Rs. 26.33 lakhs by the LIC during 2006-07 to 2007-08 (Annex 1). Though this data is dated 2016, it does not report any claim after 2007-08; it is not clear if those girls enrolled during this period are still entitled or not.

All beneficiaries are also entitled to life insurance for either of their parents. This insurance covers death due to natural as well as accidental causes. It also covers physical disability (partial and complete) due to accidents. Table 16 gives the details of the amounts disbursed with respect to insurance. This data is not available within the state budget documents as this component is included within the scheme bond issued by the LIC. Hence, for every beneficiary, death of either

[9]Source: Interview with Assistant Director, DWCD dated July 31, 2017

or both parents is covered within the scheme bond itself and hence separate allocation of budget is not necessary by the DWCD. The C&AG, 2014 report also pointed out that a number of issues also led to the denial of scheme benefits to those enrolled. Non-nomination of the second parent for insurance coverage led to denial of insurance and scholarship benefits on the death of one of the parents. A number of accidental death claims were settled as natural deaths due to lack of documents. This is problematic as the amount of insurance coverage was lower for natural deaths. On account of the death of the beneficiary, LIC refunds the deposit amount to the government. However, there were delays in submission of information and requisite documents (i.e. LIC certificate and death certificate) by the CDPOs (C&AG, 2014).

Table 15: Details of insurance claims under the BL scheme (2006-07-2013-14)*

Year	**Number of claims**	**Total amount disbursed (Rs lakhs)**
2006-07	3,708	159.575
2007-08	3,635	1617.775
2008-09	2,912	1084.915
2009-10	1,761	552.6
2010-11	1,177	367.50
2011-12	544	170.85
2012-13	350	106.80
2013-14	95	29.40
Total	14,182	4,089.42

*The distribution across different kinds of claims is not available
Source: LIC, data shared by the DWCD, March 2017 (Detailed data in Annex 1)

This scheme was announced during the state budget of 2006-07 with an initial allocation of Rs. 234 crores. A trust was created for the purpose of this scheme initially and in July 2007, the LIC was appointed as the fund manager for the scheme. LIC was expected to provide long-term investment for the budget allocated for this scheme, leading to interest accrual based on rates announced by LIC (CAG, 2014). Based on a detailed audit conducted by the C&AG of India in 2014 (C&AG, 2014), a number of issues related to the financial management of the schemes were brought to light. CAG audits found that despite the appointment of LIC as the fund manager in 2007, the trust was not dissolved till 2012, leading to losses in interest. They also found that the database maintained did not capture the complete financial status of the scheme. Delays in release of funds to the LIC were also observed which led to short realisation of maturity value and rejection of insurance claims relating to parental deaths. This also defeated the purpose of providing social security net to the beneficiaries in cases of parental death. Errors of miscalculation of interest were also indicated in the C&AG report. Inclusion of additional benefits, such as scholarships under the Shiksha Sahayog Yojana on completion of secondary and senior secondary classes led to an inflated maturity value, as noted in the audit. It was also found that there were differences in the maturity value in LIC certificates as the government had deposited Rs.850 less than the stipulated amount.

5. Discussion and unanswered questions

This analysis of the scheme has avoided going into the aspect of the scheme's impact, mainly because attribution to a particular scheme is near impossible. Karnataka has made some progress in most of these indicators during the last decade (Annex 1) but how far this change can be attributed to BL is unclear. Given that its own MIS is grossly incomplete, it is difficult to identify any trend, even among the direct enrollees. Therefore, we limit ourselves to the analysis of the scheme design and processes. The analysis in the previous sections, including the literature review as well as the analysis of the BL data, leads to important questions about the scheme design, its rationale and suitability to the context. This concluding chapter discusses these issues and raises some questions that need to be answered further to be able to make an informed policy decision.

5.1 Scheme design and the state context

A perusal of the scheme documents suggests that it has multiple objectives and therefore several conditions that first determine the eligibility and, later, access to cash benefits. Once enrolled, it also has elements of protection, which are apparently not linked with the fulfilment of any condition. Matrix 4 attempts to map the provisions/conditions and the objectives of the scheme. The following paragraphs discuss these rationales/objectives in Karnataka's context though not necessarily in the same order.

5.1.1 Son preference

An obvious objective of the scheme is to influence the prevalence of son preference and female foeticide, to make corrections to the low child sex ratio in the state. As stated earlier, though Karnataka has a higher sex ratio that a number of other states, the sex ratio at birth is not only low but also declining in the state; it declined from 922 in 2005-06 to 910 in 2015-16 (NFHS III and IV). Therefore, it is indeed an important area that needs policy attention and hence a legitimate policy objective. However, three important questions emerge in this context:

(i) is the problem of declining or low sex ratio at birth a common feature across the state or a localised phenomenon?

(ii) is the incidence of sex selection at birth common for all economic quintiles or more concentrated among BPL population?

(iii) is it possible to influence such deep-rooted biases through the incentives of cash to be received almost two decades later?

A perusal of district-level data on sex ratio of children (Annex 1) shows that though the sex ratio for children is universally low, the problem is much more concentrated in the northern-eastern and central districts of Karnataka as compared to coastal and southern Karnataka. Similarly, evidence, as cited in the literature review, clearly point out that the practice of sex-selective abortion is much more common among the more affluent, as they have access to greater information, technology and resources. From these two perspectives, two features of the BL scheme can be questioned for their relevance: one, that it is universally applicable to the entire state and two, that it is applicable only to the BPL population. These are both targeting issues and we will return to this once we have discussed all other objectives.

Matrix 4: BL: Scheme design, rationale and objectives

Scheme provisions/conditions	Rationale / objective
Eligibility requirements for enrolment	

1. Only girls	To influence the son preference among the couples; to encourage them to have girls
1. BPL only	The incidence of all the aspects that the scheme is trying to address (not registering the birth, no bank account, high birth rate, son preference, lack of early care and education, school drop-out, etc.) is higher among BPL populations; the lure of lump sum cash at a future date (about two decades later) would influence them to demand for all these that they would have otherwise not done.
2. Registered birth certificate	To enable them to register the births, even if the birth is not institutional for better records and governance
3. Only two girls and terminal family planning for one parent after the second child	To reduce the birth rate among the couples and encourage only two-child per couple norm
4. Joint bank account	Financial inclusion and enhancing women's role in financial decisions
Conditions for accessing the benefits	
5. Complete Immunization of the enrolled child	To Influence infant and under 5 child mortalities (now discontinued)
6. Anganwadi enrolment	To ensure early childhood care and education for girls (now discontinued)
7. Continued and complete schooling till class VIII	To prevent drop outs and enable school completion among girls
8. No participation in paid labour	To prevent child labour
9. Girl has to remain unmarried till she is 18	To prevent child marriage
Social Protection	
10. Health insurance for the girl	To ensure health care for the girl child; to prevent negligence in health care of girls (Now discontinued)
11. Insurance cover on case of parental death/ accident	To ensure financial protection to the girl in case of parental death/disability

We discuss the third question about social norms in the following sub-section around the two-child policy.

