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Partnerships and Opportunities to Strengthen  
and Harmonize Actions for Nutrition in India



# Making Social Protection More Nutrition Sensitive: A Global Overview

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# Why Focus on Nutrition Sensitive Programs?

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

While this would be a major improvement in the health and development of children, it does not go far enough.

Thus, there is also a need for programs that address the core determinants of undernutrition including **nutrition sensitive social protection**

# Why Nutrition Sensitive Social Protection can be important for reducing Undernutrition

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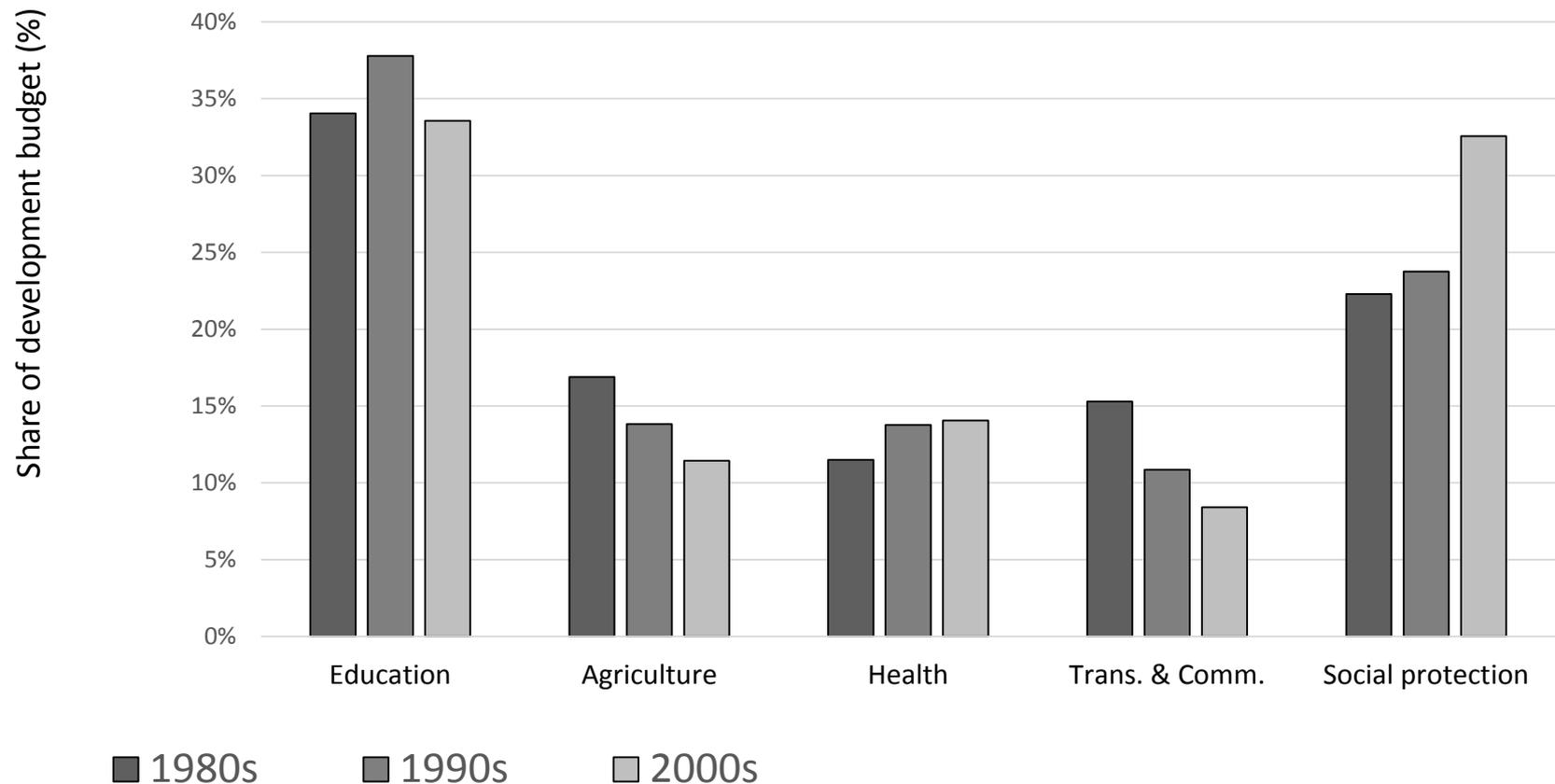
The potential for nutrition sensitive social protection comes in part from its scale; 1.9 B people receive some form of social safety net assistance.

