

DBT diagnostic study: Female beneficiaries' experience of receiving DBT

September, 2022



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Executive summary



Executive summary

MSC (MicroSave Consulting) conducted this study to evaluate the gender-centricity of DBT programs by assessing how seven DBT programs (cash or in-kind transfers) have empowered women and make policy recommendations



Most beneficiaries felt DBT has a positive impact at the household and individual levels in the family

- The study shows that **84% of female beneficiaries reported a positive impact of DBT, especially on household savings and disposable income, children's education, and health.** Most female beneficiaries reported an inflow of DBT funds that ensured their children stayed in school instead of dropping out to support the family. DBT funds also helped in household food supply and improved the families' physical health. Male beneficiaries also reported a similar trend.
- **84% of female beneficiaries reported a positive impact of DBT funds on their stature within the household.** It has increased disposable income in women's hands while increasing her chances of financial and non-financial decision-making within the household
- **10% of women reported no change in their household** because of the **high opportunity cost of enrolling and withdrawing DBT funds.** They felt that they wasted time and money traveling to collect funds. Additionally, many felt that the **amount was insufficient and arrived too late to impact their lives.** Male beneficiaries also reported a similar trend.
- **6% of women reported a negative impact of DBT on the household.** The leading reasons for this experience were increased arguments in the household. For most female beneficiaries in this category, these arguments resulted in instances of violence. **Female beneficiaries were blamed for not getting DBT funds despite submitting documents. Additionally, many were forced to hand over DBT funds to spouses or family members.**

Executive summary



Women have limited control over DBT funds

- ▶ **35%** of women give DBT money to their spouse or family, with most of them giving away around 50% of their entitlement.
- ▶ Around **28%** of female beneficiaries reported that male family members withdraw DBT funds on their behalf.



Women face several restrictions around their mobility

- ▶ **65%** of female beneficiaries need permission from family members to step out and are chaperoned to withdraw DBT.
- ▶ Around **20%** of women said they feel unsafe traveling to a withdrawal point
- ▶ We observed a dramatic difference between men and women in the “low mobility” category across programs. **On average, less than 10% of all men surveyed face restrictions around their mobility, while more than 20% of women face restrictions.**



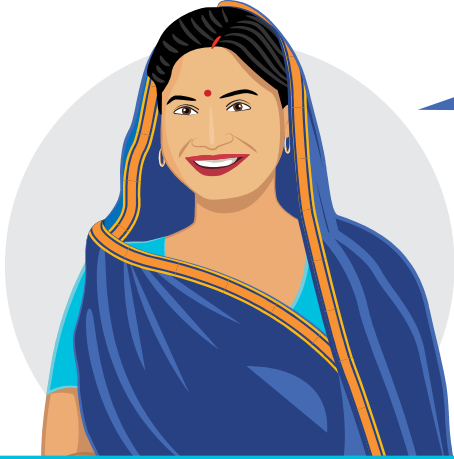
Women enrolled in programs offering most mobility ironically have least control over decisions

- ▶ Female beneficiaries enrolled in MGNREGA demonstrate the highest freedom of movement. This is perhaps in part due to the nature of the program—women must travel to designated worksites under MGNREGA. However, compared to other programs surveyed, female beneficiaries in MGNREGA had the **smallest percentage of women who enjoy agency over decisions (31%)**. **In fact, 44% of all MGNREGA female beneficiaries have limited control over decisions.**



Recommendations and next steps

For policymakers to understand DBT's impact on women, it is important to implement gender-disaggregated data (GDD)

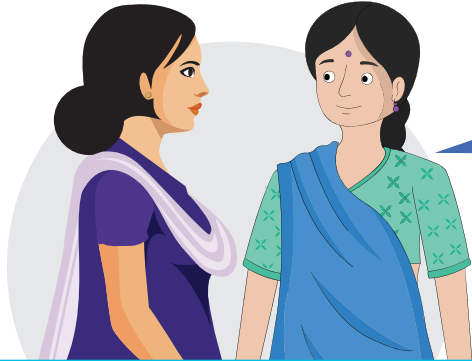


~16% of women said DBT has either had no impact or a negative impact on them and their household.

Action points

- ▶ **Create policies to collect GDD:**
Policy guidelines need to be created by the government to collect GDD that can help understand the effect of DBT on gender and, in turn, help develop more impactful policies.
- ▶ **Guidelines to use GDD to strengthen implementation of DBT:**
Women reported facing challenges in availing of the program benefits due to tedious processes or program designs that did not consider gender norms. GDD will help policymakers design and evaluate policies to increase women's access and control of DBT.

Increasing female frontline workers can improve women's access to DBT



>80% of female beneficiaries prefer in-person communication methods.

Action points

- Increase female frontline workforce (Bank *Sakhi*, AWW, ASHA, *Mahila Mate*): We found that women prefer in-person communication with stakeholders they can trust, at locations they feel are safe.
 - Increase the number of female BCs or bank staff for female beneficiaries—we know this can increase transactions by nearly 8%
 - Increase the number of ASHA/AWW: The *anganwadi* system forms the backbone of the country's Integrated Child Development Services Scheme (ICDS)—the world's largest community-based program for child development. Yet the numbers of *anganwadi* staff and pay are minimal. In addition, they are not considered full-time workers, despite their long hours.
 - Increase the number of *Mahila Mate* : More *Mahila Mates* will lead to higher participation of women in MGNREGA job sites as they help in creating a women-friendly environment at the job site.

Create peer-based financial awareness campaign using existing government works such as Asha, ANM to improve skill and confidence of women withdrawing DBT



~50% of female beneficiaries do not withdraw independently, partly due to a lack of confidence.

Action points

- ▶ Use existing female-only peer groups, such as SHGs and *panchayat* groups, to learn how to access and withdraw funds through various channels, such as ATMs and BCs, among others.
- ▶ FSPs should get involved to help female beneficiaries understand and use various services: this could be through financial literacy drives, sensitization of bank staff, CICO, or BCs, and through ATMs with text-to-speech facilities to enable ease of use.



Background and study objectives

Background and Project Context

The research study is guided by twin objectives listed below; this presentation will focus on how women access and utilize DBT funds; we featured programs that targeted women or were underrepresented in the research, or both

01



Evaluating the gender-centricity of DBT Programs

Assess how the selected DBT cash or in-kind transfers have empowered women and make policy recommendations

02



Measuring the efficacy of DBT programs

Assess and measure targeting, beneficiaries' perceptions of cash transfers, access, and withdrawal of benefits

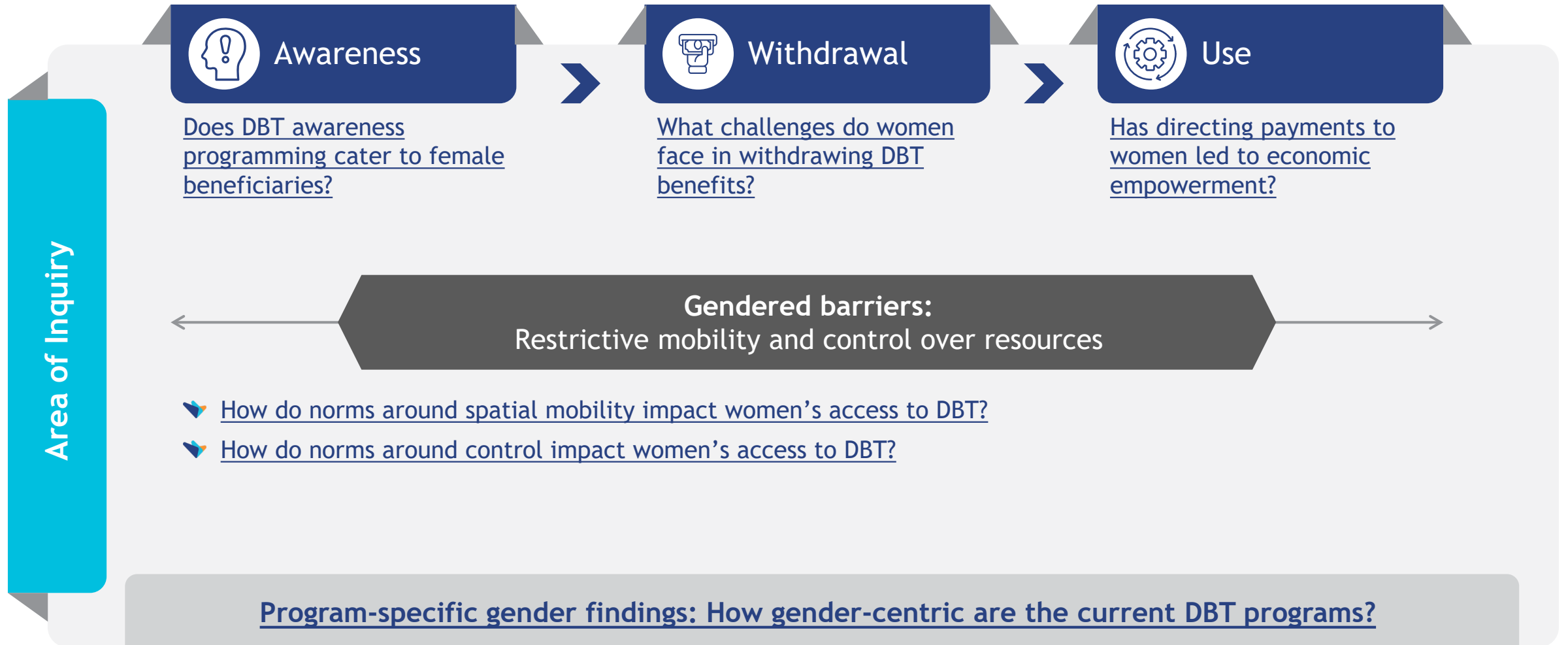


Programs evaluated

1. **Pradhan Mantri Matru Vandana Yojana (PMMVY)**: Partial wage compensation for women to take rest before and after delivery of their first child
2. **Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)** : 100 days of guaranteed labor to a rural household interested in unskilled labor
3. **Pradhan Mantri Awaas Yojana (PMAY- Urban and Rural)**: Cash incentive to households to address the urban and rural housing shortage
4. **Pradhan Mantri Jan-Dhan Yojana (PMJDY)**: Provide financial inclusion and support to the marginalized and socioeconomically neglected classes
5. **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)**: Provides nutritional and vocational support to out-of-school adolescent girls
6. **Post-Matric Scholarship**: Providing scholarships to post-matric students based on their caste and religion
7. **National Social Assistance Programme (NSAP)**: Provides pension to the elderly, the differently abled, and widowed

Area of inquiry across the program's journey map for female DBT beneficiaries

The journey map follows the lifecycle of DBT programs and their impact on gender; the lifecycle is divided into three stages: Awareness, withdrawal, and utilization



Project methodology

We used a mixed-method, cross-sectional research approach for the study; the study captured beneficiaries' perspectives quantitatively, supplemented with qualitative focus group discussions to help corroborate and triangulate the findings.