5.1.2 Two-child norm

This eligibility norm raises both ethical questions on the one hand and policy-prudence questions on the other. The ethical question is whether the state has a right to determine the number of children a couple wants to have. The answer especially in a democracy is no, as it amounts to intrusion into the personal realm and violates individual freedom. It becomes particularly questionable when it is linked with access to a financial scheme meant for BPL populations, as it makes this discriminatory; those who are not accessing the scheme are free to have as many children as they wish.

It is also now well-known that the best way to reduce birth rate is to educate and empower women, and, therefore, the measure seems irrelevant even from the policy-prudence perspective. Considering that the total fertility rate of Karnataka was 1.9 (2011) which is lower than the national average of 2.43. (Niti Aayog, 2013) and about 61 percent of the population had already adopted some or the other form of family planning methods (IIPS, 2012-13), this condition seems to be quite unnecessary.

Low enrolment of second girl child, for which this is a necessary requirement, shows that couples are choosing not to enrol in the scheme rather than opt for a terminal family planning method. This indicates that the desire to have a son is too deep-rooted to be influenced just because of a scheme of deferred cash transfer without any other measures of empowerment, and answers the question raised earlier about social norms. The research elsewhere in India also shows, as discussed earlier, that the impact on social norms pertaining to girls' social positioning has been either weak or absent.

5.1.3 Immunisation

The proportion of children fully immunized in Karnataka went up to about 63 percent in 2015-16 (NFHS IV) from 55 percent in 2005-06 (NFHS III). In the absence of complete data, it is not clear if the BL scheme played any role in enabling the improvement or not. If the MIS data were complete, a comparison with BL enrolees versus total population could be made for the years for which NFHS data is available. Although now dropped, there is ambiguity with respect to the language used for describing this conditionality: 'vaccinated for immunity from health department' does not elaborate on how many rounds were necessary as a condition for the scheme and at what age they were needed.

Some recent studies have pointed out that with increased emphasis on immunisation by the Department of Health, the rates are going up (CBPS, 2016). That is perhaps the reason why it was dropped from the list of conditionalities for BL. However, the fact remains that though the situation has improved, all children are still not fully immunised. Sex-segregated data is not easily available but it is likely that the situation is worse for girls, and needs attention. Also, CCT programmes in other places have shown impact on immunisation, especially if income poverty is the reason and if the benefits are immediate and directly linked. In this case, there was no direct link, as no benefit was being transferred immediately as a result of immunisation.

5.1.4 Early childhood care and education

The condition of enrolment in an anganwadi has also been dropped. Apparently, this decision is guided by the fact that the girls could go to any other institution and therefore enrolling in an anganwadi is not necessary. However, the fact that the condition has not been replaced by enrolment in any other pre-school or child care centre, means that this condition is entirely dropped. As with immunisation, this condition also faced the problem of unclear definition: it was not clear if 'attending an anganwadi regularly' implied enrolment or attendance or both. Again, as in case of immunisation, in absence of complete BL data, any examination of the impact is not possible.

However, the issue of poor coverage of children in general, and girls in particular, on early childhood care and education remains an issue, as pointed out by a recent research study (Kaul., V. et al, 2017). Therefore, from that perspective, dropping this condition belies the purpose of this scheme. The larger issue still remains for the conditionality even if it had not been removed: the literature is very clear that if the supply or coverage is not universal and high-quality, especially

through public services, the CCT alone does not enable the demand. In other words, although there is a need to push for and expand the participation of children, especially girls, in the early childhood care and education services, it is difficult to be sure about the fact that CCT-based schemes are the best policy solution towards that end.

5.1.5 Preventing drop-outs and facilitating school completion

Here again, it is difficult to gauge the impact because the BL data is not complete. It might have been compared with the trends for the rest of the BPL and total population to see if there is any difference. Karnataka has attained gender parity almost at all levels of education and is a little away from attaining universal enrolment even at elementary level. The situation is worse at secondary and tertiary level (CBPS 2015). Therefore, enhancing the demand for education, especially at upper primary and secondary levels, is a need. But given that the expansion of educational services at the secondary and tertiary levels has happened primarily in the fee-paying private sector and also that access is an issue for both girls and boys, one can again not be sure if a CCT-based policy is the best option. It is, however, important to add that, all districts have not attained gender parity at all levels and, therefore, the need for a differentiated approach still exists. Periodic payment of scholarships linked with continuation and completion of grades has been removed now and therefore though the conditionality exists, the benefit exists only in the form of deferred payment. Only a more elaborate study can tell us whether such provisions can enable or have enabled households to make particular choices.

5.1.6 Preventing child labour and child marriage

Given that the scheme is yet to complete one cycle and the issues with attribution, it is not possible to comment on BL's impact on preventing child labour and child marriage. However, there are design-related issues linked with monitoring that can be discussed here. First of all, at the moment, as stated earlier, the reporting is based on the assumption that those who attend school are bound to be non-working and unmarried. This is a questionable assumption. Again, as pointed out earlier, engagement in home-based work cannot be ruled out and needs to be especially checked before reporting. Similarly, in places where the girl is not sent immediately to the groom's house, she can still be attending school though married, and hence, this too needs to be checked before reporting.

The fact that enrolled girls would now receive a single cash transfer once they turn 18 could be viewed as a dowry payment and hence promote regressive behaviours which may not have been the policy intention. Even the name *Bhagya Lakshmi* (meaning someone who is feted to bring wealth) is regressive (Ghatak & Narayanan, 2013; Sekher, 2012) and suggestive of an instrumental approach towards women's education. In general, in the absence of any focus on empowerment, the scheme remains not only instrumental but also weak in its design, especially given the challenges.

The evaluations of such schemes elsewhere, especially in India, have clearly shown that they fail to change the social norms towards and social positioning of women. Therefore, it is important to have a second look at the scheme design vis-à-vis its objectives. What emerges strongly is that social norms do not change just with the incentive of cash or kind unless well-thought out and clearly linked with empowerment goals. For instance, the much-celebrated bicycle scheme in Bihar which a number of evaluations have identified as a major success in terms of enabling girls' mobility and secondary school participation has apparently succeeded because it was an universal scheme allowing a critical number of girls coming together and using their bicycles, in the process breaking the norm of adolescent girls not going out. The fact that it included all castes and classes

also helped, as gendered social norms are not applicable only to the lower socio-economic strata (Ghatak, Kumar and Mitra, 2013; MMR undated; Muralidharan and Prakash, 2013; Sumangala, undated).What also helped was that secondary schools were available within a radius of three to five kilometres – a longer distance would have been difficult to negotiate, as shown by the Gujarat experience where a similar programme did not lead to similar results (Jha, et al, 2016)

5.1.7 Improved governance

(financial inclusion, improving birth registration and preventing leakages)

We are not able to comment on these at the moment. At a later stage, these would be included.

