KEY STEPS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION


12:00pm | Welcome from Keith Hansen and Andrei Lushin (WBG)
12:15pm | Presentation by Harold Alderman (IFPRI)
12:35pm | Program snapshots by Francesca Lamanna and Maddalena Honorati (WBG)
12:45pm | Comments by Michal Rutkowski and Soji Adeyi (WBG)
12:55pm | Question and Answer
1:25pm | Summary and Closing
I. PRESENTATION BY HAROLD ALDERMAN: KEY STEPS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION
Why focus on nutrition sensitive programs?

The 2013 Lancet Nutrition Series estimated that scaling up 10 proven effective nutrition-specific interventions would reduce stunting globally by 20 percent.

This would be a major improvement but does not go far enough.

There is a need for programs that address the core determinants of undernutrition, including nutrition-sensitive social protection.
Why transfers can be important for reducing undernutrition

Globally, 1.9 billion people receive some form of social safety net assistance.

Safety nets are generally targeted to the poor and often contain design features that can empower women.

They can serve as delivery platforms for nutrition-specific interventions, contributing to scale, coverage and effectiveness.

By improving nutrition, they increase overall economic growth and bridge the concept of transfers for equity and transfers for investment.

Source: Authors calculations from the CNP Baseline survey, 2010

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Growing Scale of Social Protection

Share of development budget (%)

<table>
<thead>
<tr>
<th>Sector</th>
<th>1980s</th>
<th>1990s</th>
<th>2000s</th>
</tr>
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<tbody>
<tr>
<td>EDUCATION</td>
<td>34%</td>
<td>38%</td>
<td>34%</td>
</tr>
<tr>
<td>AGRICULTURE</td>
<td>17%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>HEALTH</td>
<td>11%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>TRANS. &amp; COMM.</td>
<td>15%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>SOCIAL PROTECTION</td>
<td>22%</td>
<td>24%</td>
<td>33%</td>
</tr>
</tbody>
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1980s 1990s 2000s

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Mechanisms by which Safety Nets can Improve Nutrition

Transfers increase **household resources** and thus the purchase of necessities.

Many transfer programs reduce the **price of food** via subsidies or vouchers. Others increase incentives to utilize **health services**.

They often influence the preference for spending additional funds on food—including through **women’s empowerment**.

Safety net programs can include design features to promote **behavior change**.

Finally, safety nets programs can serve as a means to fortify **diets** with micronutrients.
FIGURE 1  Indicative Pathways from Social Protection Programs to Nutrition

Targeting e.g. poverty, 1000 days, women
- Public Works
- CCT
- UCT
- In-kind Transfers
- School Feeding
- Emergency Response

<table>
<thead>
<tr>
<th>Prices</th>
<th>Subsidies</th>
<th>Quotas</th>
<th>Conditions</th>
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<tbody>
<tr>
<td>Income</td>
<td>Knowledge</td>
<td>Preferences</td>
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</tbody>
</table>

Social norms and values
- Food Purchase quality, quantity
- Health Service Use
- Child Care

Nutrition Status

Program Pathway Mediator Outcome

CCT = Conditional Cash Transfer
UCT = Unconditional Cash Cash Transfer

Source: Harold Alderman and SecureNutrition.
There is extensive evidence that transfers linked to health influence household budget priorities

The availability of a food-oriented transfer, even without conditions, nudges consumers to increase the share of their additional budget devoted to food.

Cash transfers in Colombia, Ecuador, Mexico, and Nicaragua led to more expenditures on food and health compared to general increases in income.

Similar findings have been noted in studies of the food stamp program in the United States.
The path from increased resources to improved nutritional status is not direct

Neither conditional nor unconditional cash transfers have delivered improvements in nutrition commensurate with their success in addressing poverty.

Meta-analyses of 17 cash transfers programs (mainly from Latin America) show little impact on height.

Increased income guarantees neither quality health services nor improvements in sanitation.

Knowledge about child care is one of the pillars of good nutrition, but is not intrinsic to programs designed to transfer income.
There are other possible reasons for limited impacts of transfers on nutrition

The most challenging issue for nutrition-sensitive transfers is the quality of health care that households are able to obtain.

Growth monitoring is a common conditionality but is not the same as growth promotion. Face to face services for growth promotion are often under-delivered.

Many studies look at children 0-5 even though growth velocity is greatest for younger children. In addition, stunting is cumulative, and a short trial will bias impacts downward.

Meta analyses and systematic reviews do not yet include evidence from Peru and the Philippines which have found reductions in stunting.
There are some lessons from this body of experience that can enhance the impact of transfers

Focusing on younger children has greater impact.

Peru showed significant improvements in the heights of boys by stressing training and service provision, particularly for children less than 36 months.

Linking behavioral change communication [BCC] with transfers enhances child care.

Including supplements for complementary feeding within transfer programs often enhances impacts.
Elaborating on behavior change and supplements

A trial in Bangladesh showed significant impact on height for age, nutritional knowledge and behaviors through a combination of cash and BCC, but not for cash alone.

It is still a challenge to set up cross-sectoral coordination, especially when the transfer program has no hard conditions. Staffing and training challenges for scaling up pilot programs in BCC imply a need for innovation in communication.