In addition, safety nets are generally well targeted to the poor and often contain design features that can empower women

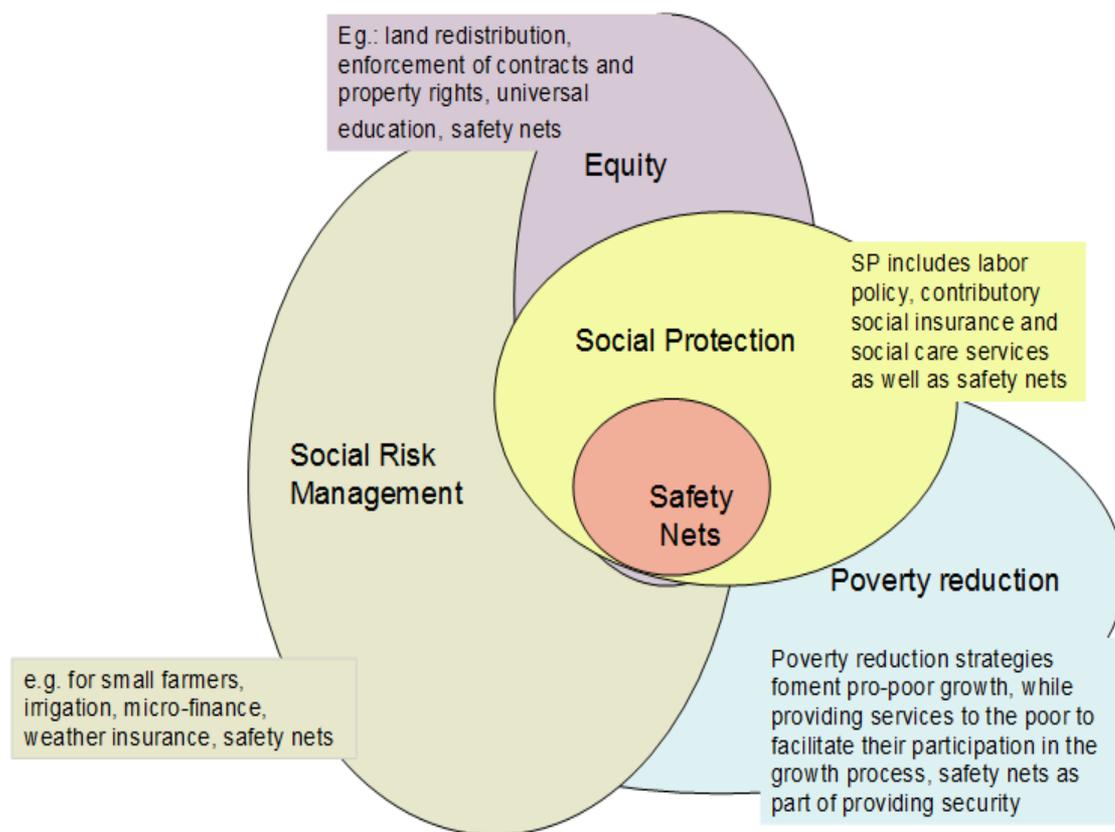
These programs can also serve as delivery platforms for **nutrition-specific** interventions, potentially increasing their scale, coverage and effectiveness

Moreover, by improving nutrition they increase overall economic growth, bridging the concept of transfers for equity and transfers for investment