5.1.8 Targeting

The scheme is universal in terms of geographical coverage as it is applicable across the state but is targeted towards the BPL population. As discussed earlier, it has multiple objectives of various kinds. The scheme design has several loopholes but even if those did not exist, targeting itself is questionable. Given that preventing sex selection and child marriage are two important objectives, both have no direct relationship with poverty in a number of places, including Karnataka. Therefore, targeting only BPL populations does not seem logical. On the other hand, sex ratios among children is lower (indicative of higher prevalence of son preference) and the incidence of child marriage higher in districts in North Karnataka, so geographical targeting may make some sense. But this would raise the issue of migration and given the political-economic issues associated with intra-regional politics in the state, it may also be difficult to implement such geographical targeting. The higher uptake of the BL scheme in areas with lower incidence of such issues itself is reflective of this challenge.

5.2 Unanswered questions, policy dilemmas and future research design

5.2.1 Unanswered questions and policy dilemmas

This analysis of the BL scheme has answered a few questions but left a large number unanswered. For instance, this study has not been able to analyse the impact on any aspect in the absence of complete data, on the one hand, and absence of a comparison group on the other. Universal schemes are anyway difficult to evaluate for their impact but, in this case, lack of complete data has added to that challenge.

However, the analysis raises a number of issues about the rationale of the scheme on several grounds such as (i) relevance to the context (e.g., BPL targeting), (ii) ethics (e.g., two-child norm and compulsory family planning amounting to coercion) and (iii) conceptual framework (e.g., based on instrumental philosophy). All these lead to policy dilemmas for the policy makers and raise pertinent issues regarding the justification for continuing the scheme at all. An in-depth study that further throws light on these issues is needed.

Even if the state decides to discontinue it, the scheme has to be operational till the most recently enrolled girl turns 18. This means that the issue of design and monitoring are central even in that context. So far, the scheme has undergone a number of modifications in design but these have largely been ad hoc in nature and not followed any specific and uniform rationale. The monitoring both in terms of mobilising the community and strengthening the database, including its use in implementing the scheme, appear to be weak links that need urgent attention. Here too, in-depth field-based research could add to the present analysis leading to clear policy and institutional recommendations.

5.2.2 Proposed future research design

We propose a field-based study at next stage to supplement this analysis leading to comprehensive recommendations. The proposed research would employ mixed methods leading to both quantitative and qualitative analyses. Therefore, the study will have two elements: (i) survey in one district and (ii) interviews and focus group discussions (FGDs) in four identified districts (one in each administrative division in the state of Karnataka) including one where the survey would be conducted. The analysis will use capability theory principles as a conceptual frame. It will use the capability approach in terms of understanding whether the scheme has potential to enhance the 'freedoms' and reduce the 'unfreedoms' experienced by girls.[10]

Survey and Quantitative analyses

The quantitative design proposes to analyse secondary data from a recent, detailed survey of about 3900 households in Haveri district that includes aspects of (i) a detailed educational and work profile of all members of the households, (ii) time-use patterns of women between 15 and 60 and (iii) self-efficacy and decision-making. Taking a subset of about 1000 households where there is at least one girl in the age-group of 0-10, we would conduct a complementary survey focusing on the BL scheme, its uptake and objectives. This will allow us to undertake deeper analysis including the relational aspects with limited costs and in a relatively short period of time.

Interviews and FGDs leading to qualitative analyses

This will include structured/ semi structured interviews with

(i) representatives of three major departments at various levels (DWCD, Education and Health): to understand their perspectives and issues in coordination at different levels. This will include anganwadi, teachers, ASHA and ANMs at the village/ward levels
(ii) Local government representatives at three levels

FGDs

Groups of adolescent girls, boys, women and men in selected villages/wards (both formal groups such as SHGs, Stree Shakti and randomly assembled groups of individuals). The analyses from the data collected will be used to deepen the analysis already presented in this report leading to a comprehensive report and policy suggestions.

The following matrix summarises the proposed research design:

Matrix 5: Proposed field-based research design for the next phase

Present Study		Field based study	
Literature review and secondary data analysis	MIS data analysis	Survey	Interviews and FGDs
State, national and international	Entire state	Sub-sample of existing household survey to save money and time and have a	- Departments (DWCD, Education and Health) - Local governments

[10] The research design has been discussed with Principal Secretary, DWCD, GoK.

		large sample for quantitative analysis	- Groups of adolescents and adults (both male and female)
		One district (Haveri)	Four districts / state*
Analysis using all four elements and both quantitative and qualitative approaches			

* Mysore (HD Kote Block), Udupi (Coastal), Bidar (North Karnataka) and Haveri (Central Karnataka)

The analysis will take note of the girls' status vis-à-vis registered birth, immunisation, early childhood care and education enrolment, schooling, labour and marriage, in addition to the household's attitudes towards these issues and also notions of girls' 'freedoms' and 'unfreedoms' in both BPL and APL households and across parental, socio-economic, educational backgrounds.

Bibliography

Anand Krishnan, R. A., Peter Byass, Chandrakant Pandav and Nawi Ng. (2014). No one says 'no' to money. International Journal for Equity in Health, 13(11).

Arnold, T. Catherine. (2011). Cash Transfers: Literature review. Policy Division. DFID.

Bastagli, F. (2011). Conditional Cash Transfers as a Tool of Social Policy. Economic and Political Weekly (21), 61-66.

CBPS. (2015). Millenium Development Goals and Karnataka . Bangalore: UNICEF. Retrieved from http://cbps.in/wp-content/uploads/MDG-Karnataka-Final.pdf

CBPS. (2016). A Review of Expenditure and Services of ICDS in Karnataka. Bangalore: UNICEF. Retrieved from http://cbps.in/wp-content/uploads/CBPS_UNICEF_ICDS-Report.pdf

Census 2011 Figures at a Glance http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/karnataka/Figures_Glance_Karnataka.pdf

Dongre, A. (2013). How is Janani Suraksha Yojana performing in backward districts of India. Economic and Political Weekly(42).

Government of Karnataka, Programme Monitoring and Statistics Department. (2013-14). Economic Survey of Karnataka. Government of Karnataka.