Studies of PROGRESA (Mexico) found children 12 – 36 months old who received both supplementary food and cash had a substantial reduction in stunting. The reduction was greatest among the poorest families with functionally literate women present.
One gap is understanding how to use safety nets for micronutrient fortification

In-kind transfers (including food subsidies) are core elements of many safety net systems. Both Egypt and India spend US$ billions on such programs.

The former ceased fortification of highly subsidized flour in the absence of WFP support.

According the Global Alliance for Improved Nutrition (GAIN), only one of every 10 state programs for fortification at public distribution shops in India initiated this century were still in place in 2015.

This despite the fact that they work; Gujarat’s multiple micro-nutrient fortification of flour reduced the share of safety net beneficiaries with inadequate iron intakes by 94%.
School-feeding programs reach 375 million children annually at a cost of $75 billion. They impact school attendance and enrollment, but their nutritional impact is less clear.

Some studies show an indirect impact on the nutritional status of vulnerable younger siblings of students. But school feeding programs are not targeted in this manner.

There is a risk of contributing to obesity.

Few programs have considered the needs of adolescent girls. Fewer still are linked to programs that impact nutrition skills of care givers.

When programs are fortified with iron or include supplements they reduce anemia but not all programs include this design feature.

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Are other forms of in-kind assistance obsolete?

Cash transfer technology is advancing and has even been used in emergency response such as in the aftermath of the 2004 Indian Ocean tsunami.

Administering cash transfers is less costly than delivering in-kind support (i.e. food); cash transfers saved 13-23% in a set of studies.

Cash transfers have been shown to promote diet diversity.

Moreover, the fear that cash leads to increased consumption of alcohol and tobacco has been debunked using a review of purchases from 19 studies.
There are some advantages of in-kind transfers

Where markets are not integrated, cash can put pressure on prices as was noted in remote Mexican villages.

In-kind transfers were preferred in Ethiopia in a period of food price inflation. This advantage can be offset with increases in wages for public works (Ethiopia) or in a monthly cash grant (Brazil). Reverting to original transfers when food prices recede is difficult.

A combination of cash assistance for households and specific supplements tailored to a child’s needs has proven advantageous in Mexico’s transfer program as well as in drought response in Africa.
Making emergency relief nutrition-sensitive

This is an area where research is challenging and most evidence comes from slow onset emergencies.

Relief is designed for household needs rather than the dietary needs of vulnerable children.

Ways to improve nutritional impacts include 1) micronutrient fortification of grains and vegetable oil; 2) iodized salt in general food deliveries; and 3) specialized lipid based supplements for vulnerable individuals.

The biggest challenge is still to find means of financing that make emergency response more timely.
Public works are often neutral in regards to nutrition.

However, Djibouti has scaled up a nutrition-sensitive public works program. Participation of women in community BCC is a prerequisite and activities are designed to be light so that pregnant and lactating women can take up the opportunity.

Public works can be more nutrition-sensitive when they include crèches or if they tailor work loads to accommodate lactating women.
Obstacles to achieving greater nutritional impacts

The principle motivation for most transfer programs is poverty reduction.

With large number of poor households, poor countries have a dilemma: should they spread their budget over a wide category of programs or concentrate resources on investments that will improve the prospects of children?

Staffing is also a limited resource if transfer programs are to include complementary services.

Programs need to coordinate across sectors so that health services respond to increased demand and appropriate behavioral change communication is provided.
To reach their potential for nutrition, social protection programs need to:

- Target activities to the most nutritionally vulnerable populations. Peru’s Juntos, for example, improved when the focus shifted to < 36 months.

- Include education activities (BCC) to increase household awareness of health and nutrition care giving and health seeking behaviors.

- Enhance the quality of nutrition services delivered within social protection interventions—particularly transfer programs.

- Use school feeding programs as vehicles for micronutrient supplementation and deworming, including links with nutrition education.

- Scale up in times of crisis in order to reduce the long-term negative impacts of external financial, price and weather shocks.
II. PROGRAM SNAPSHOT FROM
FRANCESCA LAMANNA (MEXICO) AND
MADDALENA HONORATI (ARMENIA)
Mexico: PROSPERA Social Inclusion Program

- **Type:** Conditional cash transfer (CCT) with food and nutrition supplement
- **Duration:** 1997 (*Progresa*), 2002 (*Oportunidades*), 2014 (*Prospera*)
- **Objective:** Strengthen social rights, nutrition, health, and education of the poor
- **Implementing agency:** National Coordination Prospera; Ministry of Social Dev.
- **Beneficiary households 2016:** 6.8 million
- **Program Budget 2016:** MXN 82.2 billion = USD 4.4 billion
- **Average monthly benefit 2016:** MXN 941 = USD 50
Armenia: Family Benefit Program

- **Type:** Cash transfer program
- **Duration:** 1999 - present
- **Objective:** Assist families in poverty or who are socially vulnerable
- **Implementing agency:** Ministry of Labor and Social Assistance (MoLSA)
- **Beneficiary households 2016:** 107,000
- **Program Budget 2016:** AMD 38.4 billion (2.8% state budget) = USD 79 million
- **Average monthly benefit 2016:** AMD 30,538 = USD 62
III. COMMENTS FROM MICHAL RUTKOWSKI AND SOJI ADEYI

January 26, 2017
IV. QUESTION AND ANSWER

*Via WebEx:* please use the Chat function. Look for the chat icon near top right of WebEx screen. Type in the chat box and send question to “Everyone”
KEY STEPS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION


Thank you for attending.

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January 26, 2017