- The quantitative sampling was done in multiple stages.
- The quantitative survey covered 4,500 beneficiaries and was conducted in the rural and urban areas of the sample states
- 51 qualitative interviews and FGDs were conducted with beneficiaries and other stakeholders, such as ASHA workers, gram panchayat members, NGOs, and industry experts
- The ratio of female to male beneficiaries was ~66:34

Program name	Total sample size
PMMVY	600
SABLA	600
JDY	600
MGNREGA	600
NSAP	900
Scholarship	600
PMAY	600



Female beneficiaries' access to resources



Amongst the diverse group of female beneficiaries, over a third were the head of household. Most employed women were daily wage laborers and 22% of these were the primary household earners

37%

are between
18-30 years

46%

are between
31-60 years

17%

are above
60 years

36%

report having a female head of household

47% identify as
SC/ST***

51% are married

30% are single

19% are widowed

25% are uneducated

13% have studied until the fifth grade

13% have finished high school (10th grade)

22% women are primary household earners

39% are daily wage laborers

23% are farmers or work in agriculture

3% Beneficiaries
are differently
abled

56% stay in a *pucca* house*

24% stay in a *semi-pucca* house**

20% stay in a *kutchra* house

*Pucca refers to a house which requires all three components—walls, roof, and floor—to be made of strong or permanent material

**Semi-Pucca refers to any house where both - walls and roof - are made of improved materials like G.I./Metal/Asbestos sheets or concrete, etc.

***The Scheduled Castes (SCs) and Scheduled Tribes (STs) are officially designated groups of people and among the most disadvantaged socio-economic groups in India.

Over a third of women were responsible for fetching firewood and water for their families. Encouragingly, nearly all female beneficiaries reported access to toilets and most had access to major IDs (*Aadhaar*, ration cards etc.)

42%

Access to water

Female beneficiaries report they have to step out to fetch water. Around half of this group spends more than one hour every day to fetch water for their families. This data is comparable to the data stated by the Gaon Connection survey, which found that 39% of all women fetch water.

93%

Access to toilets

Female beneficiaries report using toilets. Nearly 7% report no access to toilets. NHFS reports that 69% of people in India have access to toilets in households.

60%

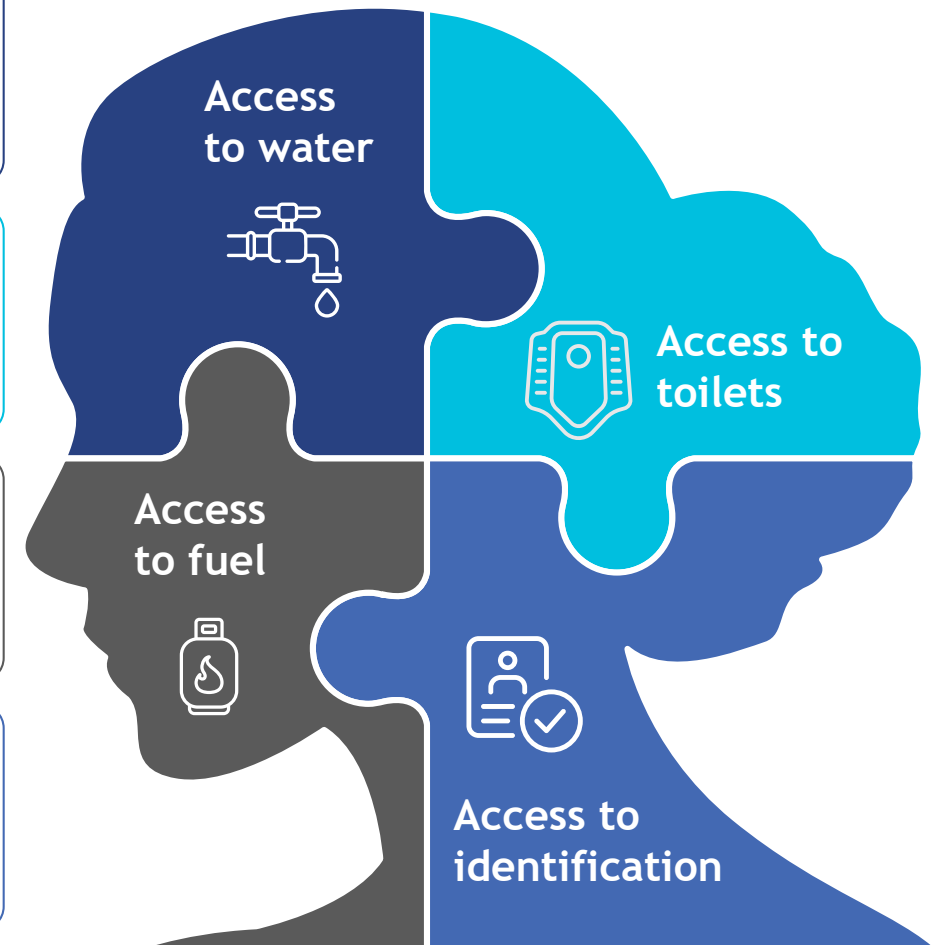
Use LPG/PNG as primary fuel

Female beneficiaries use LPG/PNG as the main source of fuel. Over 30% women are tasked with collecting firewood. CEEW demonstrated that 54% of households in India still use some form of traditional fuel

70%

Access to identification (at least 3 IDs)

All female beneficiaries had access to an *Aadhaar* card and a bank passbook, 70% had ration cards, 66% had voter IDs, and 29% had a PAN card



100% of all female beneficiaries had access to bank accounts and nearly a third owned independent assets. However, access to mobile, internet, and DFS remains limited as compared to male beneficiaries

30%

Access to independent savings and assets*

Female beneficiaries reported having separate savings or assets. 83% of this group had complete control over these savings or assets. MSC's PM KISAN survey reported that 10% of women had land in their name.

100%

Ownership of bank accounts

All female beneficiaries owned separate bank accounts. In comparison, NHFS reported 79% of women in India have accounts.

37%

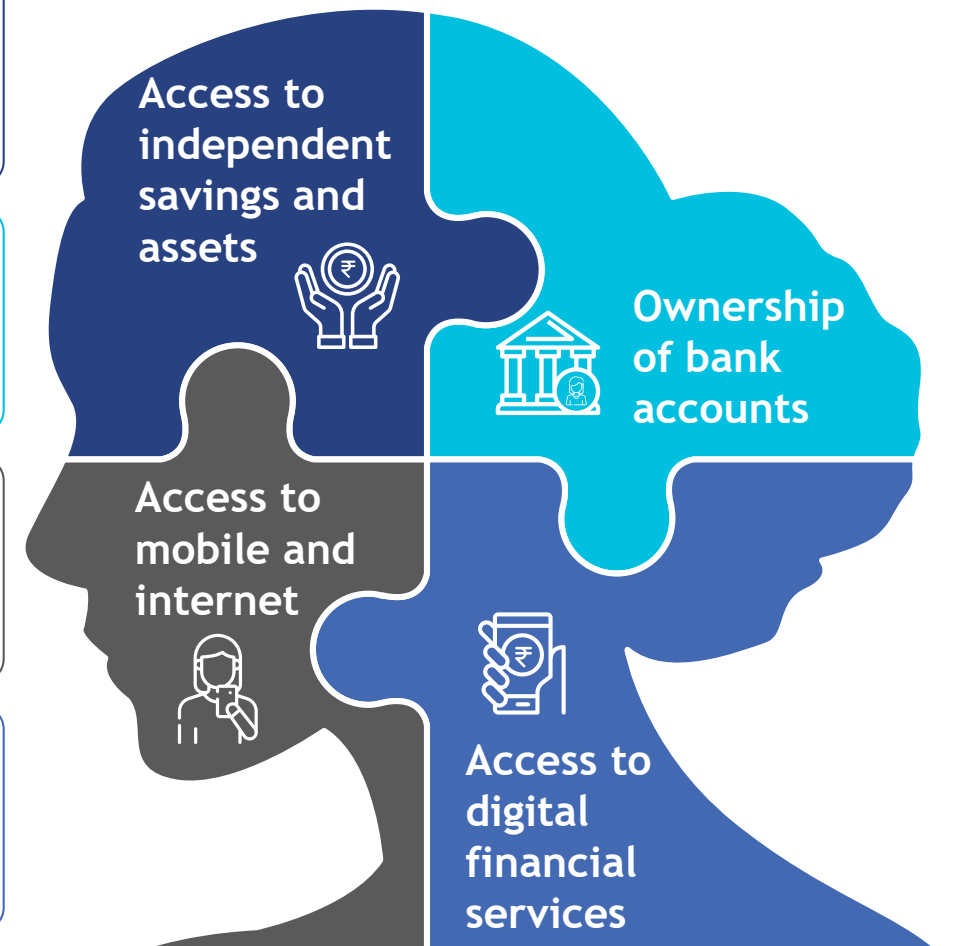
Access to mobile and internet

Female beneficiaries own a mobile phone. Of these, 53% use smartphones, 40% use feature phones. 38% have access to internet. 62% of male beneficiaries have mobile access. NHFS reports 54% of all women in India have a mobile phone.

22%

Access to digital financial services

22% of (those who have phones) make mobile payments through wallets. 37% of male beneficiaries who have phones use DFS. The All-India Debt and Investments Survey showed that <15% of women have e-wallets.



*Assets, such as land, livestock, jewelry etc.



Does DBT awareness programming cater to female beneficiaries?