IIPS. (2012-13). State Fact Sheet Karnataka. Retrieved from District Level Household Survey : https://www.karnataka.gov.in/hfw/decell/Documents/District%20Level%20Household%20and%20Facility%20Survey%204-%20Karnataka.pdf

Jha, Jyostna et al. (2016). Reducing Child Marriage in India : A model to scale up results, Centre for Budget and Policy Studies and United Nations Children's Fund, New Delhi.

Jha, Jyotsna. (forthcoming).Education and gender: A critical analysis of policies in India' in Childhoods in India: Traditions, trends and transformations (edited by T S Saraswathi), Routledge, London

Kaul, V., et al (forthcoming). The India Early Childhood Education Impact Study, Ambedkar University Delhi and ASER Centre, New delhi; UNICEF

K. M., and Prakash, N., (2013). Cycling to School: Increasing Secondary School Enrollment for Girls in India. IGC Working Paper, 15 August.

Kumar, D. B. (2015, December). Financial Incentives for Girls - What works. Policy Brief. India: UNFPA.

Ghatak, Maitreesh, C. K., Sandip Mitra (2016). Cash versus Kind. Understanding the preferences of the Bicycle Programme Beneficiaries in Bihar, Economic and Political Weekly: 51-60.

Mazumdar, C.T. (2012). Can incentives increase preference for daughters? Evidence from a cash transfer scheme in Haryana, India. The Georgetown Public Policy Review, 18 (1), 64-80.

Memo no. WCD: CW:BS: Para /01/10-11, Government of karnataka (physical copy obtained)

Midstream Marketing & Research Pvt. Ltd. (n.d.). Evaluation Study of Saraswati Bicycle Supply Scheme in Chhatisgarh. State Council for Education Research and Training, Raipur .

Nanda P., Dutta, N., & and Das, P. (2014). Impact of conditional cash transfers on girls' education. Retrieved from: www.icrw.org/files/publications/IMPACCT_Hires_FINAC_3_20.pdf. International Center for Research on Women/USAID

Narayanan, S. (2011). A case for reframing the cash transfer debate in India. Economic and Political Weekly (21), 41-48.

NitiAayog. (2013). Total Fertility Rate. (NitiAayog) Retrieved from Niti.gov: http://niti.gov.in/content/total-fertility-rate-tfr-birth-woman

Planning, Programme Monitoring & Statistics Department. (2013-14). Economic Survey of Karnataka .

Prabhu, K. S. (2009). Conditional Cash Transfers Schemes for Alleviating Human Poverty: Relevance for India, UNDP India.

Rajan, S. I, S. Srinivasan and Arjun S Bedi (2017). Update on trends in sex ratio at birth in India, Economic and Political Weekly, March 18, 2017, vol 52, Issue no. 11. (Commentary)

Ram, T. V. S. a. F. (2015). Conditional Cash Transfers for Girls in India: Assessment of a Girl Child Promotion Scheme from Beneficiary Perspective: International Institute for Population Sciences, Mumbai

Schady, A. F. a. N. (2009). Conditional Cash Transfer: Reducing Present and Future Poverty Washington DC, World Bank

Sekher, T. V. (2010). Special Financial Incentives for the Girl Child in India: A Review of select schemes. Mumbai United Nations Population Fund: 19-22.

Sinha, N., &Yoong; J. (2009). Long-term financial incentives and investment in daughters evidence from conditional cash transfers in North India, Policy (Research Working Paper 4860). Washington, D.C.: The World Bank

Soares, F.V., & Silva, E. (2010). Conditional cash transfer programmes and gender vulnerabilities in Latin America: Case studies from Brazil, Chile and Colombia (Discussion Paper Series). London, United Kingdom : Overseas Development Institute.

Son, H. H. (2008). Conditional Cash Transfer Programs: An effective tool for poverty alleviation?, Asian Development Bank.

United Nations Children's Fund (n.d.), Improving Children's Lives Transforming the Future: 25 years of child rights in South Asia, undated

Vanishree Joseph. (2016). Conditional cash transfer in India: is it gendered? International Journal of Gender Studies in Developing Societies, Vol 1, Issue 3, pp 252-266

Vyasulu, V. (2010). Brazil's Fome Zero Strategy: Can India implement cash transfers?. Economic and Political Weekly (26 and 27): 89 - 95.

ANNEXURE I

Table 1: Incidence of poverty at district-level 2011-12

Sl. No.	Districts	Incidence of poverty 2011-12		
		Rural	**Urban**	**Total**
1	Belgaum	27.5	32.3	28.8
2	Bagalkot	32.1	45.0	35.8
3	Bijapur	21.4	28.5	23.1
4	Gulbarga	38.9	32.0	37.2
5	Bidar	32.5	45.9	35.1
6	Raichur	37.6	38.2	37.7
7	Koppal	42.0	34.6	40.7
8	Gadag	25.6	15.0	21.8
9	Dharwad	57.3	15.5	34.0
10	Uttara Kannada	19.3	20.1	19.6
11	Haveri	31.3	52.2	33.7
12	Bellary	33.1	53.0	40.8
13	Chitradurga	48.3	40.4	46.7
14	Davanagere	23.0	23.8	23.3
15	Shimoga	32.5	22.3	29.3
16	Udupi	22.7	21.4	22.4
17	Chikmagalur	10.4	24.6	14.7
18	Tumkur	14.4	5.9	13.0
19	Kolar	9.8	11.2	10.0
20	Bangalore	0.0	1.7	1.5
21	Bangalore Rural	19.0	0.0	15.7
22	Mandya	18.9	4.1	16.4
23	Hassan	11.3	13.9	11.6
24	Dakshina Kannada	1.5	1.9	1.6

25	Kodagu	1.2	2.8	1.5
26	Mysore	20.7	7.0	15.5
27	Chamarajanagar	1.3	4.1	1.6
28	Ramanagar	11.7	4.5	10.5
	Total	24.5	15.3	21.2

Source: Draft MDG Report, Government of Karnataka

Table 2: District-wise child sex ratio (0-6 years)

Child sex ratio, 2001 and 2011			
Sr. No	**District**	**2001**	**2011**
1	Belgaum	921	934
2	Bijapur	928	931
3	Gulbarga	931	943
4	Mandya	934	939
5	Bengaluru Rural	939	951
6	Bagalkot	940	935
7	Bidar	941	942
8	Bengaluru Urban	943	944
9	Dharwad	943	944
10	Ramanagara	945	962
11	Chitradurga	946	947
12	Davanagere	946	948
13	Uttara Kannada	946	955
14	Bellary	947	960
15	Tumkur	949	959
16	Chikkaballapura	952	953
17	Dakshin Kannada	952	948
18	Gadag	952	947
19	Koppal	953	958
20	Shimoga	956	960
21	Haveri	957	946

