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RESEARCH AND EVIDENCE PAPER 12

CLARISSA CASH PLUS SOCIAL PROTECTION INTERVENTION: AN EVALUATION

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ABOUT THIS RESEARCH AND EVIDENCE PAPER

This paper presents the results of the multi-method evaluation of the CLARISSA Cash Plus pilot, which was an innovative social protection scheme for tackling social ills, including the worst forms of child labour. A universal and unconditional 'cash plus' programme, it combined community mobilisation, case work, and cash transfers, and was implemented across a high-density, low-income neighbourhood in Dhaka. Findings show that the intervention was impactful in reducing people's poverty and increasing their wellbeing and resilience. Impacts on work and working conditions were present but limited, quite likely because impact pathways on this ultimate outcome are complex and overlapping. The positive synergies between cash and non-cash components were marked and strongly suggest the need to replicate and scale an intervention of this nature. Recommendations from the evidence are offered for government, donors, and civil society.

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Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA) is a consortium of organisations committed to building a participatory evidence base and generating innovative solutions to the worst forms of child labour in Bangladesh and Nepal.

EXECUTIVE SUMMARY

The CLARISSA Cash Plus intervention represented an innovative social protection scheme for tackling social ills, including the worst forms of child labour (WFCL). A universal and unconditional 'cash plus' programme, it combined community mobilisation, case work, and cash transfers (CTs). It was implemented in a high-density, low-income neighbourhood in Dhaka to build individual, family, and group capacities to meet needs. This, in turn, was expected to lead to a corresponding decrease in deprivation and community-identified social issues that negatively affect wellbeing, including WFCL.

Four principles underpinned the intervention:

- **Unconditionality: Recipients were free to engage with community support, case work, and CTs in any way they chose without *a priori* expectations or requirements.**
- **Universality: All community members received CTs and were invited to engage with other support, regardless of socioeconomic conditions.**
- **Needs-centred and people-led: Community mobilisation and case work was built around and led by the needs and desires expressed by community members.**
- **Emergent and open-ended: Programme implementers remained open as to what issues to focus on and with whom, and adapted accordingly throughout the intervention period.**

Intervention design

CTs were provided between January and June 2023 in monthly instalments, plus one investment transfer in September 2023. Transfers were set at BDT* 2,200 (US$20)** per household, plus BDT 500 (US$5) for each child. The aim was for the amounts to be high enough to be impactful and small enough to be replicable. Cash was received by one nominated household representative. A total of 1,573 households received cash, through the Upay mobile financial service. Cash was complemented by a 'plus' component, implemented between October 2021 and December 2023. Referred to as relational needs-based community organising (NBCO), a team of 20 community mobilisers (CMs) delivered case work at the individual and family level and community mobilisation at group level.

Research design

Our research was underpinned by theory-based evaluation, with the project's theory of change (ToC) identifying individual, household, and community capacities to withstand shocks and meet needs as outcomes within the intervention's sphere of direct influence, and the improvement of wellbeing, reduction of deprivation, and reduction of WFCL as ultimate outcomes expected to be indirectly influenced.

The impact question guiding this evaluation was: **For whom, under what conditions, and why does the intervention improve the ability to choose alternatives to WFCL?** The learning question was: **How does the cash transfer influence the effectiveness of the [relational] NBCO activities?**

The evaluation combined multiple methods over more than three years, including quasi-experimental difference-in-differences estimates, time-series data analysis, qualitative data, micronarrative reports, and ethnographic study.

Key findings

1 Although the Government of Bangladesh (GoB) has rolled out multiple social protection schemes for the poor, their patchy coverage still leaves major gaps through which the poor often fall, whilst access challenges prevent many of the eligible from accessing support.

2 Health shocks are among the most frequent and detrimental shocks faced by residents of low-income neighbourhoods, with direct and indirect costs of navigating them often leading to (re)immiseration. Few residents (are able to) access health insurance schemes or other support that could mitigate the impact of such shocks.

* Bangladeshi taka.
** All US dollar equivalents are approximate, as of 8 May 2024 (from XE.com).

3 In this context, unconditional CTs promote resilience in the face of crisis. CTs increase resources, enhance financial resilience, and support families to absorb shocks without having to turn to damaging coping strategies such as sending children to work.

4 Unconditional and universal CTs combined with case work and community support has a positive impact on family wellbeing. The programme reduced poverty, provided a buffer against food insecurity, and strengthened economic activities.

5 Unconditional and universal CTs combined with case work and community support empowers families to take control of their own lives and feel hope for the future. The programme led to improvements in household ability to earn sufficient income through enabling investments in productive assets, improved resilience, and promoted a greater sense of agency.

6 Unconditional and universal CTs combined with case work and community support has the potential to reduce children's engagement with paid work, especially for older children.

7 Unconditional and universal CTs combined with case work and community support facilitate re-entry into school, with cash lowering financial barriers to entry and community mobilisers acting as liaisons between families and the schools.

8 Alongside cash, community mobiliser support and household-level case work function as a form of social protection, with benefits enhanced due to the combination with cash. Community mobilisers work as a kind of 'human last mile' able to connect the urban poor to services; improve access to and take-up of existing social protection mechanisms; advocate for resident interests; and provide a range of bespoke services tailored to recipient needs, such as employment training programmes.

9 The bottom-up, participant-led approach to designing case work and community support facilitates the development of tailored, household-appropriate interventions that respond more directly to needs articulated by beneficiaries.

These findings have substantial implications for public policy. It evidences the importance of extending unconditional cash support, providing a solid cash floor – such as in the form of a universal basic income – on which people can stand. Coupling this with the establishment of a cadre of needs-based community organisers could have transformative impacts in terms of reducing poverty and improving family wellbeing, and – crucially – help to shift the needle on the plight of the many children working in hazardous and dangerous conditions.

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ACRONYMS AND ABBREVIATIONS

BDT Bangladeshi taka

BIGD BRAC Institute of Governance and Development

CM community mobiliser

CS contribution score

CT cash transfer

DiD difference-in-differences

FCDO Foreign, Commonwealth & Development Office

FGD focus group discussion

GoB Government of Bangladesh

IDI in-depth interview

IDS Institute of Development Studies

IPW Inverse Probability Weighting

KII key informant interview

NBCO needs-based community organising

NGO non-governmental organisation

NSIS National Social Insurance Schemes

NSSS National Social Security Strategy

PPI Poverty Probability Index

PPP purchasing power parity

SP social protection

Tdh Terre des hommes

ToC theory of change

UBI universal basic income

WFCL worst forms of child labour

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ASSESSING THE QUALITY OF CLARISSA'S EVIDENCE IN THIS PAPER

Across the CLARISSA consortium, quality of evidence rubrics are used 'to make transparent how strong we think the evidence is for the claims we are making resulting from CLARISSA research' (CLARISSA 2023: 2). With respect to evaluation research, these include five criteria, namely transparency, triangulation, representativeness, uniqueness, and plausibility. See Table 1 for the assessment of our evidence along these criteria.

Table 1: Assessing the quality of CLARISSA's evidence in this paper

Dimension	1	2	3	4	5	Impact evaluation: reasoning	1	2	3	4	5	Synergy analysis: reasoning
Transparency is about being open about where evidence for the change narrative comes from. Openness refers to who collected the data, who it was collected from and how it was collected, as well as how this was driven by a robust evaluation design.					●	The methodology is detailed in section 4 and explains how the mix of four methods (all imperfect) lead to a highly plausible account of the impacts of the SP intervention.					●	Section 4 explains how the mix of four methods (all imperfect) lead to a highly plausible account of the impacts of the SP intervention.
Triangulation relates to use of multiple methods to build a nuanced understanding of change in complex systems, by working with multiple theories and using data from different sources and lines of evidence.					●	Sources of evidence and data collection methods are clearly explained. Data limitations and alternative interpretations, and the plausibility of alternative explanations, are clearly discussed. Data collection protocols are available.				●		Multiple lines of evidence from multiple sources corroborate the connection between intervention and outcome.

Table 1: Assessing the quality of CLARISSA's evidence in this paper (cont.)

Dimension	1	2	3	4	5	Impact evaluation: reasoning	1	2	3	4	5	Synergy analysis: reasoning
Representativeness is defined based on the participatory ethos of CLARISSA. It refers to the extent to which the voices of those affected by an issue are central in the evidence that is presented, and how they have participated in different parts of the process that has generated the evidence (design, data gathering, analysis, presenting).			●			Evidence about the views or experiences of participants where they have been directly asked, gathered through processes driven by CLARISSA staff and from CLARISSA staff observations. Participants are not involved in analysis.					●	Evidence directly from participants, with high levels of participants' agency in the research process, analysis, and resulting actions. The evidence may contain contradictory views that represent unique viewpoints from different groups.
Uniqueness is about the level of confidence we have in our proposed narrative of the actual contribution of the programme. It requires detailed and nuanced explanation of the link between the intervention and the outcome, identifying if there is distinctiveness of effect and by trying to rule out other factors that may have caused the outcome.				●		The evidence is highly specific to the intervention. The outcome demonstrates a very distinctive effect pattern, clearly connected to the intervention. Alternative explanations are implausible.					●	The evidence is highly specific to the intervention. The outcome demonstrates a very distinctive effect pattern, clearly connected to the intervention. Alternative explanations are implausible.
Plausibility The narrative of change described in the evaluation should provide a clear and logical thread that follows the data.				●		Highly convincing account, clearly and logically signposting key steps and specific data connecting intervention to outcome. Conclusions drawn unambiguously follow the data.					●	Highly convincing account, clearly and logically signposting key steps and specific data connecting intervention to outcome. Conclusions drawn unambiguously follow the data.

Source: Authors' own.

Section 1:

INTRODUCTION

1 INTRODUCTION

Social protection (SP) has grown rapidly in recent decades and is widely recognised as a cornerstone of prosperous, just societies. Interventions, and cash transfers (CTs) especially, have been found to have positive impacts on children's and families' lives (Bastagli *et al*. 2019), including around children's work (de Hoop and Rosati 2013; Dammert *et al*. 2018). Yet CTs are often stringently targeted and conditional. In addition, while an increasing number of CTs are combined with complementary support such as coaching or skills training (also referred to as 'cash plus') (Roelen *et al*. 2017), many are delivered in a highly standardised manner with limited focus on individuals' needs and relationships or the potential for collective action.

By contrast, the CLARISSA (Child Labour: Action-Research-Innovation in South and South-Eastern Asia) Cash Plus SP intervention offered unconditional and universal support across an entire community, placing needs and relationships front and centre. Long-term relational engagement provided by community mobilisers (CMs) was complemented with monthly CTs. Supporting community members to identify and address issues that they consider as most pressing is a radical departure from most existing 'plus' components in 'cash plus' interventions.

The CLARISSA Cash Plus intervention also innovated substantially in relation to mainstream child labour policy. Critics argue that mainstream efforts tend to be counter-productively targeted, top-down, and technical (Bourdillon *et al*. 2010; Aufseeser *et al*. 2018; Bourdillon and Carothers 2019; LeBaron *et al*. 2018; Howard and Okyere 2022; Maconachie, Howard and Bock 2022; Sabates-Wheeler *et al*. 2023). That is, they: (i) abstract children from the social contexts in which they are embedded; (ii) act on rather than with children and their communities; (iii) fail to address the poverty and insecurity underpinning children's work; and (iv) fail to advance the wellbeing that is implicitly the goal of all child labour strategising.

The CLARISSA Cash Plus intervention departed from these tendencies. First, it rejected any targeting. Instead of working with children separate from their families or with families separate from their communities, it took place universally across an entire low-income neighbourhood associated with difficult, dangerous, or dirty (child) work. This meant that **all** residents were eligible to participate. Second, it was unconditional, in that no behavioural requirements were attached to participation. Third, it was participant-led, with community members identifying the problems they wanted help to address. Fourth, it attempted to address the material underpinnings of difficult work through responding to poverty and insecurity via the delivery of unconditional CTs. Fifth, its immediate goal was not the reduction of child labour *per se* but rather an increase in the capacities of individuals, families, and community groups to manage economic shocks, build alternative livelihoods, and improve their wellbeing, which we expected **also** to translate into a reduction of child labour.

The intervention took place in a high-density and low-income neighbourhood in Dhaka – North Gojmohol – from October 2021 to December 2023, to test and study the impact of providing unconditional and people-led support to everyone in a community. It was part of the wider CLARISSA programme, led by the Institute of Development Studies (IDS) and funded by UK's Foreign, Commonwealth & Development Office (FCDO).[1] The intervention was implemented by Terre des hommes (Tdh) in Bangladesh and evaluated in collaboration with the BRAC Institute of Governance and Development (BIGD) and researchers from the University of Bath and the Open University, UK.

1 See **CLARISSA** website.

Section 2:

A CONTEXT OF DEEP POVERTY

2 A CONTEXT OF DEEP POVERTY

The CLARISSA Cash Plus pilot began with a situational analysis (Roelen *et al*. 2020) and needs assessment (CLARISSA SP Team 2021) looking at the lives of children and their families across North Gojmohol. This offered insights into livelihoods, living standards, and patterns of/reasons for children's work, as well as community, family, and individual needs.

Both the situational analysis and needs assessment show that **poverty in North Gojmohol is widespread and multifaceted**. In early 2020, at the time of the situational analysis, monthly household earnings were low, ranging from BDT 6,000 to 25,000 (US$55–230). Daily wages for adults varied, with women generally earning less than men. Ownership of income-generating assets, such as rickshaws, significantly affected earnings, with higher incomes reported for those owning their assets. Earning also varied with occupation, with business owners and service providers better off compared to manual labourers. Seasonal fluctuations affected earnings too, with variations during different times of the year and special occasions like Eid.

Families in North Gojmohol face **multiple shocks on an ongoing basis**, which both reflect and recreate their poverty. Large socioeconomic shocks that affected the whole community during the period of programme implementation included the after-effects of the Covid-19 pandemic, and high inflation and increase in cost of living from mid-2022 onwards. Households were also commonly affected by job loss and disruptions. Crucially, the situational analysis and needs assessment testify to **the vital importance and enormous impact that health shocks have on households**.

In most cases, **households must rely on a variety of emergency coping strategies that provide short-term succour but at long-term cost**. This includes reducing food consumption, taking children out of school, taking on extra work, borrowing from expensive lenders, and putting children in (hazardous) employment. Access to existing social protection and health support was extremely limited prior to the start of the intervention.

The reliance on erosive coping strategies must be understood in the context of constrained choice. The needs assessment indicated that despite the universal wish to save, **most respondents found themselves unable to do so** due to low income. Community members prefer to save with trusted entities like the City Corporation Insurance Company, Popular Insurance Company, and the local non-governmental organisation (NGO), Association for Social Advancement. Banks, while considered a secure means of saving, are less favoured due to their complex formalities and the potential for harassment, making them the least preferred option for respondents seeking to save smaller amounts.