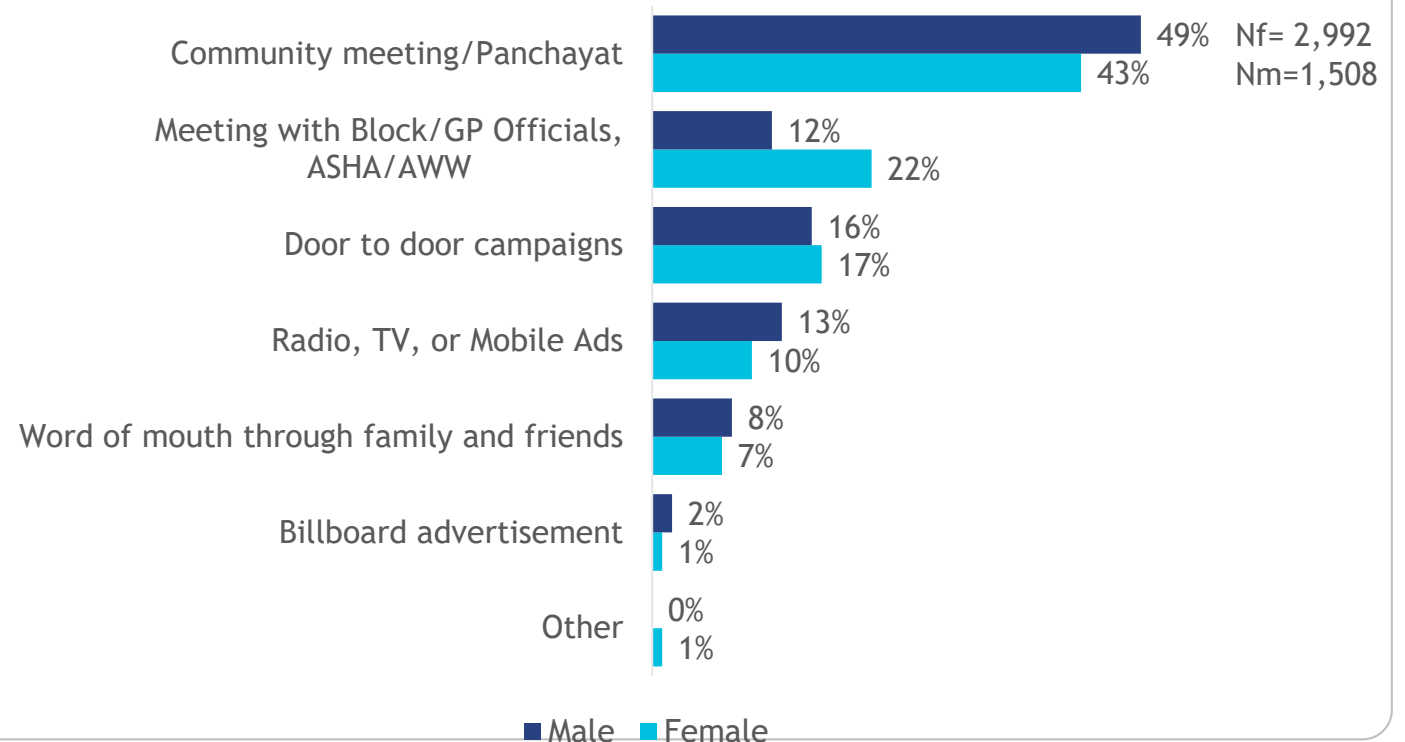
Over 70% of women prefer learning about schemes through in person interactions. Only 10% find mass media (radio, TV) an effective way to disseminate information. Billboard advertising is the least preferred communication channel



What, according to you, is the most effective channel to convey program information?

- Both genders prefer in-person interactions to learn about programs, such as *panchayat* meetings and engagements with officials
- However, as compared to men, women strongly prefer one-on-one interactions with block or *panchayat* officials and ASHAs or *Anganwadi* workers (AWW) to learn about various programs
- Neither gender receives information of the awareness campaigns over media or advertising. NFHS 2019-20 reports that 41% of women and 32% of men lack access to any of the media types

Most effective channel for program awareness



Women feel in-person interactions help them understand program objectives and resolve queries; they prefer awareness channels that save time

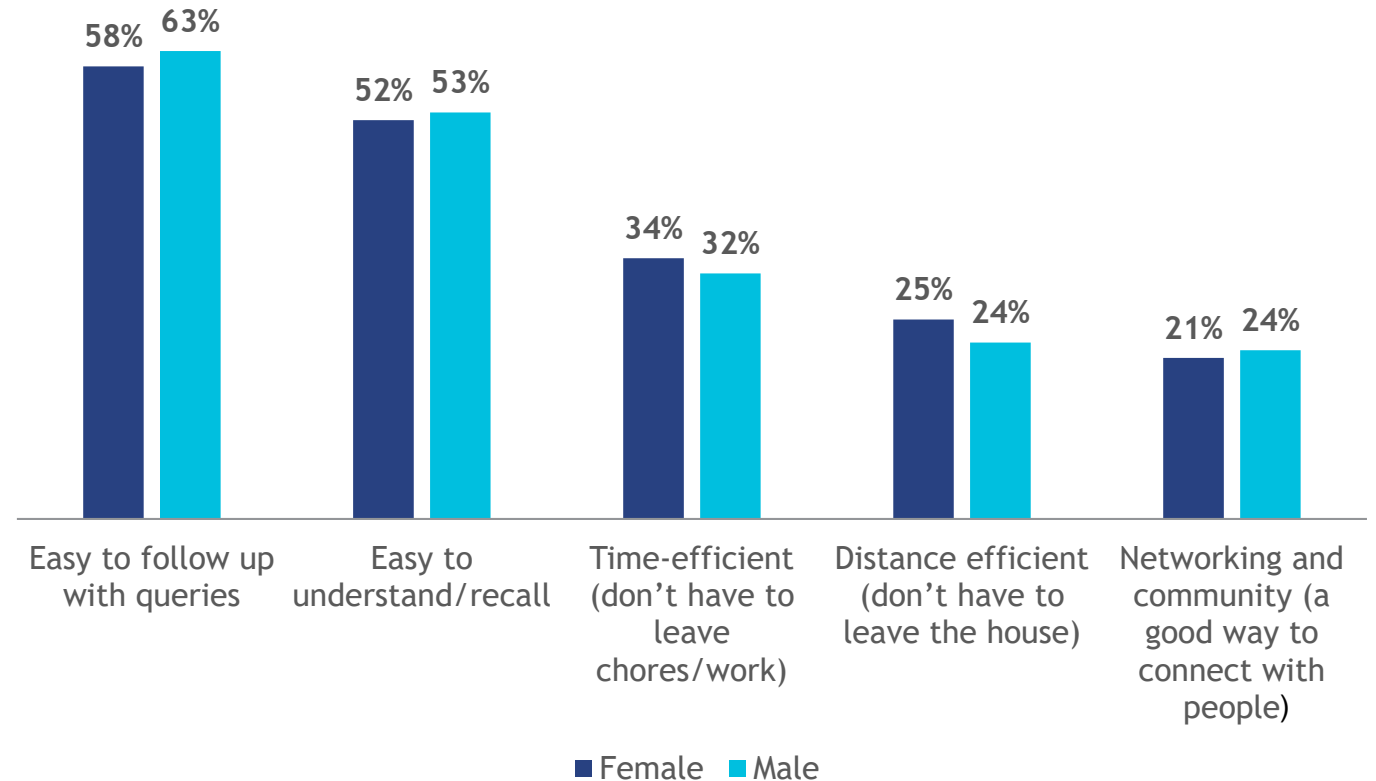


Why do you think it is the most effective way to convey program information?

- ▶ In-person engagements allow beneficiaries of both genders to understand program details around enrollment, eligibility, and benefits better. **80% of women who had queries felt that they were resolved during the program awareness stage.**
- ▶ Women have a slightly higher preference for time-efficient methods of program awareness that do not require too much travel.
- ▶ **More than 20% of beneficiaries prefer awareness channels that present opportunities to make new connections.** This is an especially critical finding, as female beneficiaries often face restrictive norms that keep them at home.

Reasons for preferring a particular channels for awareness-building

Nf=2,992; Nm=1,508

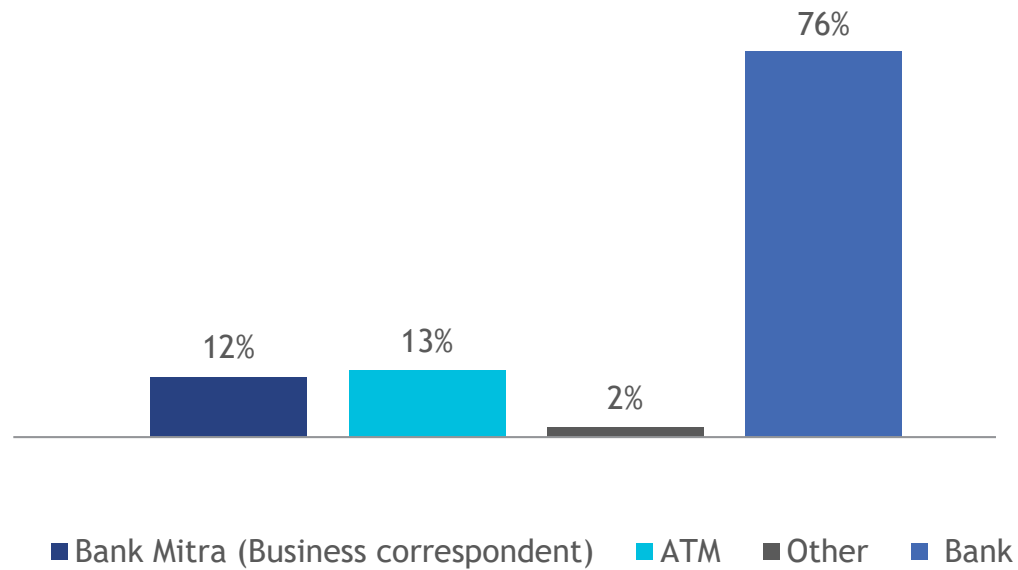




What challenges do women face in withdrawing DBT?

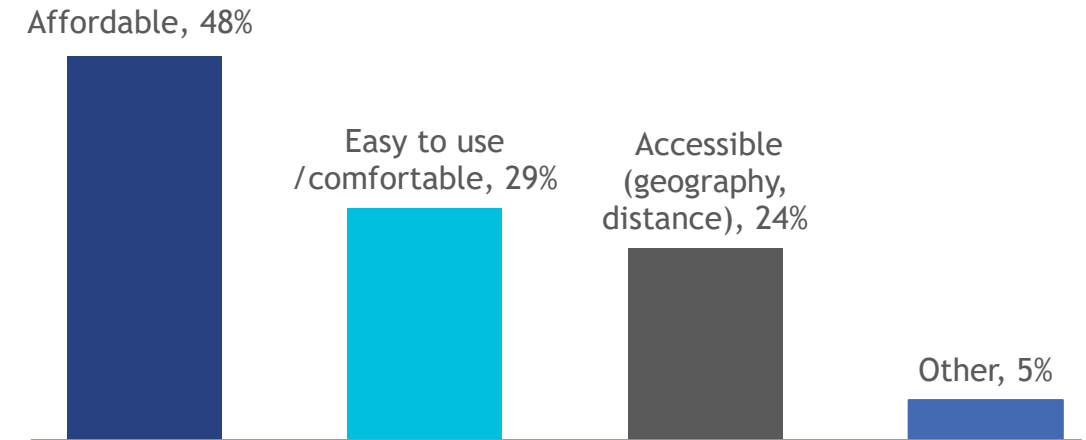
Women prefer the bank as a withdrawal point because of its “affordability”, even though BC and ATM points are often more affordable in terms of time and distance costs

Out of the channels available for withdrawing benefit, which one did you use?