22	Hassan	958	973
23	Udupi	958	958
24	Chikmangalur	959	969
25	Mysore	962	961
26	Chamarajanagar	964	953
27	Raichur	964	950
28	Kolar	965	962
29	Kodagu	977	978
30	Yadagiri		951

Source: Census, 2001 and Census, 2011

Table 3: District-wise and cohort-wise total number of BL enrolments

District-wise and cohort-wise total number of BL enrolments												
	Born before 1.6.2006	**Born between 1.6.2006 and 31.5.2007**	**Born between 1.6.2007 and 31.5.2008**	**Born between 1.6.2008 and 31.5.2009**	**Born between 1.6.2009 and 31.5.2010**	**Born between 1.6.2010 and 31.5.2011**	**Born between 1.6.2011 and 31.5.2012**	**Born between 1.6.2012 and 31.5.2013**	**Born between 1.6.2013 and 31.5.2014**	**Born between 1.6.2014 and 31.5.2015**	**Born between 1.6.2015 and 31.5.2016**	**Born between 1.6.2016 and 31.5.2017**
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Bagalkot	2091	8547	11503	9135	7624	10042	8224	8887	8315	5749	3778	1283
Bangalore rural	950	3886	4719	4650	4591	3855	2661	3552	3390	3130	2726	916
Bangalore urban	2391	11733	18715	14952	14937	17374	6082	9319	9951	7361	6074	2025
Belgaum	2987	22308	24454	26034	25935	22883	18111	17880	17539	15489	10217	3049
Bellary	1441	7687	11330	9669	9555	14690	9276	10440	9504	8769	6244	1883
Bidar	986	4285	3996	1995	2918	9441	6378	7170	7605	6049	4482	2010
Bijapur	1914	10174	10962	6298	7239	14102	6494	9055	8827	7013	4927	1358
Chamrajnagar	986	3622	891	838	1409	5318	4689	4747	4101	3834	3511	1134
Chikmanglur	804	4885	4800	4332	4052	4236	3598	4128	3949	3329	3103	1011
Chikballapur	1096	5057	6001	4688	1830	5620	4704	5390	5329	4766	4042	892
Chitradurga	1655	7968	8797	6438	5370	9011	8138	7669	7669	6917	5651	1537
Dakshina Kannada	575	3205	3208	3331	3563	2987	3166	3306	3651	2852	2409	887
Davangere	2100	10330	11586	10688	10459	10206	7758	9500	9253	8231	5977	1403
Dharwad	1516	8569	9120	7881	7607	8768	6448	8700	8205	7386	4540	1243
Gadag	1339	6550	7020	5878	5790	6367	5465	5696	5297	5043	3261	1055
Gulbarga	2094	9959	12575	11939	12430	14955	8734	11955	10976	9785	5635	1283
Hassan	1216	6913	7706	4486	3956	7479	6387	7526	6999	5849	5598	2082

Haveri	1766	9394	10360	8849	8729	9227	7071	9095	8961	7638	4926	1315
Kodagu	214	1431	1787	2057	1813	1361	1023	1315	1246	874	766	196
Kolar	1003	5045	6577	5730	3980	6507	4954	5871	5841	4917	4249	1088
Koppal	1042	5123	7835	9485	8630	8573	5325	6859	6553	4925	3678	1075
Mandya	1528	8820	9824	9287	7713	8687	7092	8243	7856	6921	5783	1616
Mysore	2087	11481	12652	10012	7475	12410	10592	10895	9763	8745	7406	1460
Raichur	1924	7649	8232	6451	5481	10287	7041	8372	8716	7847	5627	1527
Ramnagara	1022	4672	5158	4551	4469	4160	3269	4083	4383	3799	2681	0
Shimoga	1408	7623	9138	9163	9544	7109	5781	6813	6958	5931	4826	1419
Tumkur	2477	13527	15430	15651	14689	12211	9419	11175	11062	10321	8561	3171
Udupi	637	3328	3599	4173	3771	2969	2542	2784	3272	2958	3064	1075
Uttara Kannada	1129	5715	5910	5528	5167	5606	5140	5795	5970	5493	4138	1471
Yadagiri	1098	5112	6714	6817	4976	7914	4922	6240	5057	3848	2817	1001
TOTAL	**43476**	**224598**	**260599**	**230986**	**215702**	**264355**	**190484**	**222460**	**216198**	**185769**	**140697**	**41465**

Source: Computed from enrolment data provided by WCD

Table 4: District-wise percentage of total children who had immunisation

District-wise percentage of total children who were immunised*												
	Born before 1.6.2006	**Born between 1.6.2006 and 31.5.2007**	**Born between 1.6.2007 and 31.5.2008**	**Born between 1.6.2008 and 31.5.2009**	**Born between 1.6.2009 and 31.5.2010**	**Born between 1.6.2010 and 31.5.2011**	**Born between 1.6.2011 and 31.5.2012**	**Born between 1.6.2012 and 31.5.2013**	**Born between 1.6.2013 and 31.5.2014**	**Born between 1.6.2014 and 31.5.2015**	**Born between 1.6.2015 and 31.5.2016**	**Born between 1.6.2016 and 31.5.2017**
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Bagalkot	52.8%	40.1%	19.8%	5.0%	1.6%	1.6%	0.9%	0.0%	0.0%	0.00%	0.00%	0.00%
Bangalore rural	41.8%	33.7%	22.4%	12.6%	11.4%	9.5%	2.9%	0.7%	0.1%	0.00%	0.00%	0.00%