Unsurprisingly, the **need to borrow money is widespread**. Reasons for taking loans include investing in businesses or assets, covering major expenses like weddings or health crises, and facilitating daily expenditures due to poverty. NGOs are preferred credit providers, because of their relatively lower interest rates. However, obtaining loans from NGOs comes with challenges, such as the need for guarantors and rigorous eligibility criteria that exclude many potential borrowers. Informal loans from individuals are also common but come with difficulties, including high interest rates and reluctance from lenders to offer loans to the poor for fear of non-repayment. The process of obtaining loans, whether formal or informal, is fraught with delays, paperwork, and the need for collateral or guarantors. Repaying loans is universally acknowledged as challenging, with borrowers facing harassment in the form of verbal and even physical abuse for failure to meet repayment terms. Terms of repayment can be harsh, with immediate interest accumulation and high rates, and strict penalties for missed instalments.

Against this backdrop, the situational analysis and needs assessment pointed to **children's widespread engagement with work**. Based on qualitative estimates, 80–90 per cent of children, predominantly starting from age 10–11, are engaged in work of some kind. Both boys and girls work, although girls' work tends to be more home-based and takes place alongside household chores, which reflects the strong patriarchal norms governing social life. Work intensity peaks during specific religious and festive occasions.

Poverty drives the necessity for children to work, with families relying on additional income due to insufficient earnings, disabilities, or illnesses among adult family members. At the time of the situational analysis, children's wages ranged from BDT 2,000 to 10,000 (US$18–91), affected by age, skill, and gender. Boys typically earn more than girls. A significant portion of children's earnings goes to the parents, particularly mothers.

Working conditions for children are often poor and at times dangerous, with risks of physical and verbal abuse, exposure to harmful substances, and accidents. This said, many children and their parents report satisfactory work environments and children and families frequently exercise agency in 'upgrading' working conditions through negotiation or by shifting employers.

Children have mixed feelings about working, with pride in contributing to family income, acceptance of the necessity of work, but also sadness over missing out on education. Parents have similar feelings, and many voice regret over their children's need to work and in recognition of the missed opportunity for better futures through education. Children are sometimes able to combine work and study, and it is not uncommon for the money that children earn through work to facilitate their education. But this combination is hindered by the mental and physical demands of labour. Parents express willingness to prioritise education if financial circumstances allow, but the reality of poverty often prevails.

Given the above context, it should be unsurprising that community members were overwhelmingly positive about the potential benefits of additional income of the kind provided by CTs. Prior to the intervention and then throughout its course, community members argued that additional income is vital for **dealing with poverty and its associated shocks, paying for children's education, building up savings, and creating income-generating opportunities**.

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Section 3:

INTERVENTION DESIGN

3 INTERVENTION DESIGN

The CLARISSA Cash Plus intervention was implemented over a 27-month period, between October 2021 and December 2023 (see Figure 1). During the first 15 months, the CMs provided individual- and family-level support as well as group- and community-level facilitation. CTs were introduced in January 2023 alongside continued CM support, with monthly payments delivered to all households via a mobile financial service provider for six months. A further investment grant was paid to all households in September 2023.

3.1 INTERVENTION GUIDING PRINCIPLES

The CLARISSA Cash Plus intervention was based on four central principles, which each represented a substantial departure from common practice in social protection and child labour programming.

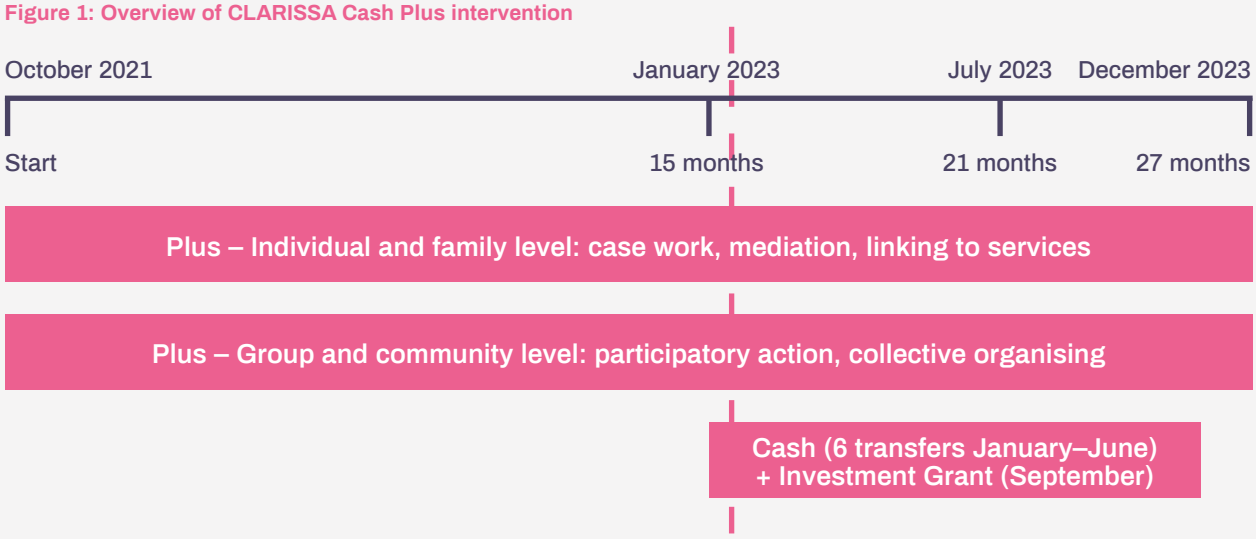
First, **the intervention was universal**. Whereas most child labour and the majority of social protection schemes tend to be narrowly targeted to particular vulnerable groups, the CLARISSA Cash Plus intervention took place across an entire community, with every household eligible for both the relational and cash component. This decision aimed to avoid the ethical pitfalls associated with within-community targeting and acknowledged the widespread poverty that almost all community members faced.

Second, **the intervention was unconditional**. Many CTs aiming to improve children's outcomes or family wellbeing are conditional, making receipt of cash contingent on school attendance or health check-ups, for example. The ethics and effectiveness of conditionality are both contested, and it is known that conditions can have far-reaching negative consequences (Roelen 2014; Cookson 2018; Olivier de Sardan and Piccoli 2018; Howard 2020). The CLARISSA Cash Plus intervention had no such conditions, allowing participants to make decisions they felt were most appropriate.

Third, **the intervention was needs-centred and people-led**. Every human has needs and experiences suffering when those needs are unmet. Acknowledging the importance of human needs, being attentive to them, and finding ways of meeting them were foundational to the intervention. In contrast to common practice in SP and child labour policy, CM engagement built around and was led by the needs and desires expressed by the people they worked with, collaboratively and creatively formulating (new) ways of meeting those needs.

Fourth, **the intervention was open-ended and emergent**. Instead of pushing participants in a specific direction (towards, for example, 'child issues' like labour or schooling), CMs were trained to remain open as to what issues to focus on and with whom. This recognised that desirable and undesirable social phenomena have

Figure 1: Overview of CLARISSA Cash Plus intervention



Source: Authors' own.

Table 2: Layers of engagement of the 'plus' relational NBCO component

Layer of engagement	Types of activities	Examples
Individuals	Referrals, coaching, safeguarding	Helping with application for SP allowances and funds for chronic illness; offering business advice; providing emotional support
Families/households	Coaching, mediation, livelihood planning	Mediating in household disputes; supporting family decision-making regarding children's education
Groups/community	Group formation, research–action–reflection, coalition building	Facilitating community and collective action groups (adults and children); organising community events; establishing health camps

Source: Authors' own.

causes which interlink and overlap, and that change often happens in unanticipated ways, with the most effective route not always the most obvious or direct. It further recognised that relational support is more likely to be appropriate and effective if CMs invest their time and energy in **service** to community members, building the connections and trust necessary to foster locally led change.

This approach was theoretically supported by evidence from disciplines as diverse as management studies (Scharmer 2007, 2016), organisation studies (Ganz 2017), economics (Max-Neef, Elizalde-Hevia and Hopenhayn 1989), and critical pedagogy (Ollis 2011). It was also inspired by indigenous theorising from cultures rooted in the Andes (Villalba 2013), the Maori islands (Tuhiwai Smith 1999), and South Asia (Rajkobal 2019). All of these traditions emphasise that nurturing relationships enable what Social Design theorist, Hilary Cottam (2018: 205), has called 'the growth of further capability', including the capability to resolve problems. In this respect, they are what Martha Nussbaum refers to as 'architectonic' (e.g. 2012). Our anticipation was that growing collective capacity in this way would, in and of itself, contribute to enhanced wellbeing in the community with, in turn, the potential to positively impact upon children's experience of work.

3.2 INTERVENTION COMPONENTS

The intervention consisted of two components, namely the 'plus' – or relational component – and the cash component.

3.2.1 Relational component

The relational component involved needs-based community organising (NBCO) with a group of 20 CMs who worked from a centrally located office from October 2021 until December 2023. Their goal was to collaborate with community members at the individual, family, and group level to identify needs, mobilise resources to address those needs, and to grow agency and capacity of the people they worked with in the process (see Table 2). In contrast to traditional interventions which rely on top-down, criteria-focused methods of selection, the choice to collaborate with CMs was left to individuals, families, and groups of community members. This honoured their own willingness and constraints to participation, created ownership, and enhanced effectiveness.

In a community of roughly 1,500 households, the caseload for CMs was roughly 1:75. This is higher than typical for social work but lower than usual for community organising. This caseload is in line with many other 'cash plus' or economic inclusion programmes (Sumanthiran and Roelen 2023). CMs received extensive training in core skills such as deep listening and empathic presence through Nonviolent Communication, facilitation, conflict mediation, disability inclusion, and safeguarding before and during programme implementation.

3.2.2 Cash component

The six monthly CTs were delivered in the form of mobile payments between January and June 2023, coinciding with the ongoing NBCO. In addition, a one-off payment – labelled an investment grant – was provided

Table 3: Detailed implementation timeline

Objective	Process	2020	2021	2022	2023
Intervention area exploration	Area mapping	October			
	Census survey	November–December			
	Situational analysis	November			
	Service/resource mapping		January		
	Needs assessment		October		
Needs-based community organising (NBCO)	Casework (coaching, mediation, livelihood planning)		Start November		End November
	Group and collective action			Start June	End September
	Health camp			Start December	End December
	Income-generating activities training			Start November	End September
	Referral and linkage to services		Start November		End November
	Coordination meeting with service providers			October	May
	Micronarrative			Start January	End November
	Bi-monthly household monitoring		Start October		End November
Cash transfer (CT)	Stakeholder consultation on CT design	Start March		End December	
	Community mobilisation on the CT process			December	
	New household registration			December	
	Partnership with mobile financial service provider			September	
	Supporting cash recipients to open mobile wallets			December	
	Complaint Feedback and Response Mechanism			Start December	End September
	Online CT from Upay to cash recipients				January–September

Source: Authors' own.

in September 2023. Monthly transfers consisted of a basic amount of BDT 2,000 (US$18) for all households. Recognising greater levels of vulnerability associated with children, this was topped up with BDT 500 (US$5) for each child living within the household. Transfer amounts were determined through consultations with the Cash Working Group in Bangladesh, which brings together all key agencies using cash as a form of social or humanitarian assistance in the country, ensuring that it would be large enough to make a meaningful difference, and small enough to be potentially replicable and scalable by government. The investment grant in September 2023 was BDT 2,000 (US$18) per household, regardless of size, which was largely determined by budget considerations. The average household received BDT 3,200 (US$29) per month.

Cash was transferred to a designated household representative through their mobile phone, after having set up a mobile account with financial service provider Upay. Households decided themselves who would be the representative, with CMs encouraging them to select the person best able to use the transfer for the benefit of all. Fifty-six per cent of the designated recipients were female.

3.3 ADAPTIVE DESIGN AND IMPLEMENTATION

Design and implementation of the intervention had to be adapted on numerous occasions. First, the Covid-19 pandemic delayed activities and limited face-to-face interactions for an extended period. Second, budget cuts and continued uncertainty about the availability of funding between 2021 and 2023 led to substantial delays and changes to programme design. Notably, the original design included 18 months of CTs, with payments due to start in February 2022. A series of budget cuts by FCDO, the first in early 2021, ultimately led to CTs being reduced from 18 to six months. This necessarily limited impact and represents a substantial scientific loss, since a longer intervention would have enabled data to speak not only to conversations around CTs but also more ambitious ones around universal basic income (UBI). This said, the need to adapt did enhance the length and strength of the NBCO component.

A detailed overview of the design and implementation timeline is provided in Table 3. Activities that took place prior to implementation which fed into intervention design included area mapping, a census survey, service and resource mapping (to facilitate referral to services), and a needs assessment.

The relational NBCO component started with case work at individual and household level in November 2021 and was implemented until December 2023. Group and collective action activities were started after trustful relations were established in June 2022, with groups being facilitated until the end of November 2023. In response to clear needs for health care and medication, monthly health camps were established, in collaboration with the Zakat Foundation of America, from December 2022 onwards until the end of December 2023. The need for training on income-generating activities surfaced during case work and group and collective action activities, and was subsequently provided by CMs from November 2022 until September 2023. Referral and linkages to services commenced as soon as case work started, and took place between November 2021 and the end of November 2023. Coordination meetings were held with key service providers in the local area in October 2022 and May 2023 to facilitate those referrals. Finally, CMs wrote monthly micronarratives from January 2022 onwards.