# Countries are increasing their investments in Social Protection

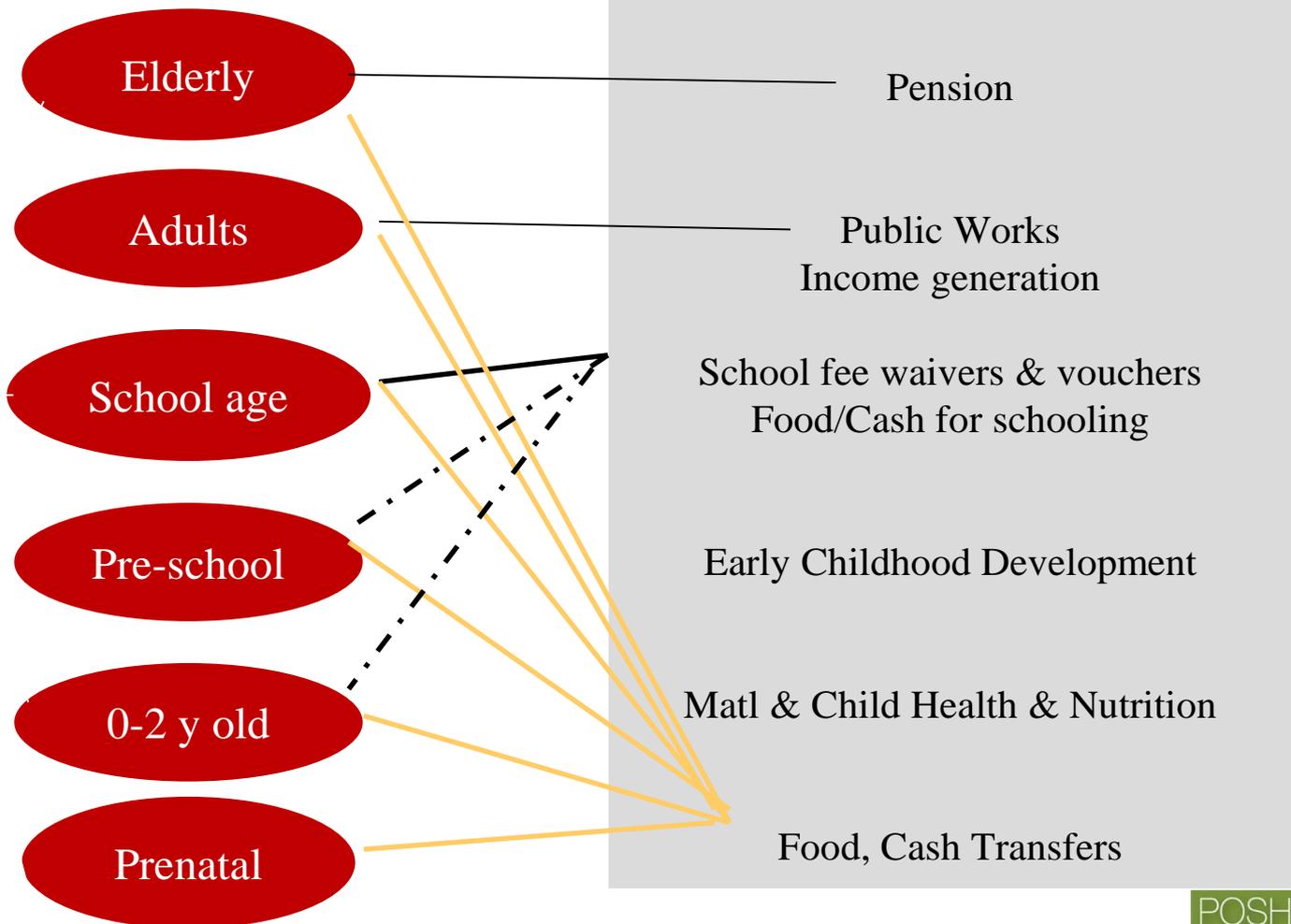


# Figure 1. Viewing Safety Nets and Social Protection as part of a Larger Development Policy



# Safety Nets & the Life Cycle

## Social Protection Programs & Policies



# Mechanisms by which Safety Nets can Improve Nutrition

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Transfers increase the resources controlled by households and thus increase the purchase of necessities

Many transfer programs reduce the price of food. Others increase the incentive to utilize health services.