Nf= 2,992

Why did you choose this channel?



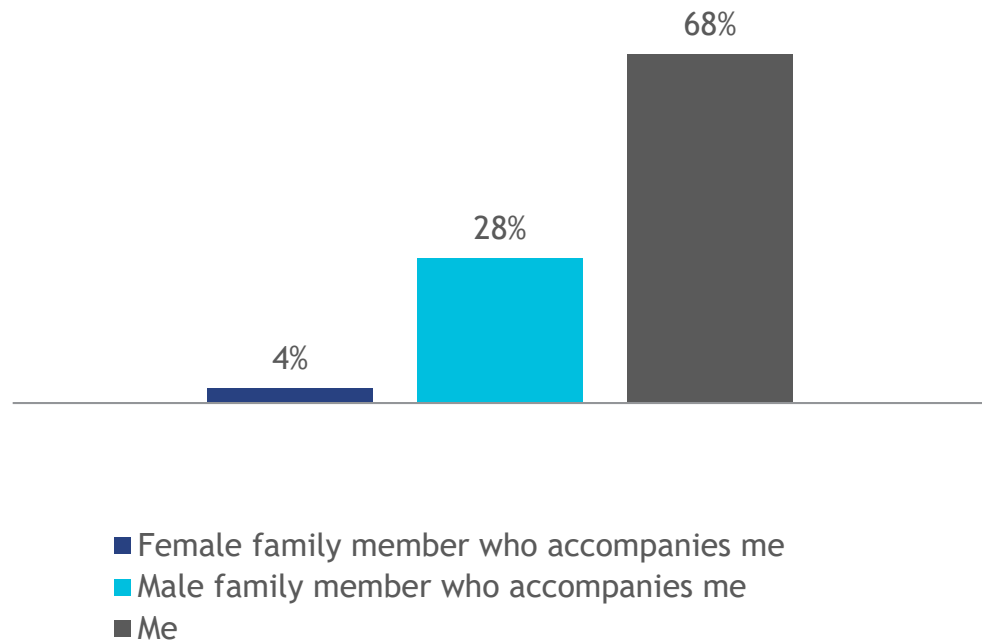
Nf= 2,273* (76% * 2,992)

Among the women who reported choosing a bank for withdrawing DBT, 48% said the affordability of visiting the bank was the reason for selecting it, even though BCs and ATMs can be more affordable in terms of time and distance costs. MSC’s previous gender analysis on withdrawals points out that this may be due to fear of fraud or time costs. Many women reported that BCs visit infrequently and charge transaction and unauthorized fees routinely. Additionally, they fear the money may get stuck in the ATM machines. Overall, banks are considered most credible and trustworthy.

*Women who preferred bank as the withdrawal point

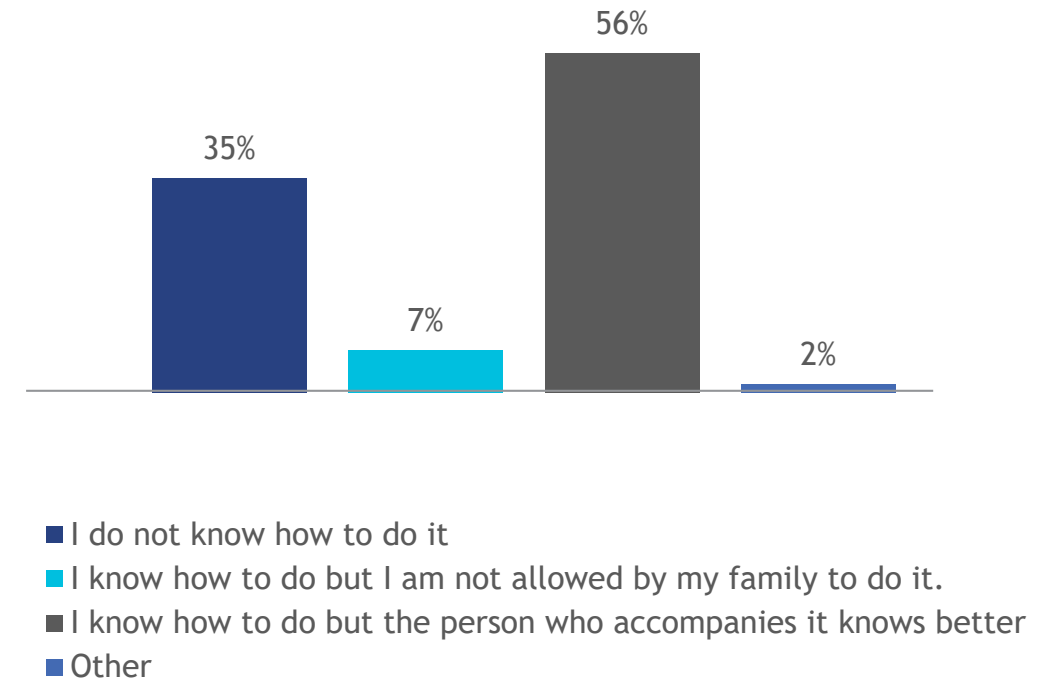
28% of women report that male family members make the withdrawal on their behalf. The leading reason for this was a lack of skill and confidence

Who mostly does the withdrawal?



Nf*= 2,392

Why do not you do the withdrawal by yourself?



Nf**= 769 (31% * 2,392)

*Excluding SABLA beneficiaries as they do not receive cash benefit


**Women who reported not doing the withdrawal themselves

Has directing payments to women led to economic empowerment?



DBT funds had a positive impact on households as it improved savings, physical health, and prevented children from dropping out to support family income

84% Female beneficiaries said that DBT had a positive impact on them and their families.

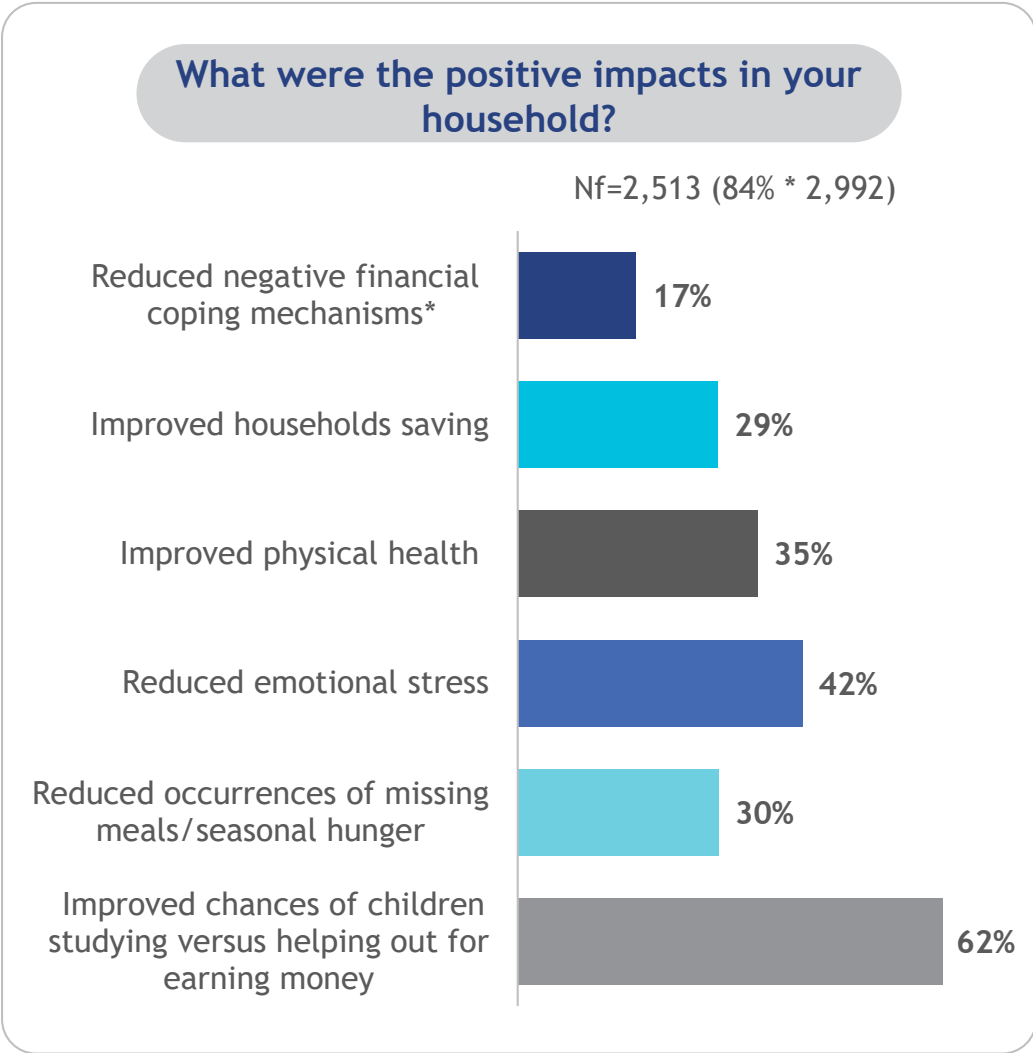


Most female beneficiaries reported an influx of DBT funds ensured their children stayed in school and studied instead of dropping out to support the family. DBT funds also helped in regular food supply for households and improved the families' physical health.



The MGNREGA program has been so beneficial for my family. I live in a joint family with 10 others. Many women in the household work in MGNREGA. The money I earn from it supplements my husband's income from plumbing. When he has no work, I still bring in wages. We pool together all the income we earn and spend it as a family. While most of it goes in household expenses, we can also spend on school supplies for our children and even a little shopping. I like that everyone in my family is supportive and shares [DBT] they get.

-Female MGNREGA beneficiary



* Negative coping mechanisms including borrowing from moneylenders and selling off assets to sustain household

Most female beneficiaries reported an increase in decision-making, mobility, and respect due to DBT funds

84%

Female beneficiaries said that DBT had a positive impact on them and their families.