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Section 4:

RESEARCH AND EVALUATION DESIGN

4 RESEARCH AND EVALUATION DESIGN

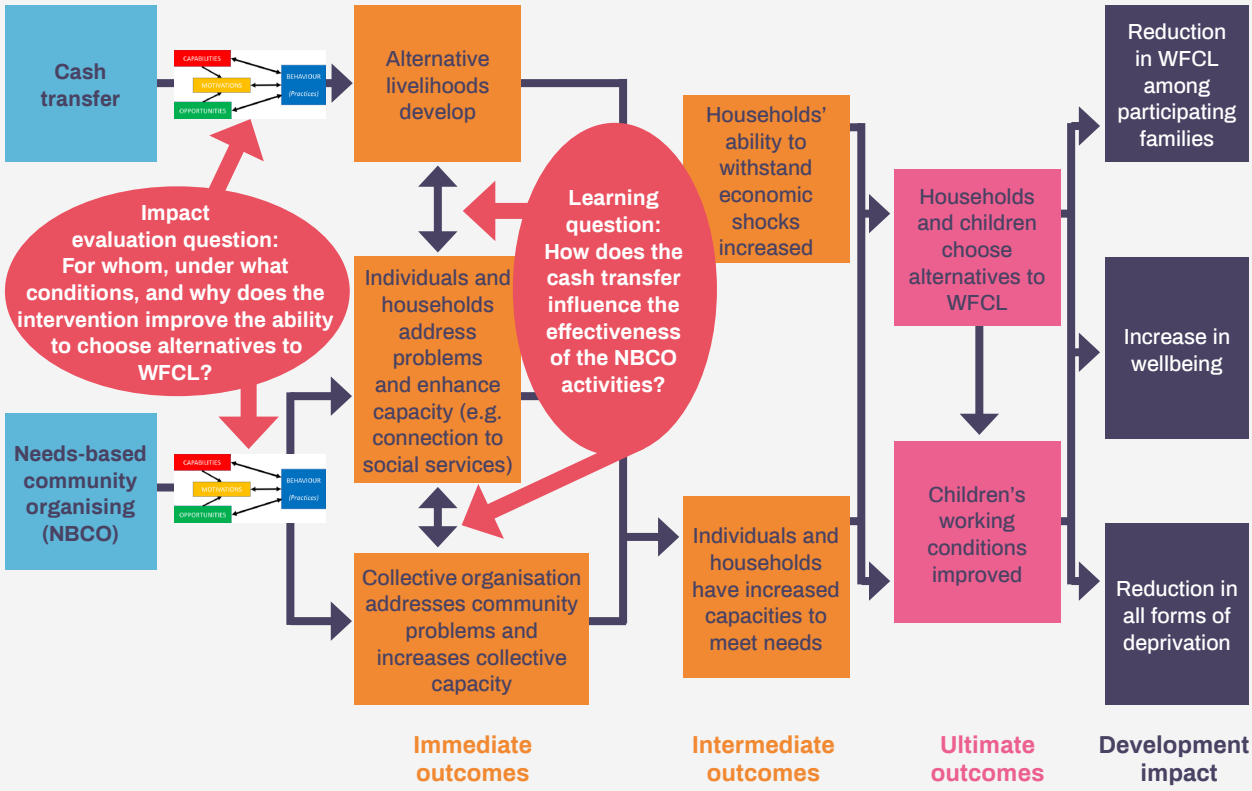
Research into this intervention was rooted in theory-based evaluation (see Ton *et al.* 2022 for detailed discussion on research design). We used the overarching theory of change (ToC) (see Figure 2) as our starting point, with immediate outcomes within its sphere of direct impact and ultimate outcomes expected to be indirectly influenced. We zoom in on two so-called 'causal hotspots' leading to two main research questions that guide learning from this evaluation:

1. **Impact evaluation question: For whom, under what conditions, and why does the intervention improve the ability of households or children to choose alternatives to WFCL?**
2. **Learning question: How does the cash transfer influence the effectiveness of the NBCO activities?**
3. The impact evaluation question zooms in on the effect of the cash and relational NBCO components on behaviour change, with these effects underpinned by capabilities, opportunities, and motivation (as captured in the 'COM-B model'). We analyse behaviour change resulting from the intervention for sets of immediate, intermediate, and ultimate outcomes and development impact, for each of these asking: **Why does the intervention work, for whom, and under what conditions?**

The learning question asks about the interaction between programme components and their effects in changing participants' capacity to meet needs.

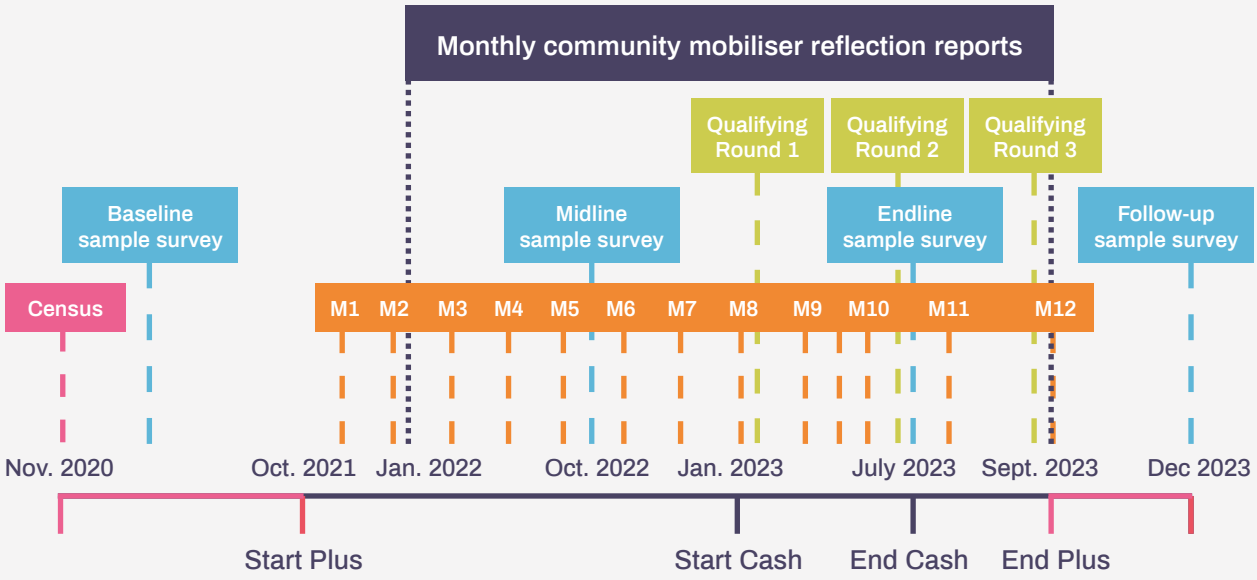
For the evaluation of the CLARISSA Cash Plus intervention, we used a range of data and methods, culminating in an innovative and unique mixed-methods design (see Figure 3). This integrated and iterative use of multiple methods allows us to identify, estimate, and unpack impact, and ultimately make causal claims.

Figure 2: Theory of change (ToC) illustrating impact pathways, impact question, and the learning question



Source: Authors' own.

Figure 3: Overview of methods and their timings



Source: Authors' own.

Following Collier, Seawright and Brady (2006), we collected both data set observations (detecting patterns to assess the importance of the change process) and causal process observations (detecting plausible mechanisms that explain the change process). Data set observations are largely derived from periodic sample survey data and bi-monthly monitoring surveys, while causal process observations are collected primarily through qualitative interviews, focus group discussions, micronarratives, and ethnography.

4.1 QUANTITATIVE SURVEY DATA

The evaluation used two types of quantitative survey data, namely periodic survey data and bi-monthly monitoring data. It used periodic survey data for: (i) descriptively analysing the households' perceptions of change and CLARISSA's influence on this change (using contribution scores), and (ii) estimating treatment effects with difference-in-differences methodology. It used bi-monthly monitoring data for undertaking time-series analysis.

4.1.1 Periodic surveys

Periodic survey data includes five rounds, collected between late 2020 – before the start of the intervention – and late 2023 – at the end of the intervention:

1. **Census survey:** conducted in the intervention neighbourhood – North Gojmohol (N=1,832) – and a comparison neighbourhood – Balurmath (N=2,365) – in October and November 2020;
2. **Baseline survey:** conducted in February 2021 in North Gojmohol (N=752), eight months before the start of the intervention in October 2021;
3. **Midline survey 1:** conducted in October 2022 in North Gojmohol (N=771) after a year of relational support provided by community mobilisers and before the start of CTs in January 2023;
4. **Midline survey 2:** conducted in July 2023 in North Gojmohol (N=769) after continued relational support and six rounds of CTs; and
5. **Endline survey:** conducted in December 2023 after the end of the programme, in both the intervention neighbourhood North Gojmohol (N=750) and comparison neighbourhood Balurmath (N=773).

Timing of survey rounds had to be adapted following unforeseen and short notice changes in funding for the intervention (see section 3.3), which has meant that the last round of CT could not be captured in the midline. Surveys were led by BIGD, implemented using digital devices, and administered to the main adult present in the household at the time of data collection.

Table 4: Outcome areas used for the contribution scores

Abbreviation	Questions asked
Immediate outcomes	
CS Economic investment	Has your household's investments in economic activities changed in the last **six months**?
CS Ability to earn enough	Has your household's ability to earn enough income for the household changed in the last **six months**?
CS Ability to save	Has your use of credit and saving services changed in the last **six months**?
CS Slum improvement	Did the quality of life in the slum change in the last **six months**?
CS Access public services	Has your ability to access and receive support from publicly provided services changed in the last **six months**?
Intermediate outcome	
CS Resilience to shocks	How has your capacity to resolve sudden changes in work or health conditions changed in the last **six months**?
Ultimate outcomes	
CS Quality of education	Has the quality of education changed in the last **six months**?
CS School attendance	Has your children's school attendance changed in the last **six months**?
CS Child protection	Has your ability to protect your children changed in the last **six months**?
CS Child work risks	Have the child-labour risk and hazards changed in the last **six months**?
Development impact	
CS Child future	Have your hopes for a good future for your children changed in the last **six months**?
CS In control of life	Did your feeling of being in control of your own life change in the last **six months**?
CS Quality of life	Has you household's overall quality of life changed in the last **six months**?

Note: CS – contribution scores.
Source: Authors' own.

Perceptions of change and contribution scores

An important aim of the surveys was to capture respondents' perceived impact on key indicators in response to the specific support provided. Thirteen sets of questions were asked about perceived changes in outcomes (on a 1–5 Likert scale) followed by a question that asked how much CLARISSA influenced these outcomes (on a 1–5 Likert scale). Following Ton, van Rijn and Pamuck (2023), both Likert scale answers are combined in so-called contribution scores for each outcome. This results in 13 indicators of perceived impact across outcome and impact levels along the ToC. With the weighting factors used in this exercise (see Annexe 2), contribution scores higher than .20 are (normatively) considered as moderate impact, and scores higher than .30 as high impact. Thirteen sets of questions were asked – see Table 4.

Difference-in-differences impact analysis

The first round (census survey) and last round (endline survey) of periodic survey data collection were undertaken in the intervention neighbourhood (North Gojmohol) as well as a nearby comparison neighbourhood (Balurmath). This allows for estimating programme impact by comparing differences in outcomes for comparable households in both areas. We employ this quasi-experimental approach as a full experimental design based on randomisation was undesirable for ethical reasons and impossible due to resource constraints.

North Gojmohol and Balurmath are both located within the wider Hazaribagh area in Dhaka. At the time of the census survey in late 2020, both areas included large informal settlements with high levels of deprivation. Both neighbourhoods were also home to many small- to medium-sized factories and workshops, primarily serving the leather industry. A slum survey conducted in 2019 by members of the CLARISSA SP team identified these areas as potential hotspots for WFCL (Maksud, Hossain and Arulanantham 2022).

The endline survey includes 1,523 households, 750 located in North Gojmohol and 773 in Balurmath. Of these, 558 households in North Gojmohol and all 773 households in Balurmath were successfully matched to the census data; and 192 households in North Gojmohol included in the endline were not yet in the area at the time of the census. Therefore, the relevant sample comprises 1,331 households for this analysis.

We estimated treatment effects using a difference-in-differences (DiD) approach combined with Inverse Probability Weighting (IPW). The DiD allows us to capture the average treatment effect as the difference in outcome mean change between the treatment (North Gojmohol) and control (Balurmath) groups before (baseline) and after (endline) the intervention. It provides an unbiased estimate of the treatment effect under the parallel trends assumption, meaning that, absent the treatment, the outcomes in the two groups would have followed parallel trends (Duflo, Glennerster and Kremer 2008).

We used the following DiD specification:

$$Y_{it} = \gamma_0 + \gamma_1 G_i + \gamma_2 T_{it} + \gamma_3 G_i T_{it} + \varepsilon_{it} \quad (1)$$

where Y_{it} is the outcome of household i at time period t, G is the treatment group (0 = control, 1 = treatment), T is a time period dummy (0 = baseline, 1 = endline), and ε_{it} is the error term. The average treatment effect is captured by γ_3, as it reflects the difference in outcome mean change between the treatment and control groups. Meanwhile, γ_0 is the baseline outcome mean of the control group, γ_1 indicates the baseline mean difference between the groups, and $\gamma_2$captures the outcome mean change in the control group between the two periods. The IPW method involves the estimation of a logistic regression, where the dependent variable is the treatment group dummy (G) and the explanatory variables include a wide range of household characteristics at baseline.

The parallel trends assumption may be implausible if pre-intervention covariates are unbalanced between the treatment and control groups, as is the case in our study for some indicators (see Table A1 in Annexe 1). To address this concern, we complement the DiD approach with IPW as an adjustment method. IPW reweights the data to correct for baseline imbalances between the two groups regarding a pre-selected set of observable characteristics. The estimated parameters were then used to derive the probability of treatment for each household, also known as the propensity score. Figure A1 in Annexe 1 depicts the distribution of the propensity score for the treatment and control groups before and after reweighting. After IPW reweighting, all significant differences at baseline between the two groups disappeared.[2]

4.1.2 Bi-monthly survey data and its use

We used 13 bi-monthly data points for time-series analysis to assess whether the trend lines showed changes at key moments – crucially, when the CTs started (between Rounds 7 and 8) and ceased (between Rounds 12 and 13).

Monitoring data was collected every two months from all residents of North Gojmohol. Data collection was undertaken by CMs, also using this as an opportunity to check in with residents as case workers. Data was collected by mobile phone, using a survey tool purposively developed by mPower. The sample grew over time during the first year of the intervention, in part due to migration into the area and in part due to the team becoming more familiar with the area and updating their household listing. The household listing was finalised in November 2022, when 1,573 were registered to receive CTs.

Time-series analyses of monitoring data presented in this report are based on the full sample for each round. Analysis was replicated for the balanced sample of 930 households (i.e. those households who were included in all rounds of the monitoring survey) and findings were similar and consistent.

4.2 QUALITATIVE DATA

The qualitative component of the research consisted of: (i) periodic qualitative data, (ii) CM micronarratives, (iii) ethnography, and (iv) reflection workshops.

2 Further details such as IPW logistic regression results and baseline characteristics after reweighting are available on request.

Table 5: Overview of qualitative data collected by BIGD

Rounds	IDIs with children	IDIs with parents	IDIs with CMs	FGDs	KIIs
Round 1	30	26	-	06	-
Round 2	30	23	-	06	05
Round 3	26	25	03	07	20

Notes: CM – community mobiliser; FGD – focus group discussion; KII – key informant interview; IDI – in-depth interview.
Source: Authors' own.

4.2.1 Periodic qualitative data

Periodic qualitative data was collected through in-depth interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs) (see Table 5). We identified 30 case study households for in-depth exploration through IDIs with children and their parents. Households were selected in consultation with CMs in relation to a range of criteria, including particularly vulnerable households, female-headed households, and households with working and schoolgoing children. Out of 95 pre-selected cases, BIGD identified 30 cases (15 male and 15 female) in line with research objectives. Data was collected in three rounds between December 2022 and December 2023. During the second round of study, five replacements were taken as five children dropped out due to migration to the village or losing interest in the study. In the third round, the BIGD team conducted three IDIs with CMs as replacements, with a view to gaining deeper insights into CM perceptions.