Bangalore urban	27.9%	20.0%	6.7%	2.5%	1.3%	1.6%	1.0%	0.5%	0.6%	0.64%	0.07%	0.00%
Belgaum	84.2%	80.3%	70.1%	56.3%	57.5%	41.8%	23.3%	6.6%	3.6%	1.49%	0.08%	0.00%
Bellary	12.1%	10.0%	5.8%	2.5%	2.6%	1.5%	0.9%	0.1%	0.1%	0.05%	0.00%	0.00%
Bidar	9.7%	8.9%	10.8%	19.5%	11.8%	4.0%	5.0%	7.3%	1.0%	0.00%	0.00%	0.00%
Bijapur	25.7%	20.9%	9.8%	5.7%	4.4%	2.0%	1.1%	0.3%	0.1%	0.09%	0.00%	0.00%
Chamrajnagar	75.4%	73.8%	32.1%	5.4%	0.2%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
Chikmanglur	40.0%	36.3%	10.1%	0.6%	0.0%	0.1%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
Chikballapur	21.8%	15.4%	5.9%	1.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
Chitradurga	51.6%	44.8%	22.9%	8.2%	17.9%	22.8%	16.5%	12.8%	13.7%	11.80%	9.13%	9.89%
Dakshina Kannada	86.1%	82.5%	61.5%	37.3%	27.8%	25.3%	20.6%	4.7%	1.3%	0.25%	0.25%	1.35%
Davangere	63.9%	59.9%	51.8%	30.3%	26.9%	18.8%	13.7%	9.4%	8.0%	4.58%	0.45%	0.00%
Dharwad	61.0%	56.2%	41.7%	31.2%	30.4%	24.3%	19.4%	7.6%	4.4%	2.41%	0.37%	0.00%
Gadag	55.5%	45.1%	7.7%	0.6%	0.2%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
Gulbarga	39.8%	33.2%	19.0%	9.9%	13.3%	8.1%	4.9%	0.8%	0.2%	0.01%	0.00%	0.00%
Hassan	4.8%	4.2%	2.9%	1.7%	1.6%	0.7%	1.1%	1.3%	2.0%	3.86%	0.95%	0.05%
Haveri	72.0%	59.2%	18.2%	5.4%	5.1%	2.6%	1.4%	0.1%	0.0%	0.00%	0.00%	0.00%
Kodagu	44.4%	41.7%	37.3%	19.4%	20.8%	18.0%	12.8%	11.2%	9.9%	3.32%	0.00%	0.00%
Kolar	10.9%	11.6%	9.6%	3.6%	3.8%	4.2%	3.7%	2.6%	3.0%	0.49%	0.00%	0.00%
Koppal	40.1%	33.6%	24.0%	7.4%	4.9%	3.8%	3.0%	2.2%	3.2%	2.29%	0.82%	1.30%
Mandya	48.2%	45.5%	35.8%	22.7%	24.8%	15.8%	11.9%	6.8%	0.9%	0.00%	0.62%	0.00%
Mysore	29.8%	25.5%	13.1%	5.1%	4.7%	1.2%	0.9%	0.1%	0.0%	0.00%	0.15%	0.14%
Raichur	16.3%	14.8%	8.9%	2.7%	1.2%	0.3%	0.3%	0.3%	0.1%	0.14%	0.00%	0.00%
Ramnagara	71.7%	58.4%	21.2%	3.7%	2.6%	4.8%	3.4%	0.4%	0.0%	0.00%	0.00%	0.00%
Shimoga	68.3%	58.9%	40.0%	19.0%	17.2%	11.3%	8.1%	1.5%	0.3%	0.05%	0.00%	0.00%
Tumkur	55.6%	53.4%	47.9%	20.9%	17.4%	12.2%	8.1%	2.7%	0.8%	0.65%	0.00%	0.00%
Udupi	90.7%	86.8%	62.4%	24.8%	18.6%	16.1%	10.5%	10.5%	10.3%	7.44%	0.00%	0.00%

Uttara Kannada	69.8%	62.6%	42.8%	17.5%	14.3%	6.7%	4.3%	1.3%	0.7%	0.42%	0.05%	0.00%
Yadagiri	51.3%	45.5%	20.6%	3.7%	2.9%	1.3%	0.7%	0.0%	0.0%	0.00%	0.00%	0.00%

**included the children who were immunized at least once or more i.e. anything other than 0*

Source: Computed from enrolment data provided by WCD

Table 5: District-wise percentage of total children who ever attended an anganwadi

District-wise percentage of total children who ever attended an anganwadi												
	Born before 1.6.2006	**Born between 1.6.2006 and 31.5.2007**	**Born between 1.6.2007 and 31.5.2008**	**Born between 1.6.2008 and 31.5.2009**	**Born between 1.6.2009 and 31.5.2010**	**Born between 1.6.2010 and 31.5.2011**	**Born between 1.6.2011 and 31.5.2012**	**Born between 1.6.2012 and 31.5.2013**	**Born between 1.6.2013 and 31.5.2014**	**Born between 1.6.2014 and 31.5.2015**	**Born between 1.6.2015 and 31.5.2016**	**Born between 1.6.2016 and 31.5.2017**
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Bagalkot	38.5%	21.5%	14.2%	3.7%	0.5%	0.7%	0.3%	0.0%	0.00%	0.00%	0.00%	0.00%
Bangalore rural	25.1%	15.5%	14.9%	10.8%	10.3%	8.6%	2.1%	0.1%	0.00%	0.00%	0.00%	0.00%
Bangalore urban	8.4%	3.5%	2.5%	1.0%	0.4%	0.3%	0.2%	0.1%	0.03%	0.00%	0.00%	0.00%
Belgaum	68.1%	58.8%	52.0%	38.8%	42.5%	33.1%	20.4%	7.9%	2.06%	0.21%	0.03%	0.00%
Bellary	9.8%	5.5%	4.1%	1.7%	2.1%	1.1%	0.9%	0.1%	0.12%	0.02%	0.00%	0.00%
Bidar	3.1%	2.3%	1.5%	15.5%	11.6%	3.0%	1.6%	0.1%	0.01%	0.00%	0.00%	0.00%
Bijapur	11.9%	7.8%	5.0%	1.9%	1.1%	0.4%	0.2%	0.0%	0.00%	0.00%	0.00%	0.00%
Chamrajnagar	70.7%	280.9%	31.9%	4.5%	0.1%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Chikmanglur	5.5%	3.8%	2.7%	0.5%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Chikballapur	6.1%	5.1%	5.7%	1.6%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Chitradurga	33.5%	24.1%	13.7%	7.0%	8.3%	5.1%	3.0%	1.6%	0.70%	0.69%	0.28%	0.00%