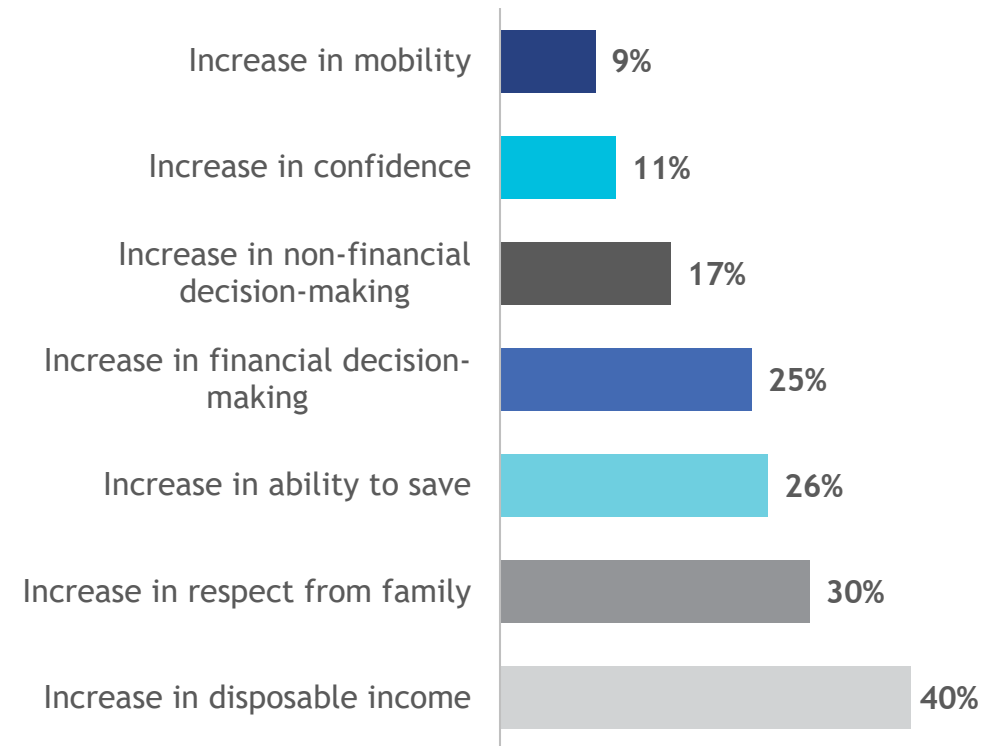


Women experienced a positive impact of DBT at an individual level. It has increased disposable income in women's hands while also increasing their chances of financial and non-financial decision-making.



How has your position improved in the household?

Nf=2,009 (84% * 2,392)^



^excluded SABLA beneficiaries

Some female beneficiaries felt that DBT funds had no impact on their household

10%

Female beneficiaries said that DBT had no impact on their families.



A few women reported no change in their household because of the high opportunity cost of enrolling and withdrawing DBT funds. They felt that they wasted time and money traveling to collect funds. Additionally, many felt that the amount was insufficient and arrived too late to impact their lives.



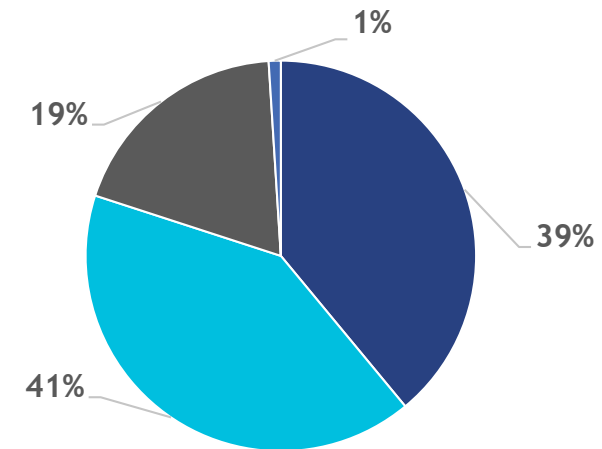
I collect my wife's NSAP funds on her behalf as she is differently abled and cannot go to the bank. Traveling and standing in the queue to withdraw the money takes a long time. I am old too, and it is very cumbersome. Recently, I have suffered some health problems and could not go to collect the funds. It does not make sense to put in so much effort for such little money. We have money from rental income, which we use for our health expenses. NSAP has not made much of a difference in our lives

- The husband of an NSAP beneficiary



Why did the DBT funds not have an impact on your household?

Nf=299 (10% * 2,992)



- Amount is insufficient
- Amount is not credited on time
- Getting the benefit is too tiresome
- Other

A few female beneficiaries reported a negative impact of DBT funds on both them and their household

6%

Female beneficiaries said that DBT had an adverse impact on them and their households.



The leading reason for a negative experience of receiving DBT funds was arguments in the household. For most female beneficiaries in this category, these arguments led to instances of violence. Female beneficiaries were blamed for not getting DBT funds despite submitting documents. Additionally, many were forced to hand over the DBT funds to spouses or family members.



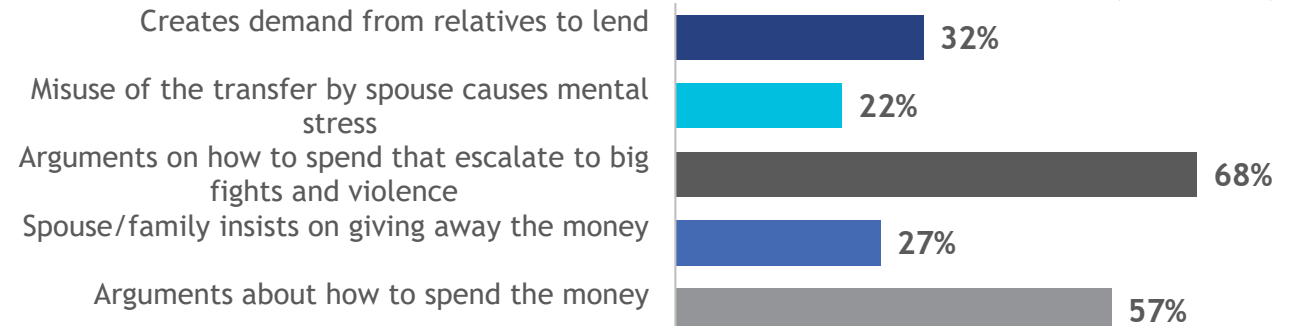
Even though I enrolled for PMMVY through ASHA didi, I did not receive the second installment. My husband and mother-in-law kept asking me about it, and it caused stress. I wish they gave the money at once or in a timely fashion

- PMMVY beneficiary

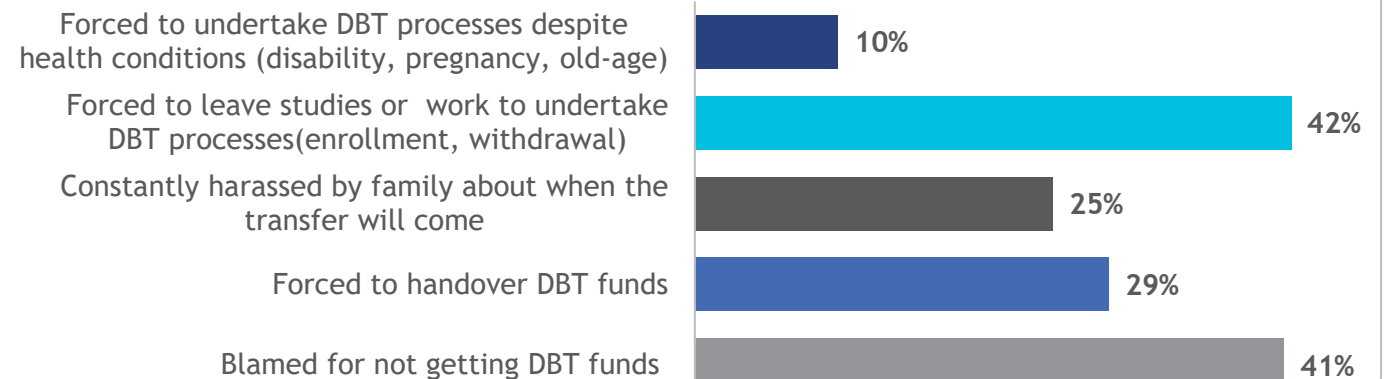


What have been the negative impacts in your household?

Nf=180 (6% * 2,992)



How has your position worsened?



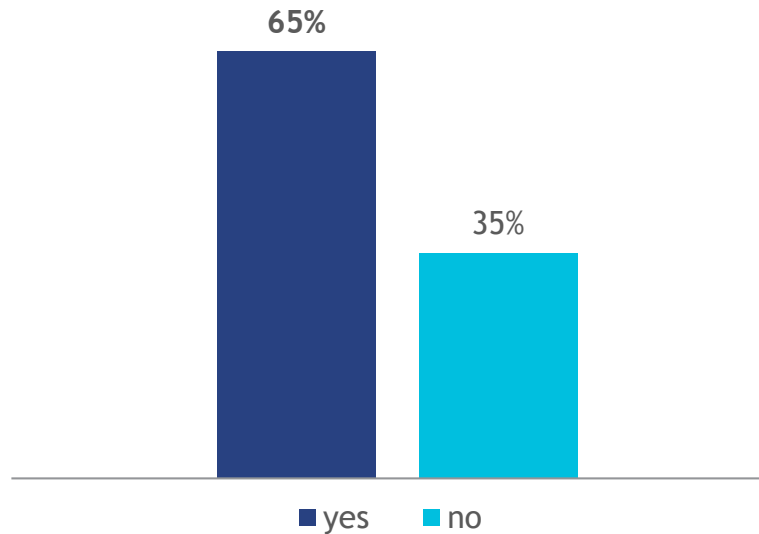
How do norms around spatial mobility impact women's access to DBT?



65% of women need permission from family members to step out of the house and are often chaperoned by family members to withdraw DBT

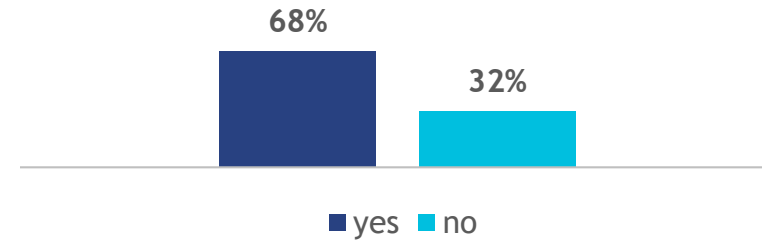
Do you have to take permission from your spouse or family to step outside to withdraw the DBT benefit?