FGDs were conducted with a variety of stakeholders, primarily identified by their positionality within the change processes triggered by the intervention (e.g. teenage working boys, or parents). We used these to triangulate findings and elicit perspectives on children's work, 'exploitation', and on the effectiveness of the intervention. Data collection also took place across three rounds, including with young adolescent boys and girls, older adolescent boys and girls, fathers and mothers, and influential community members.

KIIs targeted influential or knowledgeable stakeholders within the community and included schoolteachers, NGO workers, and leather businessmen residing in North Gojmohol. Depending on the selected participants, interviews looked at different variables of interest, such as collaboration with the CMs or household impacts of cash on perceived opportunity sets and children's work.

4.2.2 Micronarratives

Micronarratives are short monthly reports written by each of the CMs in which they highlight significant experiences in their work. There were no strict guidelines; CMs could choose which experiences to recount and reflect on and how they would do so. Micronarratives were written in Bangla, translated into English using Google Translate, and cross-checked by a senior staff member.

4.2.3 Ethnography

CLARISSA was fortunate to have a PhD student whose project involved ethnographic examination of children's work and experiences of the intervention. She was embedded in the community throughout the intervention period. Fieldwork took place over 18 months between July 2022 and December 2023. Alongside in-depth participant observation, she conducted a separate round of interviews with community members focusing exclusively on perceptions of the CMs and their work.

4.2.4 Reflection workshops

Every four months we hosted reflection workshops between the research, CM, and data collection teams. This enabled the teams to build ongoing analysis of the intervention, its successes and failures, and its impact on participants' capacities. The workshops involved a mixture of presentations, diary reflections, group discussions, and other activities, and have contributed to ongoing reflection about change and causal pathways.

4.3 QUALITY OF EVIDENCE RUBRIC

See page 8.

Section 5:

FINDINGS – IMPACT OF THE INTERVENTION

5 FINDINGS – IMPACT OF THE INTERVENTION

The evaluation of the intervention's impact was guided by the impact question: **For whom, under what conditions, and why does the intervention improve the ability to choose alternatives to WFCL?** The ToC elaborated (see Figure 2). We present evidence across the mix of methods to explore the impact of the intervention on immediate, intermediate, and ultimate outcomes leading up to the hypothesised development impacts of reducing WFCL, increasing wellbeing, and reducing all forms of deprivation. The evidence is presented by level of outcome and per outcome area.

5.1 IMMEDIATE OUTCOMES

The combination of data shows that the CLARISSA Cash Plus intervention, on average, had a modest impact on individuals' and households' ability to develop alternative livelihoods and capacity to address their needs. However, for those who were positively impacted, the intervention led to substantial change, both as a result of the CTs and the support provided by CMs. The intervention had a moderately positive impact on neighbourhood conditions, with the provision of health camps, establishment of rotational savings groups, and community groups coming together to improve cleanliness as notable components of change.

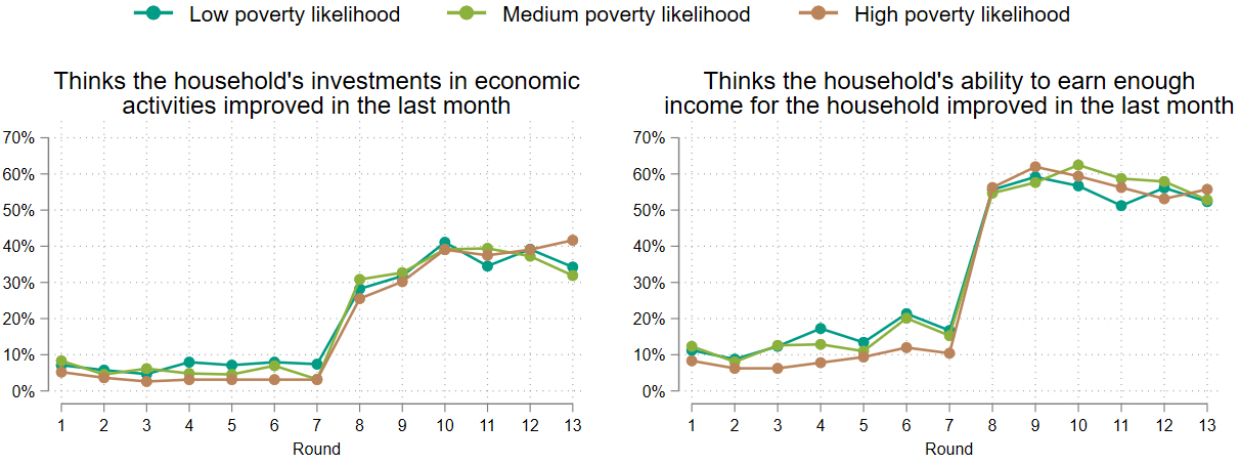
5.1.1 Development of alternative livelihoods

Analysis of bi-monthly monitoring data between October 2021 and December 2023 shows a clear jump in perceptions about households' investments in economic activity and their ability to earn enough income when the CT was introduced after Round 7. This effect is observed across all households, regardless of their likelihood to be poor (see Figure 4).

The positive effect of CTs on households' ability to improve livelihoods and economic outcomes is overwhelmingly supported by our qualitative data, including IDIs with parents. One mother interviewed in Round 3 shared the following frank reflections:

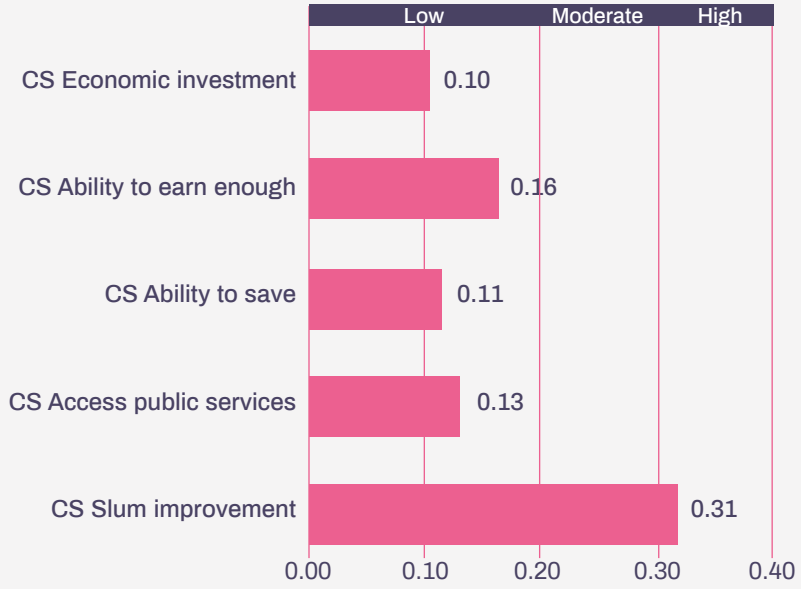
> *The financial aid came to our help to some extent. It allowed us to get by rather easily. We got to spend the money on groceries. You see, we couldn't buy any grocery items for the last two days. It's the truth. I'm not lying. We spend according to our income. We also spent an amount of that financial support on income-generating investments. You see, I didn't have any capital to spend on any business at that time. I had to borrow money to run my business.*

Figure 4: Time-series analysis of perceptions of change in household investments and ability to earn income



Source: Authors' own calculations based on bi-monthly monitoring data.

Figure 5: Contribution scores for perceived impact on immediate outcomes



Note: Contribution scores (CS) combine the perception of change in an outcome with the perceived influence of CLARISSA on this change by the beneficiary households (N=750).
Source: Authors' own calculations based on periodic survey data (endline).

> *However, after receiving the financial aid, I could run the business with my own money.*
> (Mother, 38, Round 3 interview)

Qualitative data also shows that, for several households, CMs facilitated investment and livelihood diversification. In response to requests from community members, one CM with experience in business development held a series of day-long trainings attended by more than 150 community members. This reportedly resulted in at least 25 new businesses, including a group of enterprises involving mothers bulk-purchasing old newspapers to be folded into snack food packets and sold, generating a monthly income of approximately BDT 3,000 (US$27).

Notwithstanding these positive examples, contribution scores, which capture the average perceived impact of the CLARISSA Cash Plus intervention on a range of immediate outcomes as perceived by community members, are relatively low (see Figure 5). This does not imply that there has been no change or that the intervention made no difference. Rather, it means that community members perceived the role of the intervention to be relatively low. It should also be noted that this question was asked at endline, three months after the last CT was paid and relational support had been winding down.

5.1.2 Addressing problems and enhancing capacity

An important element of the relational NBCO component was case work at individual and family level, especially in terms of connecting them with available support. Government social assistance schemes such as the Old Age Allowance and Allowance for Persons with Disabilities are difficult to access and often unknown to those potentially eligible to claim them. CMs supported households to overcome these access barriers. This ranged from assisting people in getting national identification cards to making community members aware about their eligibility for schemes.

While contribution scores (see Figure 5) indicate that the perceived impact of the intervention on gaining access to services was limited, qualitative data shows that CMs' work was pivotal for some households in gaining vital government support, and that it resulted in a structural improvement. This extract from the CM micronarratives provides a window onto this process:

> While receiving bi-monthly information from him, I have come to know that his mother is eligible for an Old Age Allowance as per his mother's age. He wants to know from me, how and where he can apply for this Old Age Allowance for his mother. I listened to him and gave him the information about

> the Social Services office and explained to him all the information and documents that are needed to apply for the Old Age Allowance. He said to me, 'If you could help me in this matter, it will be very useful for me.' I asked him to collect the documents required for the Old Age Allowance application. I helped them [with] filling out the application form with correct information from them and informed [them] that the form had to be signed by the local councillor. When the form was completely filled out, I took the applicant along with me to the Social Services office and submitted the application form.
> (CM micronarrative 439)

Community member stories also attest to the utility and impact of CMs as 'last mile' connectors. On one visit to the community, the authors of this paper sat at length with a man in his fifties suffering from a severe illness. Initially unaware that he may be eligible for financial support under one of the government's health-care schemes for the extreme poor, he was eventually accompanied by his CM throughout the entire journey of registering, providing the necessary documentation, and finally receiving a BDT 50,000 (US$455) grant that supported his treatment. 'It was a blessing', he beamed.

This mother–daughter exchange from their Round 3 interviews offers a similar story:

> Mother: *Yes, the CM, X* bhai,[3] *still visits this area sometimes… Because of that* bhai *from Tdh, I got 50,000 taka* [US$455]. *It was possible because of him. He told me to submit my application to that place… the name of the place is* [thinking]…
>
> Daughter: *X uncle*[4] *got to know about my mother's illness, and then suggested to us about that. He gave us a form, we filled up the form, and then we had to attach a signature of the doctor who was handling my mother's case. After that, my mother and my middle sister submitted that form to the social welfare department as per the uncle's suggestion…*
>
> Mother: *Yes, X* bhai *gave us the advice in this regard. Yes, it was a huge help for us considering our situation. After getting that 50,000 taka…* [interrupted]
> (Mother, 40 and daughter, 16, Round 3 interview)

Problems faced by residents of North Gojmohol also included issues such as intra- and extra-household conflict, domestic abuse, and substance abuse. Despite their sensitive nature, CMs were able to offer a response, especially in terms of mediation and lessening domestic tensions. In the following micronarrative, a CM reports on families' experiences following collective conversations around family conflict after trainings in empathic connection:

> A male (45) parent said, 'I used to share my son's bad deeds with others all the time, but I never discussed it with my son. I used to beat my son and shout loudly. Today, I learned that I should have said my bad feelings with my son instead of telling others. Now I understand that I was also wrong.'
>
> Another female (43) parent said, 'I hide my son's bad deeds in fear of my husband. If the husband knows, he will beat my son, but I do not tell my son how bad I feel about his bad habits. I will share it with my boy how I feel from now on, I will also try to eat together every day.'
> (CM micronarrative 545)

5.1.3 Collective organisation to address community problems

The intervention's principles of being needs-centred, people-led, and emergent allowed CMs to work collaboratively with community members to identify and create innovative solutions to their problems. This type of relational organising allowed CMs to act on issues that emerged throughout the course of the project.

Nowhere was this better evidenced than in their response to the lack of affordable health care. Illness and associated costs quickly emerged as a common phenomenon and wide-scale problem in the community. In response, CMs connected with a charitable health service provider to facilitate monthly health camps in the community. Over the course of the intervention, 13 health camps were held with over 100 participants receiving consultations and basic medication. One CM reported on the feedback by a community member as follows:

> *I was suffering from back pain for a long time, but after receiving consultation and medication support from the health camp, I am feeling better now. I met*

3 *Bhai* means 'brother' in Bangla and is used as a term of connection and respect.
4 'Uncle' has the same connotation as *bhai* but is used by a younger person to refer to an elder.

> *with the doctor three times. It is a great help for me, I felt helpless before about where I would go to take the treatment and how much I must pay, like this.*
> (Woman, 50, quoted in CM micronarrative 466)

Beyond the health camps, the collective activity organised by the CMs included the establishment of small-scale savings and loans groups designed to fill the insurance gap that cemented community vulnerability to shocks of all sorts. The following micronarrative shares the story of one such group:

> They will run this savings team for the next ten months. A total of BDT 5,000 (US$45.5) per month will be given to one person. On the very first day when the lottery is held, we distributed a packet of food only for that day. We were also very happy to hear this. As usual, at 3pm on the 14th, we went to my household with four other CMs, and the lottery was completed in our presence. One among those ten wins. She was handed over BDT 5,000. It was a very festive atmosphere. On behalf of our Tdh, we provided food packets to ten people. They assure that, they will come together on the 20th of every month to do the lottery. In addition, they will make another group of children. The group will provide a total of BDT 200 (US$18) with a total of 20 members and will get a total of BDT 4,000 (US$36) per month.
> (CM micronarrative 453)

Most of the collective activities facilitated revolved around the establishment of shared interest groupings of adults or children. They would come together to develop action aimed at addressing problems that community members had prioritised during the needs analysis or that had emerged throughout the intervention period. None of these related directly to child work, but all were identified as priorities by community members. They included parent–child relations, neighbourhood cleanliness, and recreational youth activities. This latter group worked with young men at risk of delinquency, and reflection workshop discussions suggested they had a meaningful impact on their pro-social reintegration.

With respect to the group working on neighbourhood cleanliness, adolescent members developed campaigns and sensitisation activities to convince neighbours to dispose of their rubbish in bins (which Tdh provided) rather than on the floors and stairs of buildings. They held street theatre performances, painted walls, and knocked door-to-door. This led to visible improvements in the living conditions of buildings, as attested by the following interviewee:

> *Tdh has been conducting a lot of activities, amongst those… Before, this area was full with dirt, and filth-flies roam around the filth. Now this is not happening any more due to Tdh; now everywhere is clean, eventually, disease rate is decreased. I like this aspect most.*
> (Girl, 14, Round 3 interview)

It is notable that absent from the collective activities enabled or triggered by the CMs were those which could be understood as conflictual, political, or corporate. Unionisation of any sort failed to emerge, and while community members did identify drugs, gangs, and political goons to be significant problems that they longed to see addressed, it was widely understood that attempting to address any of these would have been dangerous both for community members and the CMs. This represents a limit to the approach taken in this intervention. That said, the contribution of the CLARISSA Cash Plus intervention on neighbourhood conditions were deemed modest (see Figure 5).