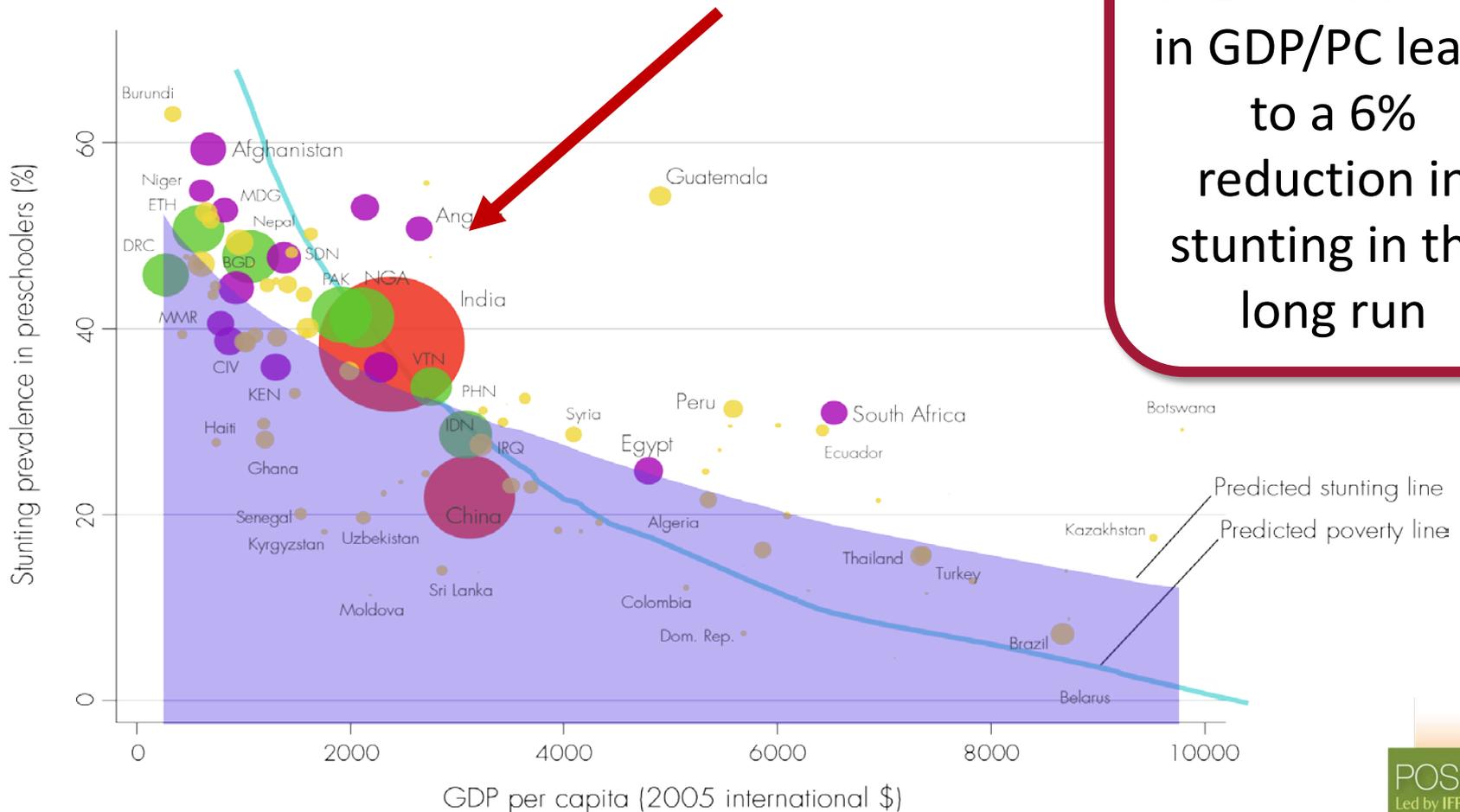
Moreover, by their very nature they often influence the preference for spending additional funds on food.

Safety net programs can also include design features to communicate additional behavioral change

Finally, safety nets programs can serve as a means to fortify diets with micronutrients