Nf= 2,392*



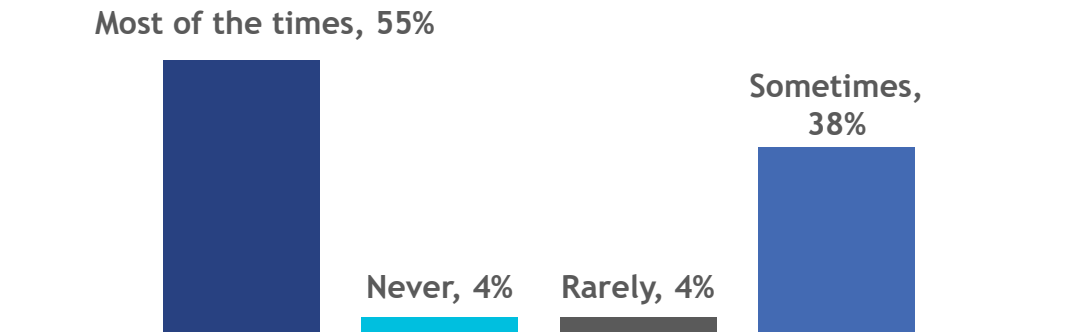
Did your spouse or family accompany you to the bank to withdraw your DBT benefits?

Nf= 2,392*



How many times in the past three months has your spouse or family accompanied you to withdraw your DBT benefits?

Nf= 1,624** (68% * 2,392)



*Excluding SABLA beneficiaries as they do not get cash benefit

** Out of women who said their spouse/family accompanies them to withdraw DBT benefits

Women's mobility in comparison to men is limited with less than 50% of all women surveyed can visit banks or ATMs, *panchayat* offices, Common Service Centers, and health centers alone by themselves



Bank or ATM

42% can visit a bank or ATM alone compared to 73% of men



Market

54% can visit the market alone compared to 76% of men



Village centers*

46% can visit village centers alone compared to 69% of men



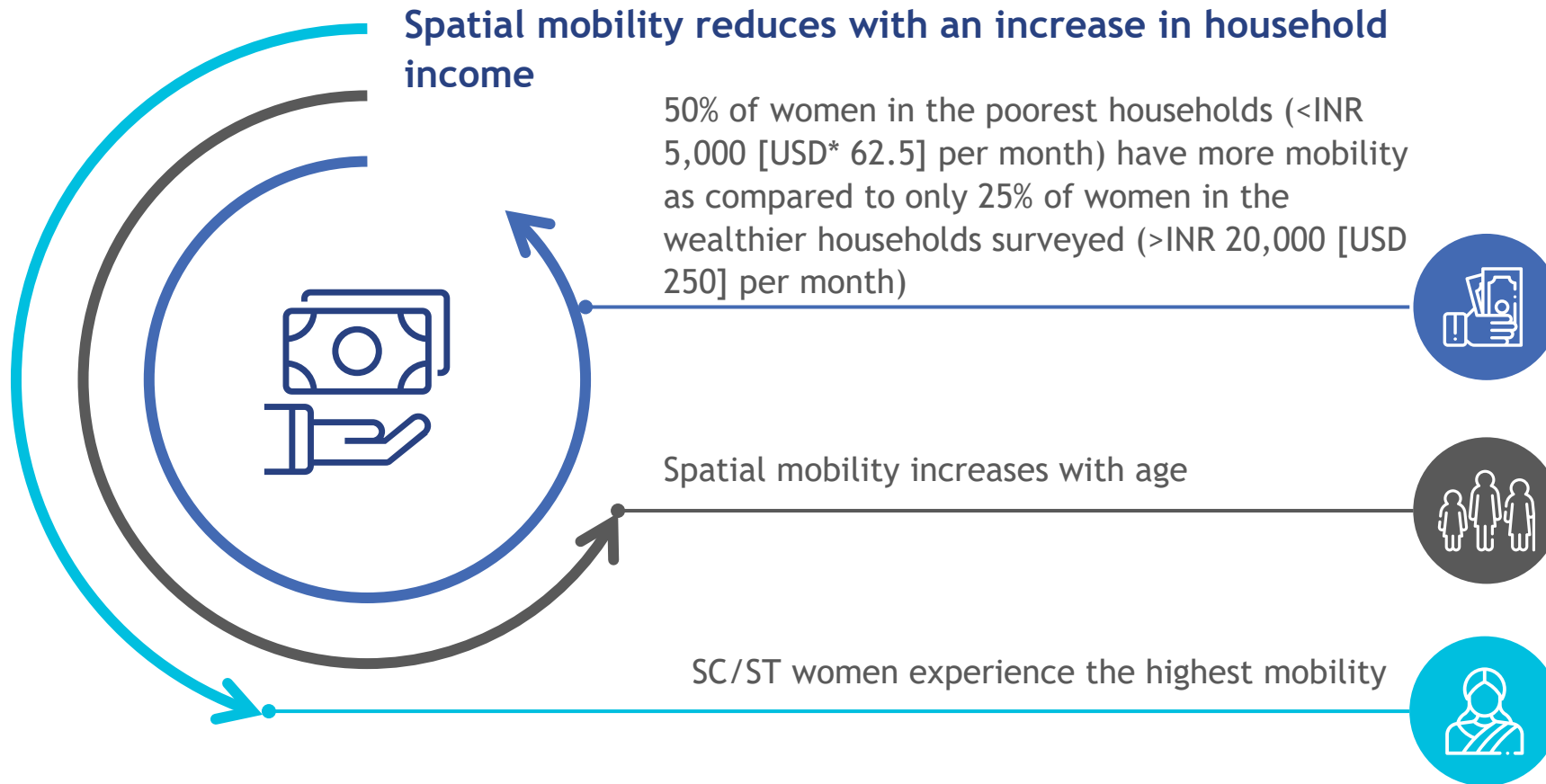
Places outside the village

39% can travel outside the village alone compared to 72% of men

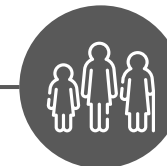


* Including panchayat, CSC, health centers

We found that higher socioeconomic status and caste led to a decrease in mobility for women demonstrating the restrictive effect of social norms that define gender roles



More than 70% of all men reported being able to visit all locations listed alone. In comparison, only 34% of women in our sample experienced similar freedom of movement**



*1 USD = 80 INR

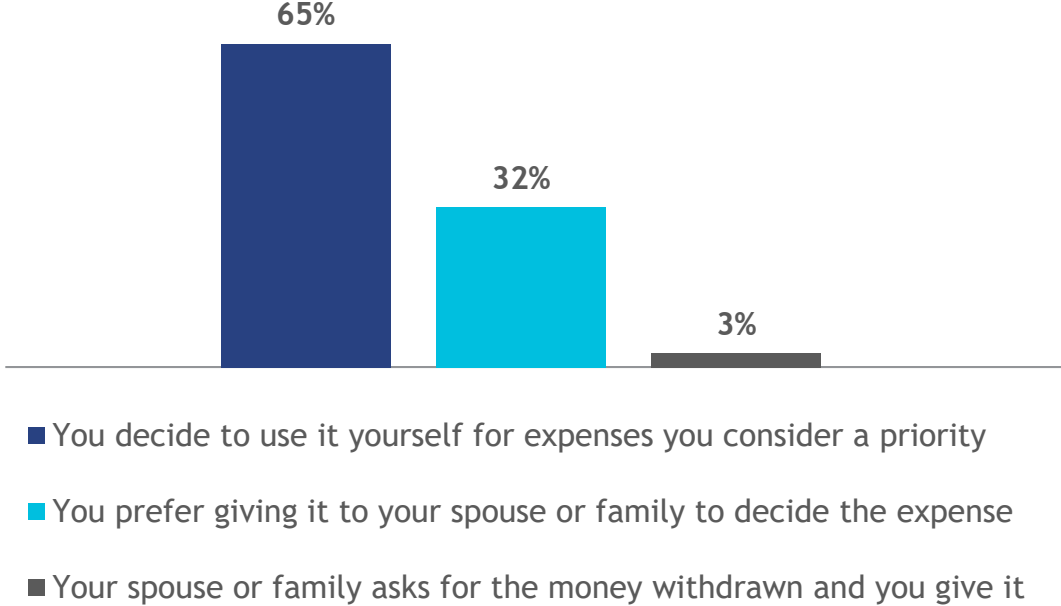
**Women are considered to have freedom of movement if they are usually allowed to go alone to all three of the following places: to the market, to the health facility, and to places outside the village or community.

How do norms around control impact women's access of DBT?



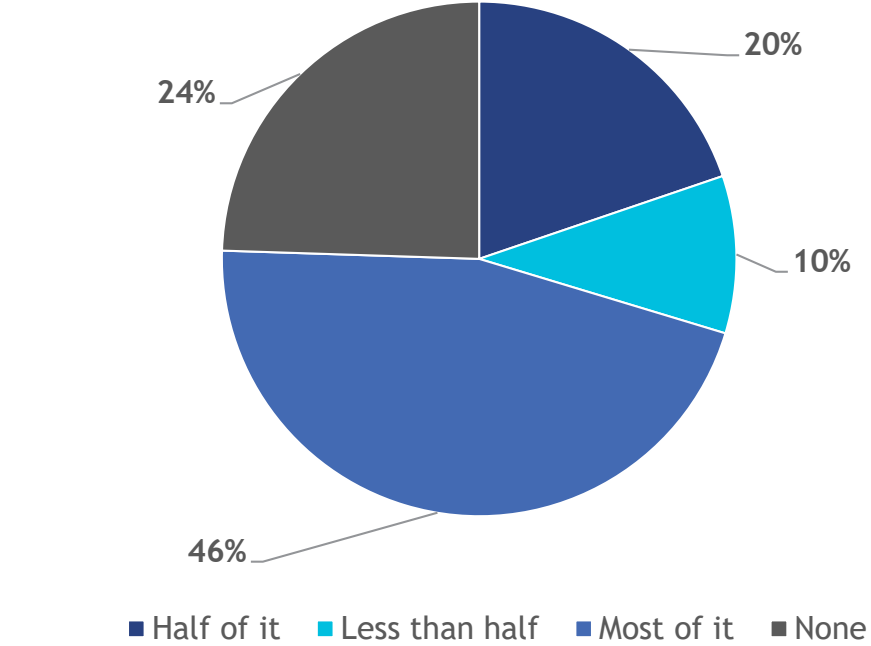
While 35% of women give away their DBT, most (65%) women decide independently what to do with their DBT funds

What do you do after you withdraw the entitlement?



Nf*= 2,392

How much money did your spouse or family take from your benefits?