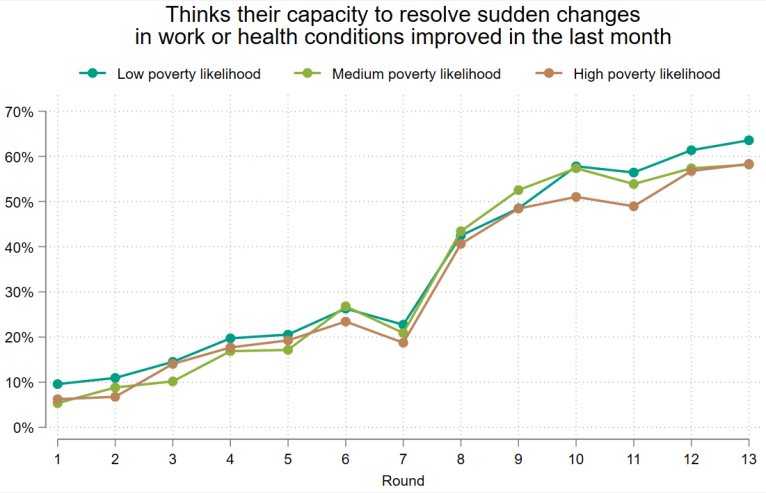
5.2 INTERMEDIATE OUTCOMES

The CLARISSA Cash Plus intervention increased the ability of households to withstand shocks and increased the capacity to meet needs. The intervention reduced the likelihood of being poor and dampened the effect of increased food insecurity. While the relational component set in motion a positive shift towards greater resilience, CTs acted as a catalyst, not least as their unconditional nature allowed for households to spend cash to meet their needs.

5.2.1 Households' ability to withstand economic shocks

Our ToC assumption was that a reduction in poverty and relational support provided by CMs would lead to an increase in resilience and greater capacity to weather socioeconomic shocks. Time-series analysis based on bi-monthly data suggests that this was the case. Respondents' perceptions of their capacity to resolve sudden changes in work or health conditions improved from the beginning of the programme, with a notable jump from the moment the CTs began after Round 7 (see Figure 6).

Figure 6: Time-series analysis of perceptions of change of the ability to resolve sudden changes



Source: Authors' own calculations based on bi-monthly monitoring data.

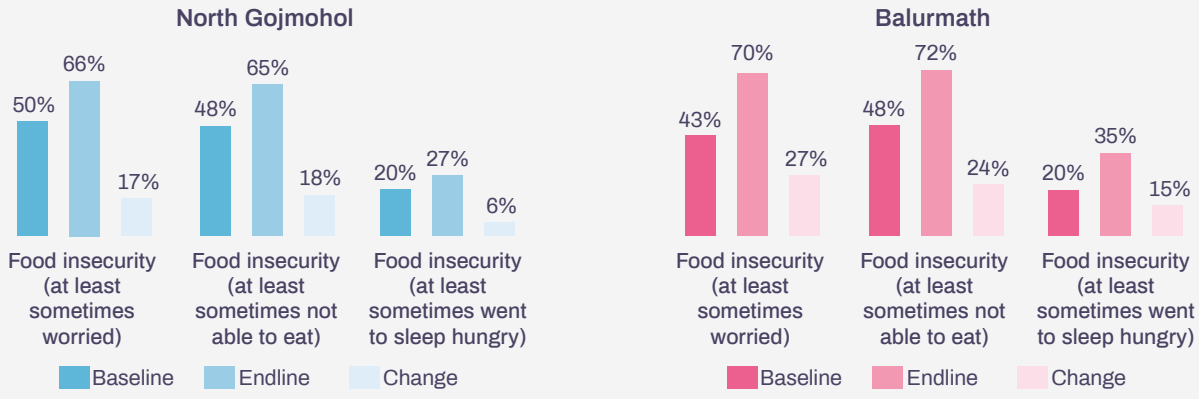
Qualitative data corroborates this finding. One 45-year-old man explained how the cash helped overcome an expensive health crisis in his family:

> *Things got even harder when my wife had a stroke. We had to admit her to a private hospital and almost 10,000 taka* [US$91] *was spent. We had to borrow money from people because we have no savings. Her medical bills put a big strain on our already tight budget, making it even harder to make ends meet. We are still in debt. When you have no savings and unexpected things like this happen, what can you do? But things started looking up when Tdh NGO helped us… During that time, their money was a lifeline, helping us through tough times.*
> (Man, 45, Round 3 interview)

Another man narrated a similar story:

> *I spent the money which I got from Tdh on my son's treatment. Yes, we get 3,200 taka* [US$29] *monthly. I spent those on their treatment. I consulted a doctor when my younger son fell sick. The money got spent eventually… It helps me when I do not have any work. If I do not go to work for four days, my loss will be 2,000 taka* [US$18]*. In my profession, there is no guarantee of getting regular work. I spent that money during those days.*
> (Father, 35, Round 2 interview)

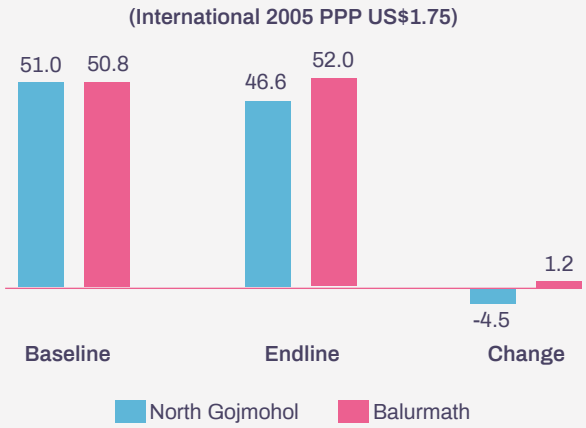
Figure 7: Food insecurity at baseline and endline in North Gojmohol and Balurmath



Source: Authors' own calculations based on census and endline survey data.

The DiD analyses suggest that the intervention also helped to dampen the rise in food insecurity. In both North Gojmohol and comparison neighbourhood Balurmath, households reported far greater levels of food insecurity at the time of the endline compared to the census. This is likely due to the price rises that took place between late 2021 and 2023 that made it more difficult to purchase food across both neighbourhoods. However, the rise in food insecurity was considerably lower in North Gojmohol compared to Balurmath (see Figure 7) and impact estimates based on DiD point to the intervention impact on helping families cope with shocks and dampening its negative effects as it reduced the experience of food security between 7–10 per cent, depending on the indicator under consideration (see Annexe 1).

Figure 8: Poverty rate based on PPI 2018 at baseline and endline in North Gojmohol and Balurmath



Source: Authors' own calculations based on census and endline survey data.

5.2.2 Individuals' and households' capacity to meet needs

Impact estimates point to a positive impact on poverty, based on the Poverty Probability Index (PPI) 2018. Using the 2005 PPP[5] US$1.75 poverty line, we observe that the probability of being poor slightly reduced in North Gojmohol, while it slightly increased in Balurmath (see Figure 8). DiD estimates (see Annexe 1) indicate that the intervention reduced the probability of being poor for households in North Gojmohol by 6 per cent.

Figure 9: Time-series analysis of top five expense categories listed by households

Source: Authors' own calculations based on bi-monthly monitoring survey.

5 Purchasing power parity.

Qualitative data also attests to how the reduction in poverty, affected by the intervention, translated into increased capacity to meet household needs. Various respondents, for example, spoke of the improvements in food consumption made possible by the CTs, even during the period of the food price shock. The following exchange between mothers participating in a Round 2 FGD is illustrative:

> R3: *We get to eat meat, I mean beef, only during the Qurbani Eid. My husband doesn't have any financial ability to buy meat during the rest of the year. It will cost you 1,000 taka* [US$9] *to buy beef. One kilogram of beef costs 1,000 taka. But due to the financial aid from you, I was able to save a little and thus we were able to buy beef occasionally.*
>
> R2: *That applies to all here. Nobody gets to eat meat except during the Qurbani Eid.*
>
> R3: *I mean, we were able to buy beef even before the Qurbani Eid. That felt so good!*
> (FGD with mothers, Round 2)

Likewise, in one of our Round 2 interviews, a 15-year-old boy had the following to say:

> *Yes, I know about the money Tdh sends us… This money is spent on various purposes at various times. Occasionally, when they don't have enough money, they spend from there to pay madrasa fees. Sometimes, the money is spent on buying food. They spend that money to meet various family needs that arise at various times…*
> (Boy, 15, Round 2 interview)

This boy's words – 'They spend that money to meet various family needs that arise at various times' – speaks to one of the core powers of cash assistance, namely its fungibility and flexibility, and how cash can be converted into whatever material form individual or family needs may take at a given time. Time-series analysis of main expenditure items (Figure 9) shows that the majority of households list food, rent, and health and medical expenses as their top five categories, followed by education, debt repayment, and utilities.

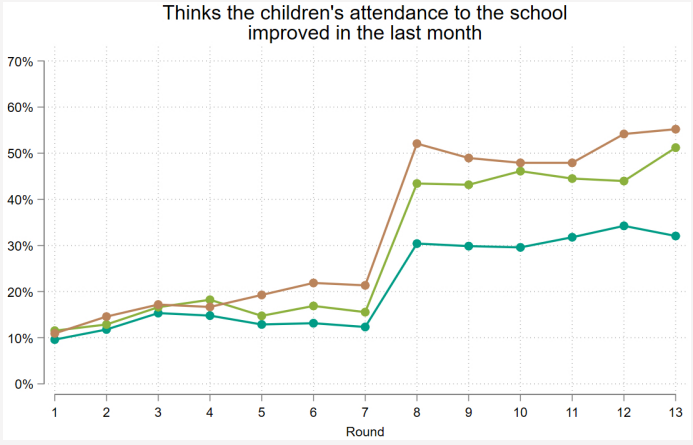
5.3 ULTIMATE OUTCOMES

The CLARISSA Cash Plus intervention had a modest impact on families and children seeking out alternatives to WFCL and improving children's work conditions. Quantitative data points to small but positive changes with community members perceiving the intervention to play a small role in reducing children's work risks. Qualitative information provides evidence of children's agency in improving work conditions, primarily by changing employers. The role of intervention is not explicitly articulated but positive contributions of CTs and CM support are plausible. Findings are more pronounced in terms of school attendance, with improvements in attendance following the introduction of CTs.

5.3.1 Alternatives to WFCL

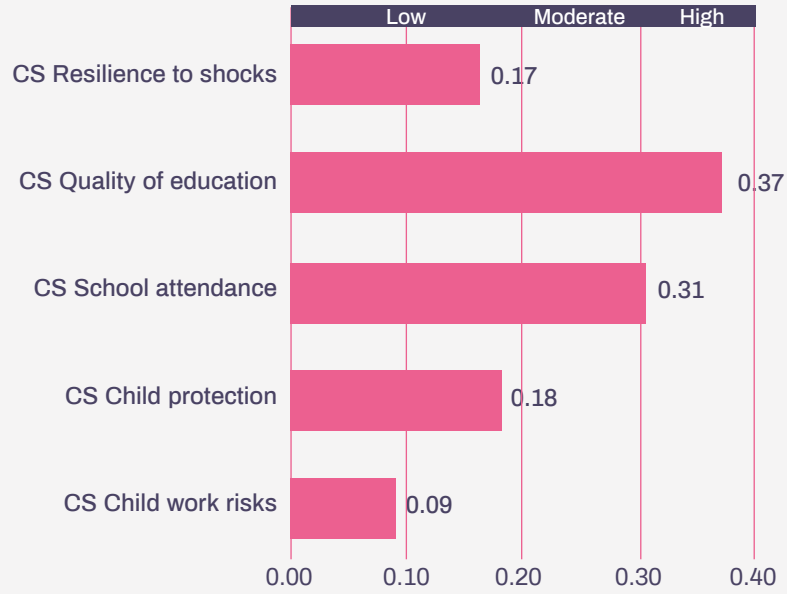
Qualitative data indicates that while incidences of impact may be small, the CLARISSA Cash Plus intervention allowed some families to divert their children away from hazardous work. During a field visit to the community,

Figure 10: Time-series analysis of perceptions of change of improvements in children's school attendance



Source: Authors' own calculations based on bi-monthly monitoring survey.

Figure 11: Contribution score for ultimate outcomes



Note: CS – contribution scores.
Source: Authors' own calculations based on the periodic endline data.

for example, one mother explained that as a result of the CTs and a small business facilitated through support by CMs, she decided to pull her son out of the factory where he was working day and night and instead place him in a grocer's business, where he would earn less but work less and thus be able to return to school.

Qualitative data points to children's own agency in choosing alternatives. Two of our 14-year-old interviewees changed jobs four times between Rounds 1 and 2, while the following extract from a 16-year-old male shoe factory employee is illustrative of a wider dynamic:

> *No, I am not working in the same company. I have changed my job. I have been working in a factory since the last time you came. Currently, I am working in another factory. Both factories produce the same products, however, the factories are different. The name of my previous factory was X. It is a leather factory which makes shoes… Currently, I am working at Y. It is also a shoe factory, they also make shoes. I have changed my previous job because that was not good. That company was not that good. They used to misbehave with their workers without any reasons… They also verbally abused their workers… That's why I left that job. It has been four months since I moved to my current job. This workplace is quite good. Alhamdulillah!'* (Boy, 16, Round 2 interview)

While data does not show how the presence of the CLARISSA intervention supported such exercises of agency, the causal pathways outlined in our ToC around reductions of poverty and the provision of increased security and resilience are plausible.

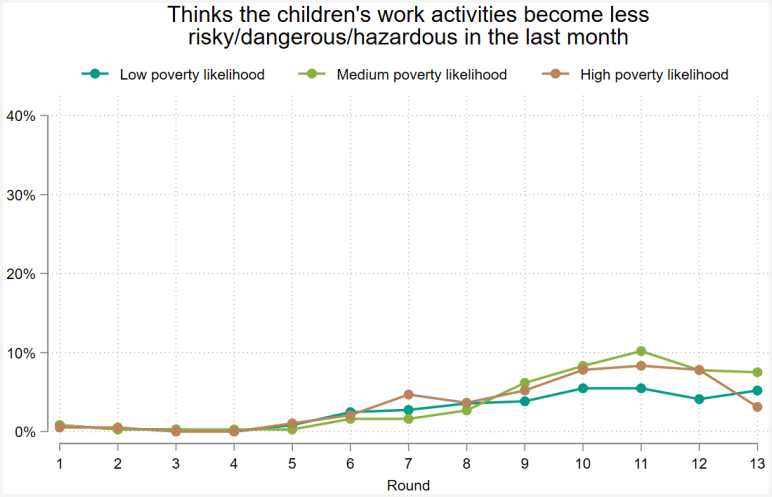
School is the most commonly assumed alternative to work for children and our data on school enrolment and drop-out offer a mixed picture. The bi-monthly time-series data (see Figure 10) shows clear increases in the number of parents reporting that their children's attendance at school had improved over the last month, with a notable spike at the time of the start of the CTs.