Dakshina Kannada	67.5%	58.6%	41.3%	24.6%	22.5%	5.2%	1.9%	0.5%	0.00%	0.00%	0.00%	0.00%
Davangere	25.9%	24.0%	25.4%	15.8%	11.2%	8.9%	7.8%	5.8%	2.87%	1.25%	0.13%	0.00%
Dharwad	35.4%	28.1%	13.6%	10.4%	9.7%	6.8%	4.4%	1.3%	0.09%	0.07%	0.07%	0.00%
Gadag	7.4%	6.9%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Gulbarga	14.8%	11.4%	8.8%	7.3%	5.2%	1.7%	1.1%	0.2%	0.13%	0.02%	0.00%	0.00%
Hassan	2.1%	2.1%	0.3%	0.8%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Haveri	55.7%	41.8%	15.7%	5.5%	5.4%	1.7%	0.9%	0.1%	0.01%	0.00%	0.00%	0.00%
Kodagu	41.1%	28.3%	26.2%	14.9%	19.0%	16.3%	10.4%	9.7%	8.67%	2.40%	0.00%	0.00%
Kolar	3.9%	2.7%	3.6%	1.6%	3.5%	2.3%	2.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Koppal	26.7%	14.9%	16.4%	3.8%	1.1%	1.6%	0.7%	0.4%	0.38%	0.28%	0.03%	0.00%
Mandya	35.5%	28.0%	29.1%	9.9%	9.1%	6.0%	2.5%	0.1%	0.00%	0.00%	0.00%	0.00%
Mysore	14.2%	9.2%	2.5%	2.4%	2.8%	0.7%	0.5%	0.0%	0.00%	0.00%	0.00%	0.00%
Raichur	1.6%	0.9%	0.3%	0.1%	0.0%	0.0%	0.1%	0.0%	0.01%	0.00%	0.00%	0.00%
Ramnagara	50.3%	36.7%	16.8%	2.5%	1.3%	3.8%	1.9%	0.5%	0.00%	0.00%	0.00%	0.00%
Shimoga	49.7%	31.4%	16.0%	5.4%	7.1%	4.6%	3.0%	0.0%	0.00%	0.00%	0.00%	0.00%
Tumkur	21.2%	17.5%	17.2%	9.2%	8.1%	5.6%	4.0%	2.4%	0.80%	0.61%	0.00%	0.00%
Udupi	77.2%	66.9%	36.8%	6.3%	3.4%	1.7%	0.7%	0.2%	0.00%	0.00%	0.00%	0.00%
Uttara Kannada	45.2%	44.9%	35.8%	15.9%	13.0%	6.3%	6.4%	5.5%	3.48%	2.88%	0.39%	0.00%
Yadagiri	23.8%	14.8%	9.1%	3.0%	3.0%	1.2%	0.8	0.2%	0.00%	0.00%	0.00%	0.00%

Source: Computed from enrolment data provided by WCD

Table 6: District-wise percentage of total children who ever attended school

District-wise percentage of total children who ever attended school						
	Born before 1.6.2006	**Born between 1.6.2006 and 31.5.2007**	**Born between 1.6.2007 and 31.5.2008**	**Born between 1.6.2008 and 31.5.2009**	**Born between 1.6.2009 and 31.5.2010**	**Born between 1.6.2010 and 31.5.2011**

	1	2	3	4	5	6
Bagalkot	61.8%	50.8%	34.9%	8.8%	0.08%	0.00%
Bangalore rural	72.6%	64.7%	53.6%	12.9%	0.13%	0.05%
Bangalore urban	41.8%	36.1%	25.8%	7.9%	0.11%	0.00%
Belgaum	81.5%	70.5%	52.1%	13.2%	0.35%	0.02%
Bellary	72.7%	63.2%	45.7%	8.4%	0.32%	0.04%
Bidar	11.1%	11.3%	11.1%	3.1%	0.14%	0.00%
Bijapur	42.0%	35.0%	21.3%	4.2%	0.01%	0.00%
Chamrajnagar	52.8%	48.9%	20.2%	2.4%	0.00%	0.00%
Chikmanglur	54.1%	47.0%	25.9%	4.3%	0.07%	0.00%
Chikballapur	51.4%	44.8%	28.4%	6.5%	0.11%	0.00%
Chitradurga	67.4%	61.8%	38.8%	6.9%	0.02%	0.00%
Dakshina Kannada	95.0%	94.4%	86.3%	14.7%	0.06%	0.00%
Davangere	70.2%	63.5%	46.1%	7.4%	0.15%	0.00%
Dharwad	77.4%	71.4%	55.8%	9.1%	0.13%	0.01%
Gadag	75.4%	70.0%	55.8%	9.0%	0.03%	0.00%
Gulbarga	35.9%	32.3%	19.7%	3.6%	0.39%	0.04%
Hassan	61.8%	50.5%	25.3%	4.7%	0.08%	0.00%
Haveri	80.9%	74.3%	57.5%	8.6%	0.11%	0.00%
Kodagu	79.4%	72.7%	60.3%	8.4%	0.06%	0.00%
Kolar	33.2%	29.2%	17.4%	3.1%	0.05%	0.00%
Koppal	71.9%	66.1%	52.7%	7.7%	0.01%	0.00%
Mandya	60.1%	52.3%	37.9%	6.5%	0.18%	0.00%
Mysore	58.3%	48.8%	28.8%	5.3%	0.09%	0.00%
Raichur	32.1%	28.4%	21.0%	4.1%	0.11%	0.01%
Ramnagara	67.7%	52.9%	19.0%	2.9%	0.00%	0.02%
Shimoga	88.8%	78.0%	54.3%	7.5%	0.01%	0.00%
Tumkur	72.5%	64.4%	50.6%	8.2%	0.11%	0.00%

Udupi	96.1%	92.5%	82.6%	11.3%	0.03%	0.00%
Uttara Kannada	88.5%	83.5%	65.3%	10.5%	0.02%	0.00%
Yadagiri	39.9%	26.8%	9.7%	2.3%	0.12%	0.00%

Source: Computed from enrolment data provided by WCD

Table 7: District-wise year-wise number of claims and their respective amounts

Data on health insurance claims made by BL enrollees								
	2006-07		**2007-08**		**2008-09**		**TOTAL**	
	No. of claims	**Amount**	**No. of claims**	**Amount**	**No. of claims**	**Amount**	**No. of claims**	**Amount**
Bagalkot	4	57195	8	89804	4	58279	16	205278
Bangalore urban	4	100000	2	22472	1	21777	7	144249
Bangalore Rural	2	50000	2	40169	-	-	4	90169
Belgaum	6	104649	6	80973	5	68099	17	253721
Bellary	1	16700	4	60496	-	-	5	77196
Bidar	0	-	-	-	1	19488	1	19488
Bijapur	3	32840	4	48817	-	-	7	81657
Chamarajanagar	2	26853	2	45651	-	-	4	72504
Chikkaballapura	-	-	-	-	-	-	0	0
Chikmagalur	3	34211	2	4990	-	-	5	39201
Chitradurga	10	124688	5	42640	1	25000	16	192328
Dakshina Kannada	2	19094	2	26866	-	-	4	45960

Davanagere	5	80047	2	10325	2	8542	9	98914
Dharwad	-	-	1	20291	-	-	1	20291
Gadag	4	71948	-	-	1	8849	5	80797
Gulbarga	2	10790	3	26163	-	-	5	36953
Hassan	8	118370	1	7539	1	7807	10	133716
Haveri	4	42835	4	42969	1	9360	9	95164
Kodagu	-	-	-	-	-	-	0	0
Kolar	3	66800	3	33248	4	77111	10	177159
Koppal	1	4965	1	1982	1	17945	3	24892
Mandya	1	25000	-	-	2	4826	3	29826
Mysore	7	108177	4	16069	1	10000	12	134246
Raichur	3	25242	4	73578	-	-	7	98820
Ramanagara	-	-	-	-	-	-	0	0
Shimoga	3	46960	3	42960	2	40915	8	130835
Tumkur	5	73463	6	83189	1	4230	12	160882
Udupi	1	25000	2	17461	2	8957	5	51418
Uttara Kannada	6	91793	3	30842	2	14570	11	137205
Yadgir	-	-	-	-	-	-	0	0
TOTAL	**90**	**1357620**	**74**	**869494**	**32**	**405755**	**196**	**2632869**