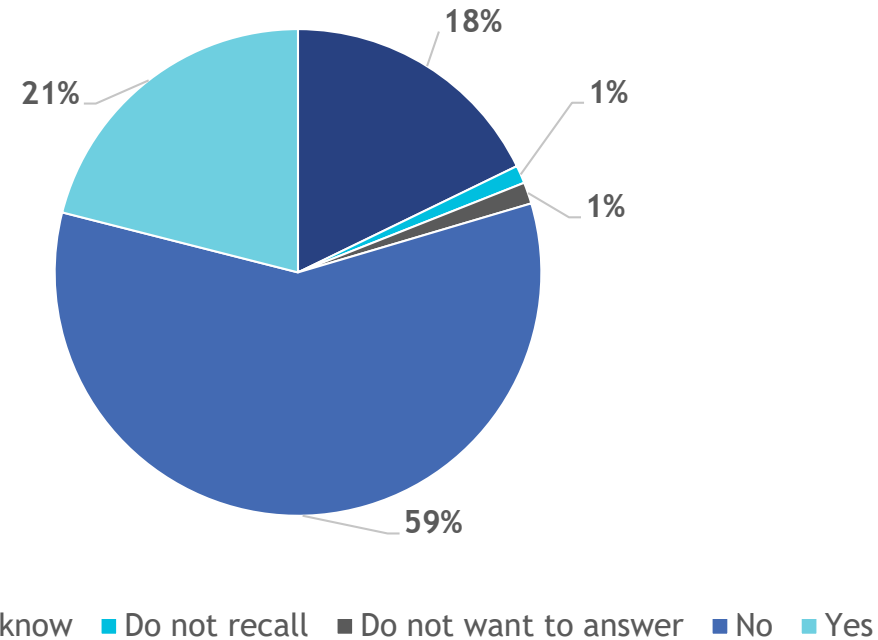


Nf**=(35% * 837)

*Excluding SABLA beneficiaries as they do not receive cash benefit
 **Women who reported giving away the money voluntarily or under coercion

More than 20% knew a woman who had faced violence if she did not hand over the DBT funds*

Some women may face physical or sexual violence when they do not want to hand over the benefits withdrawn to their spouse or the family. Do you know anyone who has faced violence?



Nf= 2,992

* Given the sensitive nature of the subject, we did not directly ask whether beneficiaries have experienced violence. We instead investigated the prevalence of violence around DBT funds



**How gender-centric are
DBT programs?**

Women are deprived of childcare facilities at the MGNREGA work site, and struggle to find work in a 5-km radius within timelines which are mandated under the MGNREGA guidelines



Women comprise

53% of all MGNREGA beneficiaries

MGNREGA benefits for women include 33% reservation, provision of on-site childcare facilities, provision of extra wages* if work is beyond 5 km, and unemployment wages*

2%

Decrease in school enrolment because of MGNREGA**

A lack of childcare facilities at the worksite forces women to leave young children with adolescent girls, usually older siblings, who drop out of school to manage them.

44%

Female beneficiaries received work within the 5km range

Most beneficiaries who worked beyond the 5km range never received compensatory wages (an extra 10%) as directed by the program policy guideline.

51%

Female beneficiaries received work within 15 days of application as mandated

32% received work within the month; 17% waited for more than a month

65%

Female beneficiaries prefer female supervisor

Women preferred female supervisor to oversee MGNREGA work as they felt more confident and comfortable around them. In comparison, 59% of men preferred a supervisor of the same gender.

*Applicable for all beneficiaries,

**Using a household survey of test scores and schooling outcomes for approximately 2.5 million rural children in India, each year of exposure to NREGS decreases school enrollment by 2 percentage points and math scores by 2% of a standard deviation among children aged 13-16. <https://www.econstor.eu/bitstream/10419/125014/1/dp9486.pdf>

To avail PMMVY, women need to have nine IDs and fill out six application forms, comprising 32 pages. This complex enrollment process acts a barrier to access for women



PMMVY targets first-time lactating mothers and pregnant women. As of 2022, second-time mothers of girl children are also eligible for this program.

Beneficiaries receive INR 5,000 (USD 62.5) over two or three installments. The installments are meant to arrive within 180 days of the last menstrual period.

20%

Beneficiaries surveyed experienced enrollment challenges

The leading reason among those who faced challenges was due to problems producing required documents and IDs

9

Documents and IDs required to enroll in PMMVY

These include *Aadhaar*, voter ID, and ration card (of both husband and wife). Women also need to produce bank passbook and Mother and Child Protection Card

27%

Beneficiaries have received all installments

60% of beneficiaries received partial funds. Around 13% have not received or do not recall receiving

90%

Beneficiaries were happy with the support given by ASHA/AWW

Qualitative interviews found that ASHAs or AWWs help fill out forms, accompany women to doctors' appointments, and provide counselling

Adolescent girls are not provided with ration, health checkups, and training as promised under the SABLA program



SABLA's features include the provision of nutritious meals, folic acid supplements, regular health check-ups, and livelihood training

SABLA has experienced budget cuts, poor data collection, and overburdened staff which mostly consists of Anganwadi workers. These factors have affected its potential to create impact.

17%

Of adolescent girls had dropped out of school

Some key reasons cited by research are the lack of qualified teachers in schools and chronic budget cuts in education funding, which lead to poor infrastructure. In comparison, an RTE study showed that 40% of adolescent girls in India aged 15-18 are out of school*

34%

Of the adolescent girls surveyed do not get take-home ration or hot cooked meals

Our survey showed that among the adolescent girls who receive food**, only 66% get the meal every day.

34%

Of the adolescent girls surveyed do not get the necessary health checkups

Our survey showed that out of the adolescent girls who received health checkup, close to 30% received it more than a year before.

42%

Of the adolescent girls surveyed did not receive any training

Besides not receiving training, around 50% of surveyed beneficiaries reported they were not provided with exposure visits to access public services.

*Right to Education Forum Report

**Take home ration or hot meal

Women have a strong preference for a female Bank Mitra. 60% still prefer keeping money at home



PMJDY is one the biggest financial inclusion initiatives of the world that brings about comprehensive financial inclusion and provides banking services to all households in the country.

The program ensures that beneficiaries can access a range of financial services, such as a basic savings bank account, need-based credit, remittances facility, insurance, and pension.

70%

Female beneficiaries surveyed prefer a female Bank Mitra

60% of women reported that female BM helped them enroll while over 80% men reported that male BM helped them enroll.

~50%

Female beneficiaries are aware of ancillary banking facilities

Less than 50% of female beneficiaries are aware of loan, overdraft, insurance cover, and RuPay debit card. Out of those who know, less than 40% use it.

60%

Female beneficiaries prefer keeping money at home

Female beneficiaries prefer keeping their money at home or with relatives, as they find them safe.

25%

Female beneficiaries reported borrowing money from moneylender

Despite having a bank account, beneficiaries reported borrowing money from moneylenders as they find paperwork with the bank tedious.

Women find the NSAP amount insufficient with payments often being delayed; they also struggle during enrollments, as special arrangements are not made*



NSAP constitutes the following programs:

Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), and Indira Gandhi National Disability Pension Scheme (IGNDPS)

NSAP provides pensions to around 80% of beneficiaries while 20% receive provided pensions under state funded program.

44%

Female beneficiaries face problems with enrolment as they cannot walk too far

Women reported facing problems with enrolment because they have to walk long distances, with around 5% saying they need a ramp for their wheelchair.

36%

Female beneficiaries said no special arrangements were made

Beneficiaries reported that no arrangements were available for door-to-door campaigns for the elderly, chairs to sit on, and offline options to enroll.

40%

Female beneficiaries reported facing delays in receiving pension

Beneficiaries reported facing delays in receiving their pension in the past three months with 7% reporting they hardly get the benefit monthly.

50%

Female beneficiaries reported that the amount was insufficient

Women beneficiaries reported that the amount was insufficient. 70% of the money was spent on household expenses.

*In-person collection of documents, online verification of identity, awareness center being disable friendly



Annexes



We developed the following scoring tool to measure the spatial mobility of women beneficiaries

Parameters considered for evaluating spatial mobility index (SMI)

Mobility	1. Whether women must take permission from spouse/family to step outside in order to withdraw DBT	"Yes" = 0, "No" = 1
	2. Whether women are usually allowed to go to the following places alone, only with someone else, or not at all: Market, Village Centers, Places outside the village, and Bank	"Alone" = 2, "Only with someone else"=1 , "Not at all" = 0
	3. Whether spouse/family accompanies the woman to withdraw DBT benefits	"Yes" = 0, "No" = 1

Scale for measuring SMI

The parameters were rated on a scale of 10,

- Less than or equal to 4 is considered **low mobility (LM)**,
- Greater than 4 and less than 7 is considered **medium mobility (MM)**,
- Greater than or equal to 7 is considered **high mobility (HM)**

Program-specific SMI

We can see a stark difference between genders and across various DBT programs; these findings reiterate program delivery that target the specific needs of beneficiaries.

Gender	Women (%)			Men (%)		
	LM	MM	HM	LM	MM	HM
Program*	LM	MM	HM	LM	MM	HM
MGNREGA	19	33	48	4	22	74
NSAP	22	32	45	19	28	54
PMAY	24	32	44	7	19	74
PMJDY	17	34	48	4	20	77
Average SMI	21	33	46	8	22	70

Mammoth difference between low mobility across genders

One of the most indicative comparisons is the dramatic difference between men and women in the “low mobility” category across the programs. On average, less than 10% of all men surveyed face restrictions around their spatial mobility. In contrast, more than 20% of women face restrictions.

MGNREGA and PMJDY have marginally better SMI for women

Female beneficiaries enrolled in MGNREGA and PMJDY demonstrate the highest freedom of movement. This is in part due to the nature of the DBT program. Women travel for work under MGNREGA and at some point withdraw cash under PMJDY. Even then, a 26% difference persists between men and women in the “high mobility” category in MGNREGA.

NSAP has the lowest SMI across programs, irrespective of gender

Besides gender, age and disability understandably influence mobility. Of all the programs evaluated, NSAP has the lowest mobility range. The difference between men and women is not as stark as compared to other programs.

*We seek to understand how norms affect adults and so have excluded SABLA and scholarship beneficiaries who may be minors

We developed the following scoring tool to measure control women beneficiaries have over financial decisions

Parameters considered for evaluating control index (CI)

Control	Women's control over decisions around smaller (less expensive) and larger (big investment) purchases	"Spouse"=0, "Self"= 1, "Self and Spouse" = 1, "Parents" =0, "Parent in-laws" = 0, "Other"=0
	Women access to separate financial asset	"Yes" = 1, "No" = 0
	Women's control over spending decisions on income she brings home and that her spouse brings home	"I don't earn" =0, "Spouse"=0, "Self"= 1, "Self and Spouse" = 1, "Parents" =0, "Parent in-laws" = 0, "Other"=0
	Women's control over DBT withdrawn	"You decide to use it yourself for expenses you consider a priority"= 1, "You prefer giving it to your spouse/family to decide the priority" = 0, "Your spouse/family asks for money withdrawn and you give it"=0

Scale for measuring CI

The parameters were rated on a scale of 6,

- Less than or equal to 2 is considered **low control (LC)**,
- Greater than 2 and less than 4 is considered **medium control (MC)**,
- Greater than or equal to 4 is considered **high control (HC)**

Program-specific CI

We see some differences between genders and across various DBT programs; however, the gap is much smaller in programs.