This spike is echoed across IDIs and FGDs, within which one of the more salient impact themes is of children being enabled to return to school through a combination of cash and CM support, as can be seen from the following examples.

> *I left work and enrolled in school… You know the* bhais *and* apas[6] *from Tdh? They got my admission to school. I left the school last time… It was in 2021*

6 *Apa* means 'sister' in Bangla.

Figure 12: Time-series analysis of perceptions of change of improvements in children's working conditions



Source: Authors' own calculations based on the bi-monthly monitoring survey.

> *when lockdown ensued… Now I got readmission because the Tdh has been providing money for six months…*
> (Girl, 15, Round 2 interview)

> *What kind of changes occurred in me because of the CMs? If they didn't come here then, it wouldn't be possible for me to get readmission in school. With their help I managed to get readmission in school. They encouraged me a lot… They told the teachers if they could give a chance to those children who are working and want to continue their education as well. The head teacher was really a nice person. Tdh personnel advocated with the head teacher regarding the working children who also desire to study… He was told to create an opportunity like taking classes on Fridays for the working children… The head teacher said they could do it…*
> (Girl, 17, Round 2 interview)

These qualitative results are supported by quantitative data, with contribution scores on the quality of education and school attendance highest among all outcomes, suggesting that respondents perceive the CLARISSA Cash Plus intervention to have had considerable impact (see Figure 11).

5.3.2 Children's working conditions

Time-series analysis of bi-monthly monitoring data suggests small but positive changes with respect to parents' perspectives on children's working conditions, especially in the period following the payment of the first CT (see Figure 12).

Endline survey data about perceived changes in the risks associated with children's work suggests that the intervention's role in reducing such risks is limited, with a contribution score of 0.09 (see Figure 11). Households perceived a moderate impact of the CLARISSA Cash Plus intervention on child protection. This question was not specifically about work conditions and is likely to capture change in other elements of child wellbeing as well.

Modest impacts in terms of working conditions are in line with our ToC, which highlights the many steps leading up to achieving an ultimate outcome of this kind. In addition, the intervention did not include direct advocacy around the improvement of working conditions for children, either through CM mediation with employers or through the emergence of collective action or pseudo-unionisation. As noted in section 5.3.1, qualitative evidence **does** point to **individual** actions aimed at the improvement of individual working conditions, mainly through changing employers.

5.4 DEVELOPMENT IMPACT

Reported prevalence of WFCL and children's engagement with paid work reduced over the course of the programme period, but the data does not allow us to draw conclusions about the role of the CLARISSA Cash Plus intervention in affecting change. The data does point to the intervention's impact on participants' quality of life, hope for the future, and household living conditions, affected through CTs and the relational component.

5.4.1 Reduction in WFCL among participating households

In each round of the bi-monthly and periodic surveys, we asked parents whether they thought their children were engaged in hazardous work over the past month. Unsurprisingly (and perhaps reflective of biases against admitting – including to oneself – that children are engaged in such work), the percentage of those answering in the affirmative was very low. However, the percentage did decrease markedly, particularly for older children over the CT period (see Table 6).

Looking at children's engagement with paid work, regardless of working conditions, we observe a considerable reduction over time, especially for older children (see Table 7). This reduction is gradual and not obviously related to the timing of CTs.

The gradual decline in children's engagement with paid work is also observed in comparison neighbourhood Balurmath and, as a result, the DiD impact estimates show no causal effects are observed on children's paid work (see Annexe 1). A transect walk of Balurmath in early 2024 revealed high levels of neighbourhood development, with informal housing and factories having been replaced with multi-storey apartment blocks catering for the lower middle class. This suggests that availability of work for children reduced over time, contributing to the stark reduction in children's paid work; this may have led to an underestimate of the intervention's effect in this area.

5.4.2 Increase in wellbeing

Quantitative and qualitative data clearly point to the overall increase in wellbeing. Contribution scores (see Figure 13) indicate that while the CLARISSA intervention's impact is relatively low on being in control of one's own life, it is moderate in terms of quality of life and high with respect to hope for the future.

Table 6: Time-series analysis of reported prevalence of harmful child work

Harmful child work				
Round	**Age 7–9**	**Age 10–12**	**Age 13–15**	**Age 16–18**
1	0.0%	2.0%	5.9%	12.2%
2	0.0%	1.7%	5.0%	13.3%
3	0.2%	0.9%	6.5%	9.7%
4	0.7%	2.2%	6.2%	9.4%
5	0.4%	1.1%	5.1%	7.3%
6	0.0%	2.0%	6.1%	6.6%
7	0.0%	0.8%	4.3%	7.9%
8	0.0%	1.1%	5.2%	7.1%
9	0.0%	0.4%	4.7%	6.8%
10	0.0%	0.8%	5.2%	4.4%
11	0.0%	0.1%	4.0%	4.8%
12	0.1%	0.8%	3.1%	2.9%
13	0.0%	0.4%	3.0%	6.4%
Change	**0.0%**	**-1.6%**	**-2.9%**	**-5.8%**

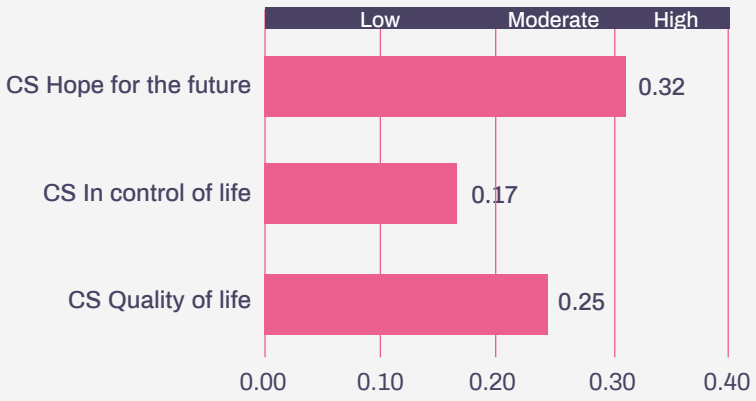
Source: Authors' own calculations based on bi-monthly monitoring survey.

Table 7: Time-series analysis of reported prevalence of paid child work

Paid child work				
Round	**Age 7–9**	**Age 10–12**	**Age 13–15**	**Age 16–18**
1	1.3%	6.6%	24.6%	44.0%
2	0.8%	6.3%	20.4%	44.8%
3	1.3%	6.1%	18.7%	41.8%
4	0.9%	5.5%	17.6%	37.3%
5	1.0%	4.7%	20.1%	39.4%
6	0.1%	4.8%	20.9%	37.4%
7	0.0%	3.1%	21.6%	39.9%
8	0.0%	7.0%	22.2%	37.3%
9	0.0%	5.3%	20.7%	32.3%
10	0.2%	6.4%	19.9%	29.8%
11	0.2%	3.9%	16.8%	27.3%
12	0.1%	3.4%	18.6%	28.6%
13	0.0%	2.7%	17.2%	30.2%
Change	**-1.3%**	**-3.9%**	**-7.4%**	**-13.8%**

Source: Authors' own calculations based on bi-monthly monitoring survey.

Figure 13: Contribution scores for development impact



Note: CS – contribution scores.
Source: Authors' own calculations based on the endline survey data.

The impact of cash on mental wellbeing through the reduction of stress comes across strongly in our qualitative data:

> I:[7] *What kind of impact has the cash transfer had on your family's mental wellbeing? What do you think?*
>
> R2:[8] *People of our area were not happy before but now they look happy. People become happier when they receive the money. They think that they could use the money to reduce their stress.*
> (Boy, 17, FGD with older male adolescents)

For some, the reduction of stress can be understood as contributing to an increase in family harmony, as one of the women in our KIIs candidly states:

> I: *Is there an improvement in the family relationship due to the income?*
>
> R: *Yes, because of the money, everyone is improving. The relationships have improved. There is less scarcity in my family compared to before. So, the relationships are better now.*
> (KII with woman, 27)

This impact was also evidenced in the many highly personal stories of change enabled by the intervention that satisfied participants' needs and contributed to their wellbeing. For reasons of brevity, we include only one:

> R2: *The financial help has benefited me a lot. You see, I have been living in Dhaka for the last four years. My husband doesn't earn enough to get by with the bare minimum… I didn't have the money to buy a basket to store our clothes. When I heard that we would be receiving an amount of money… I was told, 'You have good news waiting for you!' Right at that moment, I planned that if I receive any financial aid, I will buy a wardrobe with it, so that I can store the clothes in it. I had suffered much due to leaving the clothes outside. You see, rats and cockroaches would eat away the clothes. Such a heartache that would cause me! Thus, for three months I didn't spend a single taka from the amount I received. I saved the entire amount and bought the wardrobe for 9,300 taka. Now I store all my clothes inside my wardrobe. I am very happy due to this…*
> (FGD with mothers)

Dignity emerges as a major theme from our qualitative material on the intervention's impact, and dignity is known to relate intimately to wellbeing. Participants repeatedly celebrated the way in which CMs approached them, spoke to them, and treated them with respect:

> *My perception of NGOs has indeed changed. In this case, a* bhai *has played a significant role. His approach is excellent, and he has always treated me with respect. You can understand as a woman that earning respect from men can be challenging in this world.*
> (KII with woman, 30)

A 15-year-old neighbour of this woman echoed this sentiment, with an emphasis on the power of the CM's deep listening and empathic presence:

> I: *We are mainly here to know your experience with community mobilisers of the SP group. Maybe you know there are two teams.*
>
> R: *Yes, I know there are two teams working for us. I am called by many other places but I don't get trust so I don't go. I mean other organisations. Suppose, I am called from World Vision, I won't go. Because I know they will never come to listen to our sorrows, they will give us what they want to give us. But we trust to go to anything for CLARISSA. The sisters and brothers behave very well. And most importantly, they understand our problems first and then provide help.*
> (KII with girl, 15)

Simply showing up regularly and doing so with open ears signified to participants that they mattered:

> R4: *Well, every month they come to visit us and ask how we are doing – that itself is already a big deal! Due to this, we get to solve various issues. For example, sometimes we may not see the solution to something, but then when we talk to them, we…*
> (Woman, FGD, Round 3)

And, crucially, honouring participants' material deprivation through the transfer of vitally useful resources **also** signified to them that they matter, meeting the associated need for dignity:

> R: Apa*, money is a lot for poor people like us. In other words, everything. We buy happiness with money. And we are grateful that they see our suffering and bring it to us!*
> (KII with woman, 27)

7 I – interviewer.
8 R – respondent.

5.4.3 Reduction in all sorts of deprivation

The intervention had a positive and significant impact on a range of indicators pertaining to living standards, as can be seen in Table 8. Impact estimates using DiD methodology show that, compared to households in Balurmath, households in North Gojmohol were more likely for the walls of their house to be improved with cement and brick (as opposed to corrugated iron sheets or other less durable materials). TV ownership decreased in both areas, but to a lesser degree in North Gojmohol compared to Balurmath. Impact estimates also point to the intervention having encouraged the use of financial services. The CLARISSA Cash Plus intervention had a significant positive impact on household members having a mobile money account or having loans. We observe these effects despite households in Balurmath also having experienced upwards trajectories in these areas, but the change in North Gojmohol was larger. The requirements to have a mobile account for the CT undoubtedly contributed to this effect. Finally, the intervention significantly increased the head of the household having an ID document.

Table 8: Impact estimates based on inverse probability weight difference-in-differences – socioeconomic indicators

	North Gojmohol		Balurmath		DiD
	Baseline	Endline	Baseline	Endline	
Number of rooms in the house	1.3	1.4	1.3	1.4	0.0
The main material of house walls is cement/brick	72%	89%	73%	68%	22% ***
The household owns a TV	57%	55%	57%	47%	8% **
The household owns a fan	99%	99%	99%	99%	0%
The household owns a mobile phone	97%	99%	98%	99%	2%
The household owns a bicycle, scooter, or motor car	9%	15%	9%	14%	0%
The household owns 51 or more decimals of land	3%	1%	3%	1%	0%
Household head has ID	82%	95%	82%	91%	4% *
Any member has a bank account	23%	26%	23%	26%	0%
Any member has a mobile money account	56%	88%	57%	71%	17% ***
Any member has savings or set money apart for future expenses	15%	28%	16%	32%	-4%
Any member has a loan	57%	89%	61%	83%	10% ***

Note: * p<=0.1; ** p<=0.05; *** p<=0.01. DiD – difference-in-differences.
Source: Authors' own calculations based on periodic survey data.

Qualitative data also points to the deprivation-alleviating effects of the intervention. CTs, the relational component, and the combination between the two enabled beneficiaries to access comforts or basic necessities that previously were inaccessible. The following extract offers an indication of this:

> Participant has a physically disabled child who cannot walk. If the child wants to go anywhere, he has to ride on his mother's lap. The child has a broken wheelchair which is unusable. So I reported it in writing to the social service office and verbally to the centre for Zakat Management Office [Zakat Foundation] at different times. Zakat Management Office provided a wheelchair. The family benefited by getting this wheelchair. Now the child can walk in the wheelchair and eat all kinds of food. The family is very happy to receive this support. The family thanked us a lot. I am very happy to see them happy.
> (CM micronarrative 192)

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Section 6:

FINDINGS – INTERACTION BETWEEN CASH AND NBCO ACTIVITIES

6 FINDINGS – INTERACTION BETWEEN CASH AND NBCO ACTIVITIES

The learning question guiding this evaluation was: **How does the cash transfer influence the effectiveness of the (relational) NBCO activities?** We use multiple methods to gain insight into the complementarities between the NBCO and the cash components, drawing primarily on qualitative data.