Source: LIC, data provided by WCD, Government of Karnataka

Table 8: Year-wise number of claims on parents' deaths, accidents and disabilities

2006-07		**2007-08**		**2008-09**		**2008-09(II)**		**2009-10**		**2010-11**		**2011-12**		**2012-13**		**2013-14**		**Total**	
No.	**Amount**	**No**	**Amount**	**No**	**Amount**	**No**	**Amount**	**No**	**Amount**	**No**	**Amount**	**No**	**Amount**	**No**	**Amount**	**No**	**Amount**	**Tot No.**	**Amount**
173	**7655000**	**171**	**7555000**	**76**	**3435000**	**51**	**1620000**	**66**	**2115000**	**48**	**1575000**	**32**	**1050000**	**11**	**330000**	**1**	**30000**	**629**	**25365000**

120	5445000	142	6280000	52	2282500	44	1365000	58	1830000	46	1380000	6	180000	11	330000	4	120000	483	19212500
174	7812500	164	7375000	80	3432500	67	2145000	24	720000	12	405000	4	120000	3	90000	2	60000	530	22160000
316	14092500	312	14052500	132	6000000	157	4935000	165	5085000	141	4365000	51	1575000	26	780000	8	240000	1308	51125000
130	5655000	163	6927500	76	3230000	52	1560000	76	2280000	51	1575000	17	555000	12	360000	1	30000	578	22172500
44	2042500	33	1460000	14	65250	6	180000	17	510000	7	210000	3	90000	0	0	0	0	124	5145000
70	3032500	85	3857500	29	1290000	42	1350000	34	1065000	26	780000	6	180000	4	120000	1	30000	297	11705000
71	3017500	59	2565000	29	1290000	26	825000	28	885000	30	900000	24	720000	13	390000	6	180000	286	10772500
100	4495000	63	2907500	26	1105000	22	660000	38	1230000	27	855000	15	450000	7	210000	4	120000	302	12032500
138	6267500	164	7445000	56	2567500	66	2160000	78	2520000	53	1635000	34	111000	18	540000	3	90000	610	24335000
80	3472500	54	2382500	20	82250	19	570000	25	930000	17	555000	14	420000	5	150000	5	150000	239	9452500
157	7075000	148	6780000	50	2125000	65	1950000	70	2280000	46	1425000	20	645000	17	555000	5	150000	578	22985000
152	6590000	123	5342500	40	1757500	39	1170000	68	2130000	54	1755000	19	660000	21	675000	4	120000	520	20200000
165	7127500	143	6192500	46	2012500	51	1530000	64	1920000	33	1080000	18	585000	8	285000	1	30000	529	20762500
178	7695000	191	8232500	82	3542500	116	3480000	100	3090000	42	1260000	14	420000	12	360000	1	30000	736	28110000
105	4952500	95	4670000	33	1517500	34	1110000	51	1620000	31	1155000	15	540000	8	240000	2	60000	374	15865000

165	738750	149	6735000	63	279250	64	2010000	53	1725000	49	1560000	18	540000	16	480000	3	90000	580	23320000
32	164750	23	1035000	18	85500	7	255000	10	300000	5	150000	4	120000	4	120000	0	0	103	4482500
131	587000	118	5332500	53	232500	46	1380000	16	480000	18	585000	8	240000	6	180000	1	30000	397	16422500
76	340250	163	6790000	61	270750	63	1890000	82	2550000	44	1320000	17	510000	10	300000	0	0	516	19470000
198	860250	210	9327500	90	388250	80	2490000	108	3375000	73	2235000	43	133500	25	795000	12	360000	839	32402500
217	293750	204	9072500	87	375500	90	2700000	114	3510000	72	2160000	36	112500	14	420000	5	150000	839	25830000
98	512250	112	4760000	38	161500	45	279000	63	1935000	34	1020000	10	390000	8	240000	0	0	408	15361500
169	741250	156	6860000	61	278000	56	1770000	76	2325000	31	930000	22	705000	17	510000	6	225000	594	23517500
265	121975	232	10607500	88	391250	72	2385000	111	3645000	61	2010000	25	750000	17	510000	7	210000	878	36227500
61	293750	63	3080000	25	112000	34	1020000	19	615000	20	645000	17	510000	14	420000	3	135000	256	10482500
123	563000	95	4152500	38	184500	34	1020000	61	2010000	31	930000	21	630000	18	540000	8	240000	429	16997500
0	0	0	0	0	0	0	0	42	1260000	34	1020000	13	390000	11	330000	1	30000	101	3030000
0	0	0	0	0	0	0	0	39	1170000	24	765000	12	360000	9	270000	0	0	84	2565000
0	0	0	0	0	0	1	30000	5	150000	17	510000	6	180000	5	150000	1	30000	35	1050000
3708	159575	3635	161777500	1463	6465250	1449	4383900	1761	5526000	1177	3675000	544	17085000	350	10680000	95	294000	14182	40894150

Source: LIC, data provided by DWCD, GoK

Table 9: Critical indicators of conditionalities for Karnataka

	1990	2012
Maternal mortality rate	316	144 (2012)
Infant mortality rate	70	32 (2012)
Ratio of girls to boys in primary education	0.76	0.93 (2013-14)
Ratio of girls to boys in secondary education	0.60	1.02 (2013-14)

Source: Draft MDG Report, GoI.

Table 10: Total registered female live births

District	Total registered female live births
Bangalore urban	403441
Haveri	84586
Tumkur	113950
Raichur	104622
Gulbarga	185604
Dharawad	117898
Bijapur	180227
Yadgiri	59122
Bagalkot	141617
Mysore	143147
Bellary	175323
Bidar	119778
Davanagere	114264
Belgaum	266823
Koppal	114671
Uttara kannada	74379
Dakshinakannada	113669

Chikmagalur	49396
Kolar	74521
Chamarajanagar	50796
Chitradurga	79241
Udupi	54586
Hassan	76423
Shimoga	98864
Chikkaballapura	38225
Mandya	64118
Gadag	66541
Ramanagara	39587
Kodagu	24474
Bangalore rural	34381
KARNATAKA	**3209295**

Source: The total number of registered live births was extracted from the Karnataka State At A Glance reports from the Directorate of Economics and Statistics website. It has been taken as the sum of the registered live births, and the late registered live births for that year.