Gender	Women (%)			Men (%)		
	LC	MC	HC	LC	MC	HC
Program*	LC	MC	HC	LC	MC	HC
MGNREGA	44	24	31	31	18	50
NSAP	27	25	47	36	21	43
PMAY	35	29	36	29	30	40
PMJDY	51	26	23	39	24	40
Average CI	40	26	34	34	23	43

High mobility does not guarantee more control over decisions

Among the programs evaluated, MGNREGA and PMJDY have the smallest proportion of women who enjoy “high control” (31.3% and 23.1%). In fact, roughly half of all female beneficiaries enrolled in these programs have limited agency over their finances (see “low control”).

Absence of husband leads to more control for widows in NSAP

Under NSAP, a larger proportion of female beneficiaries enjoy “high control” compared to men. This could be in part due to the inclusion of widows under NSAP. The absence of a husband could enable more control over decisions.

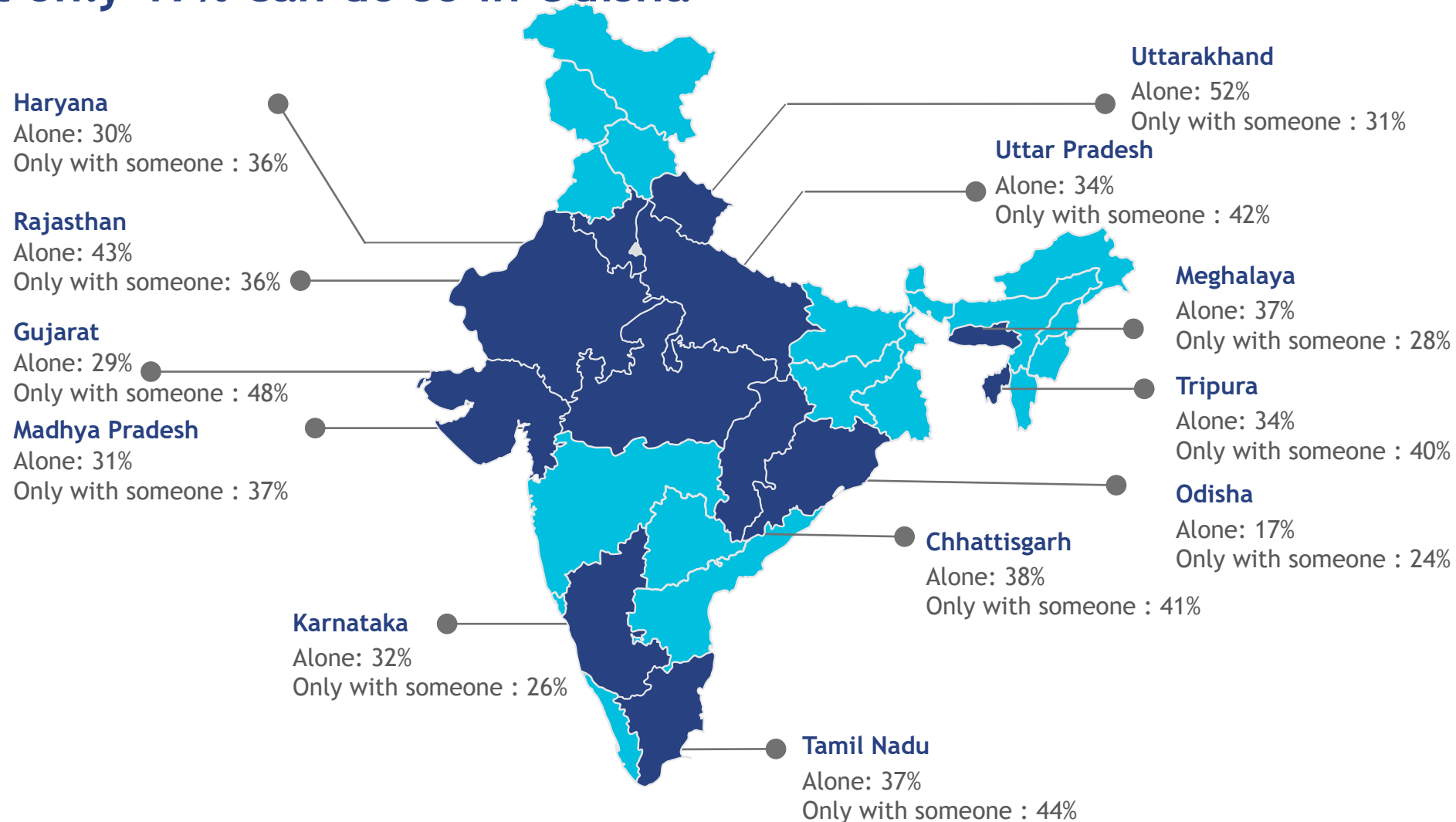
While men have more control, the gender gap remains relatively small

Similar percentages under “low control” for both genders may indicate family structures where older members wield more power. “Low control” numbers for men may indicate that their spouse handles financial decisions—a potential bright spot for Women’s Economic Empowerment (WEE)**.

*We seek to understand how norms affect adults, and so have excluded SABLA and scholarship beneficiaries who may be minors

**BMGF defines WEE as the transformative process by which women and girls go from having limited power, voice, and choice at home and in the economy to having the skills, resources, and opportunities needed to access and compete equitably in markets and the agency to control and benefit from economic gains.

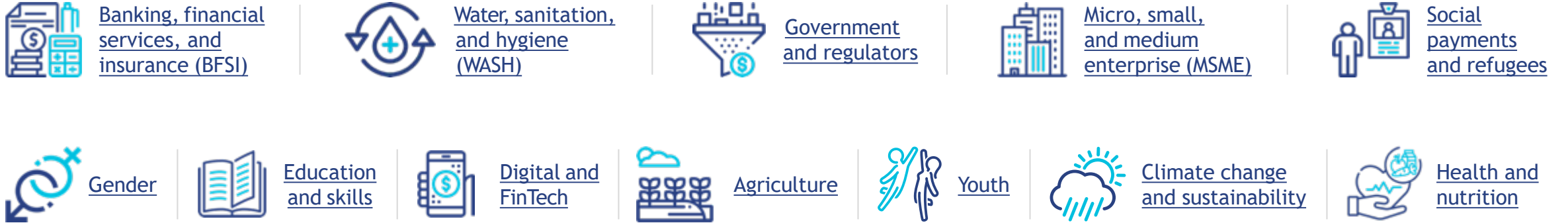
The proportion of women who report freedom of movement varies significantly by state: 52% of women in Uttarakhand can move independently, but only 17% can do so in Odisha



Maps in this document are not to scale

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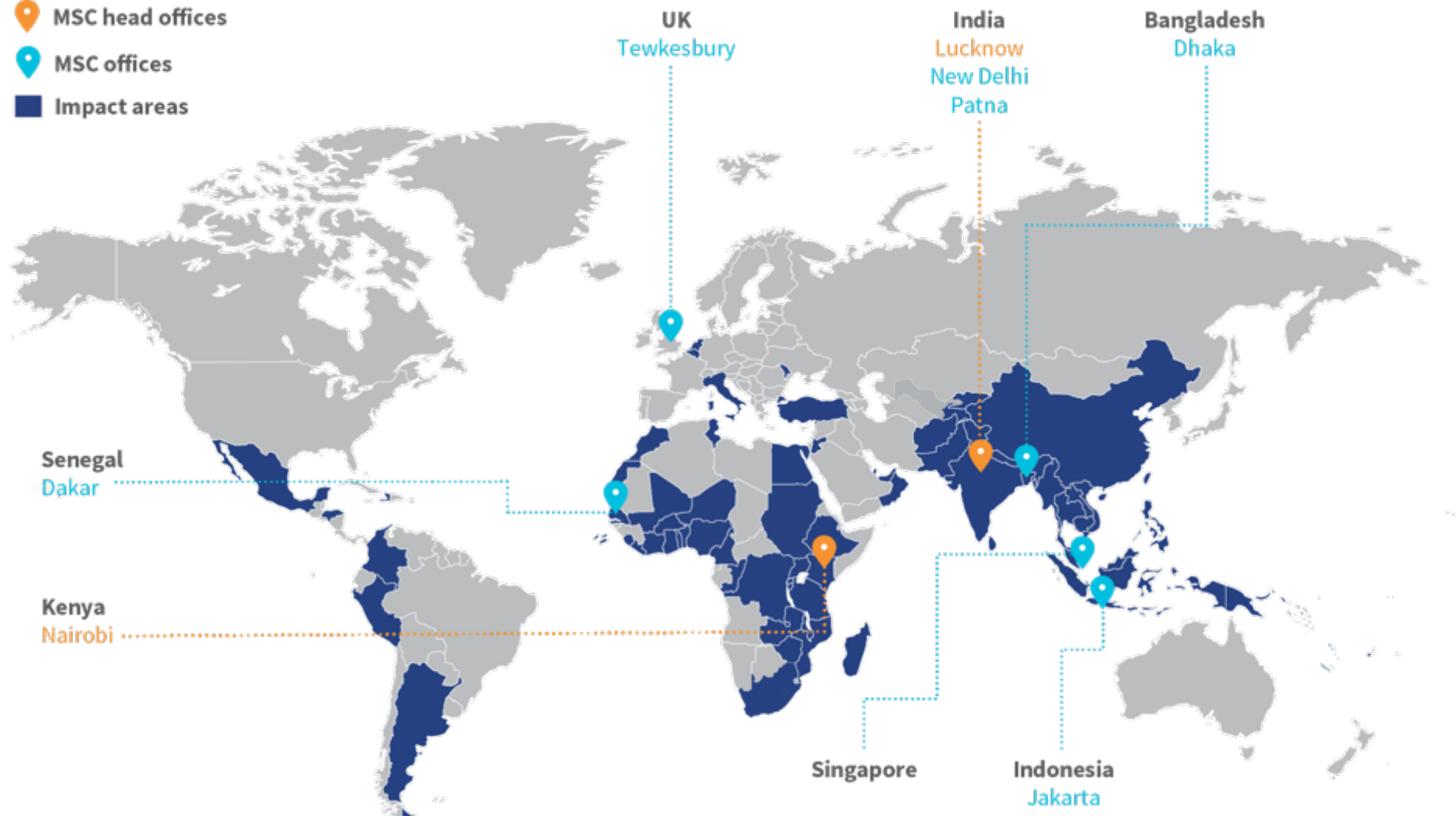
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