6.1 TRUST, CONNECTION, AND DIGNITY

Consistently 'showing up', listening deeply, and speaking with respect were all cited by community members as distinguishing characteristics of the CMs and their work, all vital for the development of trust over time. Reflection workshops with the CMs point to similar conclusions, highlighting especially the importance of the Nonviolent Communication training that supported the development of deep listening and empathy skills. Despite this, data suggests that many within the community were still suspicious of the CMs, while some were outright hostile towards them, prior to the beginning of the CTs. One mother in our Round 2 FGDs stated frankly that people would 'insult' or 'chase' the CMs away, annoyed that they would constantly 'come and ask questions' but without delivering anything substantial. The same sentiment was repeated in certain of our interviews:

> *X* apa *has been visiting our home since before I joined this group. She has been enlisting names for two or three years. Yes, she has been visiting us since before we started to get the Tdh money. Then she gave us the form of Tdh. We didn't know that we would be getting this money. Therefore, people didn't pay much attention to her words.*
> (Girl, 17, Round 2 interview)

However, this changed markedly with the introduction of CTs, as illustrated by the following extract from one of the KIIs focusing on community perceptions of the CMs:

> R: *A* bhai *used to come and talk for about 30 minutes. When I used to have leisure time, I would engage in conversation, and even when my husband had free time, he would also talk. Actually, it's only possible to talk when we're not busy. It didn't feel good when they first started coming regularly…*
>
> I: *How has your relationship with your CM been before and after receiving the money?*
>
> R: *Honestly, we have benefited a lot from receiving the money. We feel very grateful. For example,* bhai *asks how we are, and if there's any way he can help, and he enquires about our joys and sorrows. We tell him everything. It has created a sense of trust. After receiving the money, this sense of trust has grown even stronger, actually.*
> (KII with woman, 34)

The sense of gratitude evidenced above is a recurring theme, and it features repeatedly in the CM micronarratives:

> 'I can't believe that you gave money to so many people at once… This money is a blessing from Allah the Almighty… If you [the CM] had wanted, you could have cut our name from your list.' As she spoke, she held my hand and broke down in tears.
> (NG-B-2194 quoted in CM micronarrative 287)

CMs themselves also felt very happy about being able to announce the delivery of CTs to the community. After a year of trying to resolve issues with limited means, they were aware of the power of NBCO in helping households build their capacity and resilience but also its limitations in this highly resource-constrained context:

> On the 19th, I had a wonderful feeling because I found out… we can transfer cash to the community. I can't even express what good news this is for the community. We have been going to the community for two years now and have not been able to provide any visible support [to them]… Every month, after hearing about their life's sufferings, it is beyond words how helpless we feel. Now, it feels good to know that we can be there for them with some help.
> (CM micronarrative 253)

The increased trust and connection between community members and their CMs opened important avenues for impact, primarily through the effect it had on community members' willingness to collaborate. This was illustrated in the words of the 15-year-old girl on page 40: 'The sisters and brothers behave very well. And most importantly, they understand our problems first and then provide help.'

As argued in section 5.4.2, the provision of cash ties in fundamentally with people's dignity. This is because cash provides both material succour in the face of people's poverty **and** recognition of their humanity as beings with needs, who struggle amidst intensely challenging circumstances and deserve support. Unsurprisingly, therefore, the delivery of cash 'unlocked' community members and enabled far greater trust and connection between them and their CMs.

6.2 INCREASED CAPACITY TO ACT ON ADVICE

Discussions with the CM team during our reflection workshops made clear that they unanimously perceived a change in the community after the advent of CTs. 'The cash has been like an ignition for the plus,' one CM stated, coining a phrase that became legend amongst the project team in making sense of the synergy between CTs and the relational component.

Our data shows that while the first year of the relational component laid a strong foundation, the CTs allowed households to act on advice, referrals, and new ideas. Community members asked the CMs for support to set up income-generating activities, who responded by offering advice on how to save their cash, use it to access development loans, or allow for the purchase of productive assets. This was evidenced in the entrepreneurship trainings that the CMs held, which were attended by dozens of community members. Despite being trained **not** to be directive with households about how they might use the cash, it appears from the data that CMs did regularly proffer advice to invest and 'make something of the money'. This is apparent from the following extract:

> *While giving this money to us, Tdh people said that they were giving the money so that we could make improvements in our lives… If we spend that money just to buy food, this will be wasted. So, we need to invest this in something so that we can make improvements. And with the profit, we can buy food for ourselves.*
> (Parent, Round 3 interview)

The CTs' positive role was also seen when it came to education and health care. For example, in the following two extracts from the same FGD, we see both the importance of CM persuasion in convincing a mother to re-admit her daughter to school and the simultaneous importance of the cash in enabling her to pay the fees:

> I: *So, in your case, the CM didn't only give suggestions but helped you to gain a skill and…*
>
> R2: *Become independent… In a sense, they can create big changes in our lives. They made the impossible possible for me.*
>
> I: *Can you give an example?*
>
> R2: *Well, my parents were dead set against admitting me to a school. But I had a very good relationship with Ms L. She has a very good relationship with my family too. She talked to my mother for two to three months in order to convince her. She was finally convinced and got me admitted to a school. Had she not convinced my mother, she wouldn't have realised it and I would have been stuck in that situation now. I couldn't have made this change in my life.*
>
> …
>
> I: *For what other purposes have they* [your parents] *been spending it* [the CTs]?
>
> R1: *For buying daily essentials.*
>
> I: *I see. What about you?*
>
> R2: *Well, in my case, the first instalment was spent on paying my admission fees, buying books and copies.*
> (Girl, 16, Round 3 FGD)

It is important to note that for certain households, cash alone was 'enough' to trigger re-enrolling their children into school or to continue their schooling when financial pressures may otherwise have led to a different outcome. Likewise, for various parents, the CMs opened pathways for school re-enrolment that did not require cash (for example, by persuading head teachers to forego fees and parents to act on the opportunity). Yet for some, it was the combination that was key.

Similarly, in the following micronarrative extract we see that combination of cash and advice at work when it comes to accessing formal health care:

> Then I told him to go to the doctor instead of taking random over-the-counter medicines for high blood pressure… She understood my point and said, '*Apa*, I cannot save money at the end of the day. My son-in-law is also ill… I spend all the money that you give on my daughter's education. Since you are saying to do so, I will try to visit the doctor with this month's cash transfer money.'
> (NG-B-0679 quoted in CM micronarrative 383)

6.3 INCREASED PARTICIPATION IN COLLECTIVE ACTIVITIES

One of the more surprising synergies between the cash and NBCO components of the intervention concerned the impact on collective, and particularly group, activities. The consistent presence of CMs in the community, the long-term building of relationships, and the trust generated by the rollout of cash all seem to have combined to alleviate concerns that people may have had about group participation and encourage people to get involved in shared activities facilitated by the CMs. This was evident in one youth group meeting attended by the authors of this paper. During presentations about the work the group do (in this case, focusing on community cleanliness) and how they feel about it, one adolescent girl explained that initially her parents were very wary about letting her join in group activity away from home or work where she could be supervised, particularly if groups were mixed. However, through the trust built with Tdh and after understanding that Tdh were 'really here to help us', they decided to allow her to participate, which was undoubtedly to her benefit. 'This is one of my favourite things,' she declared.

It should be noted, however, that Tdh also provided basic food rations to group participants as a way of compensating for their time. Typically, this took the form of a few kilos of rice or lentils each month, which various children and adults described as 'helpful', 'beneficial', and often central to their decision to participate. Once more, this speaks to the synergy between material and relational offerings.

6.4 MEDIATING NEGATIVE EFFECTS

Qualitative data shows that the relational component helped to respond to or counteract limited instances of negative effects of the provision of CTs. While a small number of substance-dependent individuals spent their money on drink or drugs or gambling, the vast majority did not. Importantly, however, the CMs played a vital role in safeguarding against such possibilities, intervening as case workers to dissuade this kind of spending, as the following interview makes clear:

> *The CM* bhai *also talked with my husband and tried to make him understand that as our children are growing, my husband needs to be more serious about the wellbeing of the household. He needs to take care of the family. He should support our children's education. After talking with the CM my husband's behaviour was good with me and my child for one week.*
> (Mother, Round 2 interview)

This kind of intervention was also in evidence in cases where intrafamilial household conflict emerged. The cash was transferred to a primary recipient, selected through conversations with CMs who encouraged families to select the person who could best use the transfer for the whole family's benefit. This resulted in the designation of 874 female recipients and 699 male recipients. We found far less mention of resulting inter-family conflict than expected. The following micronarrative shows that when these conflicts did sometimes emerge, CMs were able to use their relational skills to intervene:

> The wife of the head of the family told me, '*Bhai* I wanted to call you and it was good to meet you today. My husband and I fought during the Ramadan month and went to village. During Eid, I went to the village and spoke to him, but his anger has not subsided yet. My husband spent all the money for the fifth cash transfer of May 2023 and did not give me any money. Could you replace my contact number instead of my husband's, so that I can receive next month's cash transfer money?' I listened to all her words with active listening and extreme patience in the light of the NVC [Nonviolent Communication]. I replied to her, 'I can talk to the office and let you know if your number can be changed.' I also told her that I would call her husband… While talking to him, he said, 'Brother, I came to the village last month. I will come to Dhaka in a few days. I became physically ill when I came to the village and spent all the money on the treatment. I will send money to my younger son's mobile after receiving next month's money.'
> (NG-C-0014-01 in micronarrative 422)

The trust and respect that had been established in the year preceding the CTs was essential in allowing CMs to resolve issues, while their conflict mediation skills were vital for easing tensions and proposing a solution. This unexpected synergy – of CMs as a safeguard against negative externalities – has significant implications for wider cash programming and the development of cash-based forms of social protection.

Section 7:

CONCLUSION AND RECOMMENDATIONS

7 CONCLUSION AND RECOMMENDATIONS

The CLARISSA Cash Plus intervention sought to innovate in multiple ways that push the boundaries of social protection and child labour programming. Child labour interventions historically have failed to respond to the poverty underpinning children's work. They have also treated work and its consequences as somehow separate from (and more important than) the wider context of socioeconomic deprivation in which it typically takes place. Armed with a predefined goal and an established strategic toolkit, these interventions are rarely participatory and have a tendency to act on, rather than with, their targets. Social protection programming, by contrast, has always been rooted in an understanding of poverty's structuring power and has attempted to mitigate this through the provision of cash. Yet mainstream social protection provision is plagued with limitations of its own, most notably the persistent use of targeting, tendency towards conditionality, and failure to think beyond technical, market-oriented add-ons.

The CLARISSA Cash Plus intervention represented a radical departure from the norm. It rejected targeting at individual or household level and instead took place universally across an entire low-income neighbourhood where most people experience deprivation and have to work in circumstances that are difficult, dangerous, and dirty. The intervention avoided preset, top-down priorities, such as removing children from work, and instead aimed broadly to increase the capacities of all residents to manage economic shocks, build alternative livelihoods, and improve their wellbeing. We expected this to impact people beneficially in multiple intersecting ways, including alleviating the conditions leading to children's work. This open-ended approach was rooted in respect for people in poverty and a participatory ethos that extended also to the design of the 'plus'. Our cadre of CMs were deployed to stand **with** community members in endeavours of their choosing and by addressing issues that they prioritised. Apart from the CTs, none of what was offered was predetermined.

The multi-method research and theory-based evaluation approach encompassing time-series data analysis, DiD impact estimates, qualitative data, CM micronarratives, ethnographic study, and reflection workshops showed clear patterns and mechanisms that support the ToC behind this radical new approach. Through this intervention, we demonstrate how the combination of community mobilising and CTs can improve household wellbeing and change the conditions that force children into hazardous work conditions. Our findings thus indicate that an intervention of this nature has real potential for taking social protection and child labour programming forward.

North Gojmohol, where the CLARISSA Cash Plus intervention took place, is an overwhelmingly poor neighbourhood. Despite widespread poverty, only a small minority of residents (are able to) access social protection, leaving stark coverage gaps. Families have high levels of debt, experience significant stress, and employ many short-term coping strategies with long-term negative consequences (such as taking children out of school or reducing food intake). Of vital importance in this cycle are health shocks and the subsequent drain on household economic resources. In this context, the combination of unconditional cash coupled with unconditional relational support can be game-changing. We found the intervention to reduce poverty and deprivation, support livelihood diversification, and increase resilience such that families could absorb shocks without having to turn to damaging coping strategies. The intervention offered a buffer against food insecurity and supported school re-entry, whilst also increasing people's sense of agency and capability in the face of life's difficulties. The cash component was central to these positive impacts, and these findings should be cause for policymakers to consider adopting unconditional cash as a tool able to address various social ills at once. This includes children's work, the causes of which were clearly impacted by this intervention.

Yet this evaluation also attests to the power of participatory community support – what we have termed relational, needs-based community organising – as a stand-alone intervention **and** a non-cash accompaniment to cash roll-out. Data shows that the CMs operated like a 'human last mile', connecting residents to services and opportunities, facilitating individual and shared acts of self-improvement, and making the most of the receipt of unconditional cash. The synergy between these two intervention arms was striking – together they support recipient dignity, enhance trust, and thus deepen collaboration. The impacts of this combination were felt

in people's wellbeing, interpersonal relationships, and economic resilience, and they were also evident in cases of school re-enrolment and medical assistance. In all of this, the power of unconditionality is marked, since it supports community members to identify what they want and need, and CMs to respond appropriately.

These findings have substantial implications for public policy. Although the Government of Bangladesh (GoB) has rolled out multiple social protection schemes for the poor, their patchy coverage and inaccessibility still leaves major gaps through which many fall. A signal conclusion, therefore, is that the GoB should consider extending unconditional cash support across the country, providing a solid cash floor – such as in the form of a universal basic income – on which people can stand. Accompanying this with a nationwide cadre of NBCOs operating locally in tandem with cash delivery could have transformative impacts on the country's millions of people plagued by poverty and – crucially – help to shift the needle on the plight of the many children working in hazardous and dangerous conditions.

We summarise these findings and elaborate on potential future policy actions, including actions that can be taken by the GoB bilateral and civil society partners, in the seed points that follow. Recommendations were developed with stakeholders during a policy engagement workshop in March 2024.

7.1 KEY FINDINGS

1 Although the Government of Bangladesh (GoB) has rolled out multiple social protection schemes for the poor, their patchy coverage still leaves major gaps through which the poor often fall, whilst access challenges prevent many of the eligible from accessing support.

2 Health shocks are among the most frequent and detrimental shocks faced by residents of low-income neighbourhoods, with direct and indirect costs of navigating them often leading to (re)immiseration. Few residents (are able to) access health insurance schemes or other support that could mitigate the impact of such shocks.

3 In this context, unconditional cash transfers (CTs) promote resilience in the face of crisis. CTs increase resources, enhance financial resilience, and support families to absorb shocks without having to turn to damaging coping strategies such as sending children to work.

4 Unconditional and universal CTs combined with case work and community support has a positive impact on family wellbeing. The CLARISSA Cash Plus intervention reduced poverty, provided a buffer against food insecurity, and strengthened economic activities.

5 Unconditional and universal CTs combined with case work and community support empowers families to take control of their own lives and feel hope for the future. The intervention led to improvements in household ability to earn sufficient income through enabling investments in productive assets, improved resilience, and promoted a greater sense of agency.

6 Unconditional and universal CTs combined with case work and community support has the potential to reduce children's engagement with paid work, especially for older children.

7 Unconditional and universal CTs combined with case work and community support facilitate re-entry into school, with cash lowering financial barriers to entry and community mobilisers (CMs) acting as liaisons between families and the schools.

8 Alongside cash, CM support and household-level case work function as a form of social protection, with benefits enhanced due to the combination with cash. CMs work as a kind of 'human last mile' able to connect the urban poor to services; improve access to and take-up of existing social protection mechanisms; advocate for resident interests; and provide a range of bespoke services tailored to recipient needs, such as employment training programmes.

9 The bottom-up, participant-led approach to designing case work and community support facilitates the development of tailored, household-appropriate interventions that respond more directly to needs articulated by beneficiaries.

7.2 RECOMMENDATIONS FOR GOB

Provide meaningful unconditional income support, with progressive realisation of universal coverage

- In support of progressive realisation of universal coverage, we recommend the GoB to test universal coverage of a social protection programme for a single target group – for example, the Mother and Child Benefit Programme – to maximise benefits, reduce leakage, and encourage social solidarity.
- In line with what is envisaged in the National Social Security Strategy (NSSS), we recommend increasing coverage of the NSSS programmes, especially for those targeting populations in the informal sector and urban areas. Given the extent of and recent rises in urban poverty, we encourage the process to be accelerated.
- In line with stipulations in the NSSS, we recommend increasing social protection transfer amounts in line with inflation to compensate for increased costs of living and to preserve the value of transfers.
- Currently the GoB deploys over 100 targeted CT programmes which leave substantial sections of the population, including amongst the poor, uncovered. We recommend the GoB to conduct a feasibility study assessing the viability, cost, and cost-effectiveness of combining all existing schemes into one universal, unconditional transfer. This should include calculations of the potential impact of various degrees of debt relief and the reallocation of military expenditure.
- To test the benefits and cost-effectiveness of one universal, unconditional transfer, we ask the GoB to consider piloting a universal basic income (UBI) within a geographical area/neighbourhood, as tested by CLARISSA in Bangladesh as well as in neighbouring South Asian countries.

Offer complementary support and services

- The GoB should consider combining CT programmes with relational 'plus' elements delivered by case workers and community organisers when appropriate and feasible, to maximise the impact of cash and generate synergistic benefits.
- To create the preconditions for enhanced delivery of 'plus' components and relational support as part of CTs, we recommend training a large national cadre of social workers to be deployed as a 'human last mile' in social protection delivery.
- Given the positive findings of the relational support delivered in the CLARISSA Cash Plus intervention, we recommend incorporating needs-based and people-led support into all training courses and/or programmes working with social workers or extension workers. This would include Nonviolent Communication, empathic listening, facilitation, participatory action research, and the power of unconditionality.
- The GoB could supplement this cadre of social workers through partnerships with civil society, including NGOs, to play this 'last mile' and cash-enhancing role.
- To further test the benefits and cost-effectiveness of universal cash combined with relational support, we recommend the GoB to pilot a universal 'cash plus' initiative, combining UBI and the CLARISSA Cash Plus-type across an entire geographical area/neighbourhood. A second phase of this test could explore multiple different contexts.
- Based on findings from across the CLARISSA consortium, we recommend that resources used to achieve the National Plan of Action to Eliminate Child Labour are channelled towards participatory, community-led solutions facilitated by community workers.

Improve access to affordable and quality health care

- The GoB should consider the appropriateness and feasibility of automatically combining CT programmes with enrolment into national health insurance schemes.
- As mentioned in the NSSS on Health Insurance and Human Development Supply Side Interventions, affordable health insurance options for people in poverty and informal work need to be developed and extended, using the experience of existing pilots in both urban and rural areas.
- As listed in the NSSS, as part of programmes for children, supply-side interventions relating to children's health need to be expanded.
- As part of an extension of National Social Insurance Schemes (NSIS) – listed in the NSSS as part of programmes for those of working age – health insurance to those of working age in formal jobs (and their families) needs to be expanded.

7.3 RECOMMENDATIONS FOR MULTILATERAL AND BILATERAL DONORS

Provide support for the progressive realisation of universal, unconditional cash coverage

- Support the GoB to conduct a feasibility study assessing the viability, cost, and cost-effectiveness of combining all existing schemes into one universal, unconditional transfer, such as a UBI. This should include both an institutional review as well as financial analysis. It could further include calculations of the potential impact of various degrees of international debt relief and reallocations of pensions and rations to government servants.
- Offer funding to the GoB to pilot UBI within a geographical area/neighbourhood, as tested by CLARISSA and as financed by UNICEF in India.
- Advocate for the rationalisation of the GoB's social protection schemes, with top-ups or adaptations for particular populations with additional needs (e.g. persons with disabilities).
- Collaborate to rationalise the financial support made available to the GoB for social protection investments.
- Advocate for international debt relief to increase GoB's budgetary capacity.

Offer complementary support and services

- Provide funding to pilot a universal 'cash plus' initiative, combining UBI and the CLARISSA-type plus across an entire geographical area/neighbourhood.
- Fund a training scheme that supports needs-based and people-led work in training courses and/or programmes working with social workers or extension workers. This would include Nonviolent Communication, empathic listening, facilitation, participatory action research, and the power of unconditional forms of social support.
- Provide funding for the GoB's development of a nationwide cadre of such social workers.

Improve access to affordable and quality health care

- Collaborate with the GoB (including, for example, through offering funding) to conduct a feasibility study assessing the potential, mechanisms, and benefits and challenges of combining CT programmes with enrolment into national health insurance schemes.
- Increase funding and provide technical support for increasing the GoB's capacity to develop and extend national health coverage, including affordable health insurance options for people in poverty and informal work.
- Support the expansion of health insurance to those of working age in formal jobs, as part of an extension of the NSIS – listed in the NSSS as part of programmes for those of working age.
- Fund a pilot project examining the bundled intervention of 'cash plus' and enrolment in a trusted health insurance scheme for a specific population (such as informal workers in the garment sector, or a city neighbourhood).

7.4 RECOMMENDATIONS FOR (INTERNATIONAL) CIVIL SOCIETY

Provide meaningful unconditional income support, with progressive realisation of universal coverage

- Support the GoB to conduct a feasibility study assessing the viability, cost, and cost-effectiveness of combining all existing schemes into one universal, unconditional transfer, such as a UBI. This should include calculations of the potential impact of various degrees of debt relief and the reallocation of military expenditure.
- Advocate for international debt relief to enable an increase of GoB budgets and the reallocation of national expenditure towards investments in human security.
- Advocate for the rationalisation of the GoB's social protection schemes, with top-ups or adaptations for particular populations with additional needs (e.g. persons with disabilities).

Offer complementary support and services

- Collaborate to raise and provide funding to pilot a universal 'cash plus' initiative, combining UBI and the CLARISSA-type plus across an entire geographical area/neighbourhood.
- Collaborate to raise and provide funding for a training scheme that supports needs-based and people-led work in training courses and/

or programmes working with social workers or extension workers. This would include Nonviolent Communication, empathic listening, facilitation, and participatory action research.

Improve access to affordable and quality health care

- **Collaborate with and provide funding for the GoB to conduct a feasibility study assessing the potential and mechanisms for automatically combining CT programmes with enrolment into national health insurance schemes.**
- **Conduct pilot studies exploring modalities for extending the GoB's national health coverage, including affordable health insurance options for people in poverty and informal work being developed and extended.**
- **Collaborate with the GoB to support the expansion of health insurance to those of working age in formal jobs, as part of an extension of the NSIS – listed in the NSSS as part of programmes for those of working age.**

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ANNEXES

ANNEXE 1 METHODOLOGY FOR DIFFERENCE-IN-DIFFERENCES IMPACT ANALYSIS

Table A1: Baseline values in North Gojmohol and Balurmath at baseline, unweighted

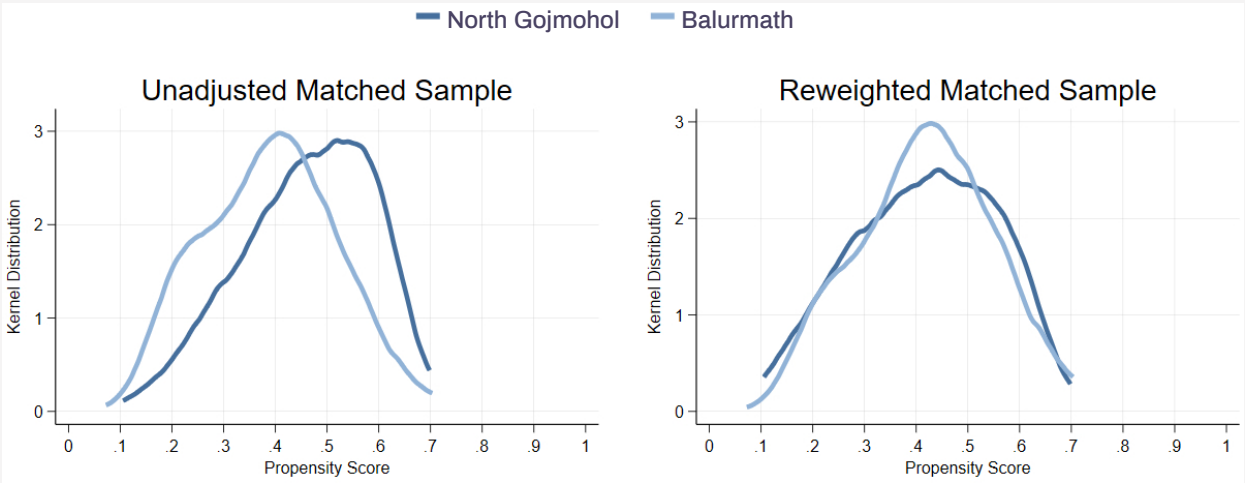
Baseline values		North Gojmohol	Balurmath	Difference	Significance
	Observation	**558**	**773**		
Household characteristics	Head of the household is female	12%	20%	-8%	***
	Head of the household age	41.2	40.4	0.9	
	Household size	4.1	3.9	0.2	**
	Household head is single parent	34%	42%	-8%	***
	Any household member is aged 0–5 or younger	37%	40%	-3%	
	Any household member is aged 6–12 or younger	48%	46%	2%	
	Any household member is aged 13–18 or younger	44%	39%	6%	**
	All members aged 6–12 attend school (reportedly)	96%	94%	2%	
Housing conditions	Number of rooms in the house	1.4	1.3	0.1	***
	The main material of the house walls is cement/brick	82%	67%	15%	***
	The household owns a TV	63%	53%	11%	***
	The household owns a fan	99%	98%	1%	
	The household owns a mobile phone	98%	98%	1%	
	The household owns any bicycles, or a scooter or motor car	10%	8%	2%	
	The household owns 51 or more decimals of land	3%	3%	1%	
Economic conditions	Household head has ID	85%	80%	5%	**
	Any member has a bank account	27%	20%	6%	***
	Any member has a mobile money account	62%	53%	10%	***
	Any member has savings or set money apart for future expenses	17%	14%	3%	
	Any member has any loans	56%	61%	-5%	*

Table A1: Baseline values in North Gojmohol and Balurmath at baseline, unweighted (cont.)

		North Gojmohol	Balurmath	Difference	Significance
Food insecurity	Food insecurity (at least sometimes worried)	46%	47%	-1%	
	Food insecurity (at least sometimes not able to eat)	43%	52%	-9%	***
	Food insecurity (at least sometimes went to sleep hungry)	16%	23%	-7%	***
Shocks	Very adversely affected by Covid-19	44%	55%	-11%	***
Poverty	Poverty Rate (International 2005 PPP US$1.75)	48.2	52.8	-4.6	***
Child education and work	Child work of any child aged 5–17	18%	25%	-7%	***
	Child work of any child aged 5–11	6%	9%	-4%	**
	Child work of any child aged 12–17	14%	18%	-4%	**
	Dropout rate of children aged 5–17	17%	21%	-4%	*
	Dropout rate of children aged 5–11	3%	5%	-2%	
	Dropout rate of children aged 12–17	15%	19%	-4%	*

Notes: * p<=0.1, ** p<=0.05, *** p<=0.01. PPP – purchasing power parity.
Source: Authors' own calculations based on CLARISSA Cash Plus periodic survey data – census and endline.

Figure A1: Propensity score distribution matched sample, before and after applying Inverse Probability Weights



Source: Authors' own calculations based on CLARISSA Cash Plus periodic survey data – census and endline.

Table A2: Inverse Probability Weighting difference-in-differences results

	North Gojmohol		Balurmath		DiD
	Baseline	Endline	Baseline	Endline	
Number of rooms in the house	1.3	1.4	1.3	1.4	0.0
The main material of house walls is cement/brick	72%	89%	73%	68%	22%***
The household owns a TV	57%	55%	57%	47%	8%**
The household owns a fan	99%	99%	99%	99%	0%
The household owns a mobile phone	97%	99%	98%	99%	2%
The household owns any bicycles or a motor car	9%	15%	9%	14%	0%
The household owns 51 or more decimals of land	3%	1%	3%	1%	0%
Household head has ID	82%	95%	82%	91%	4%*
Has a bank account	23%	26%	23%	26%	0%
Has a mobile money account	56%	88%	57%	71%	17%***
Has savings or set money apart for future expenses	15%	28%	16%	32%	-4%
Has any loans	57%	89%	61%	83%	10%***
Food insecurity (at least sometimes not able to eat)	48%	65%	48%	72%	-7%*
Food insecurity (at least sometimes went to sleep hungry)	20%	27%	20%	35%	-8%**
Very adversely affected by Covid-19	51%	26%	51%	23%	2%
Poverty Rate (International 2005 PPP US$1.75)	51.0	46.6	50.8	52.0	-5.7***
Child work of any child aged 5–17	24%	11%	23%	9%	1%
Child work of any child aged 5–11	8%	2%	8%	1%	1%
Child work of any child aged 12–17	17%	9%	17%	8%	1%
Dropout rate of children aged 5–17	20%	28%	20%	29%	-2%
Dropout rate of children aged 5–11	4%	12%	4%	11%	1%
Dropout rate of children aged 12–17	17%	18%	17%	20%	-2%

Notes: * p<=0.1, ** p<=0.05, *** p<=0.01. DiD – difference-in-differences. PPP – purchasing power parity.
Source: Authors' own calculations based on CLARISSA Cash Plus periodic survey data – census and endline.

ANNEXE 2 WEIGHTING FACTORS FOR CONVERTING LIKERT SCALE ANSWERS INTO CONTRIBUTION SCORES

Table A3: Contribution score weights

Likert scale answers	Perceived influence of support on the change			
	No influence	Small influence	Fair influence	Big influence
Perceived change over the last six months				
Much worse	0	0	0	0
Worse	0	0	0	0
No change	0	0	0	0
Better	0	0.2	0.4	0.8
Much better	0	0.4	0.8	1.0

Source: Authors' own.

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CLARISSA works by co-developing with stakeholders practical options for children to avoid engagement in the worst forms of child labour in Bangladesh and Nepal.

The participatory processes which underpin the programme are designed to generate innovation from the ground which can sustainably improve the lives of children and their families.

The programme's outputs are similarly co-designed and collaboratively produced to enhance local ownership of the knowledge, and to ensure that our research uptake and engagement strategy is rooted in the direct experience of the people most affected on the ground.