# Income Growth Can Improve Nutrition But Other Inputs Are necessary

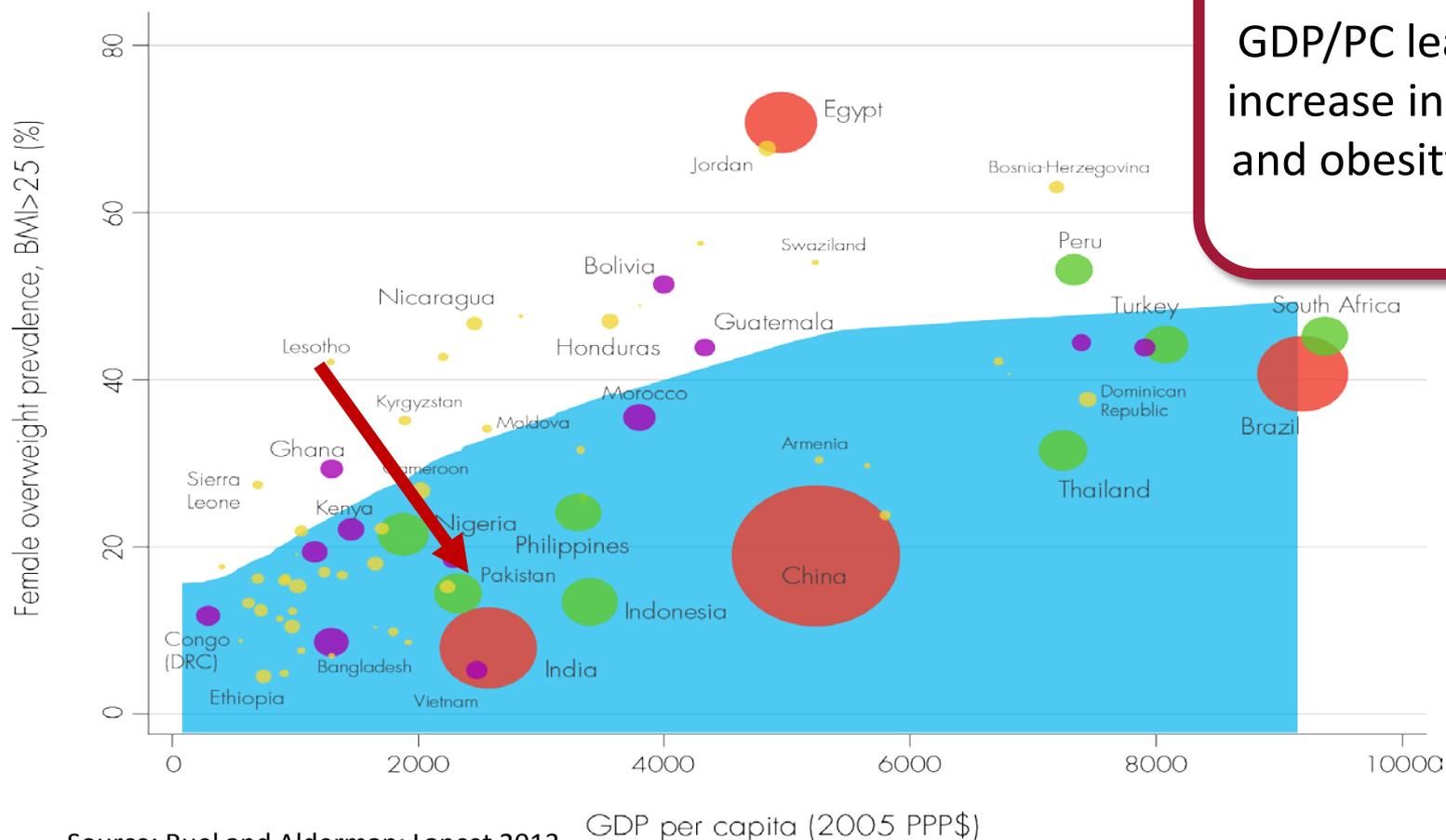
Prevalence of stunting in children aged 0-5 years and GDP per person



A 10% increase  
in GDP/PC leads  
to a 6%  
reduction in  
stunting in the  
long run

# Income Growth Can Also Have Unintended Consequences on Risks of Overweight and Obesity

Prevalence of women overweight or obese (BMI > 25) and GDP per person, for low-income and middle-income countries



A 10% increase in GDP/PC leads to a 7% increase in overweight and obesity in women

Source: Ruel and Alderman; Lancet 2013

# **This is not just a matter of how GNP growth is distributed**

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**Based on NHFS quintiles it is clear that household resources are only part of the story.**

If the poorest 40% of India were to have the assets of the middle quintile, national malnutrition rates would only decline from 48% to 39%, though poverty would be virtually eliminated.

Similar patterns come out of DHS surveys throughout Asia. This reflects that fact that improved income addresses food security but does not have a rapid impact on care giving and knowledge nor on health and sanitation.

# Safety Nets affect consumer budgets differently than other income

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Safety nets are generally effectively targeted to poor households who typically spend half or more of their income on food, increasing quality as well as quantity.

There is no evidence that this increased income is offset by reduced labor; this differs, then, from unemployment insurance although critics often miss this distinction.

Beneficiaries of social assistance not only devote the largest share of the additional resources to food, they spend more on food out of transfers than they do from other income sources.

This “nutritional labeling” may be partially due to targeting assistance to women although it may also reflect social marketing

# The evidence that transfers linked to health act influence budget priorities is extensive

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The availability of a food oriented transfer—even one that has no conditions but is **perceived** as linked to food security—nudges consumers to increase the share of their additional budget devoted to food.

For example, cash transfers in **Colombia, Ecuador, Mexico,** and **Nicaragua** led to more expenditures on food and health than was observed with increased in general sources of 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 less direct than desired

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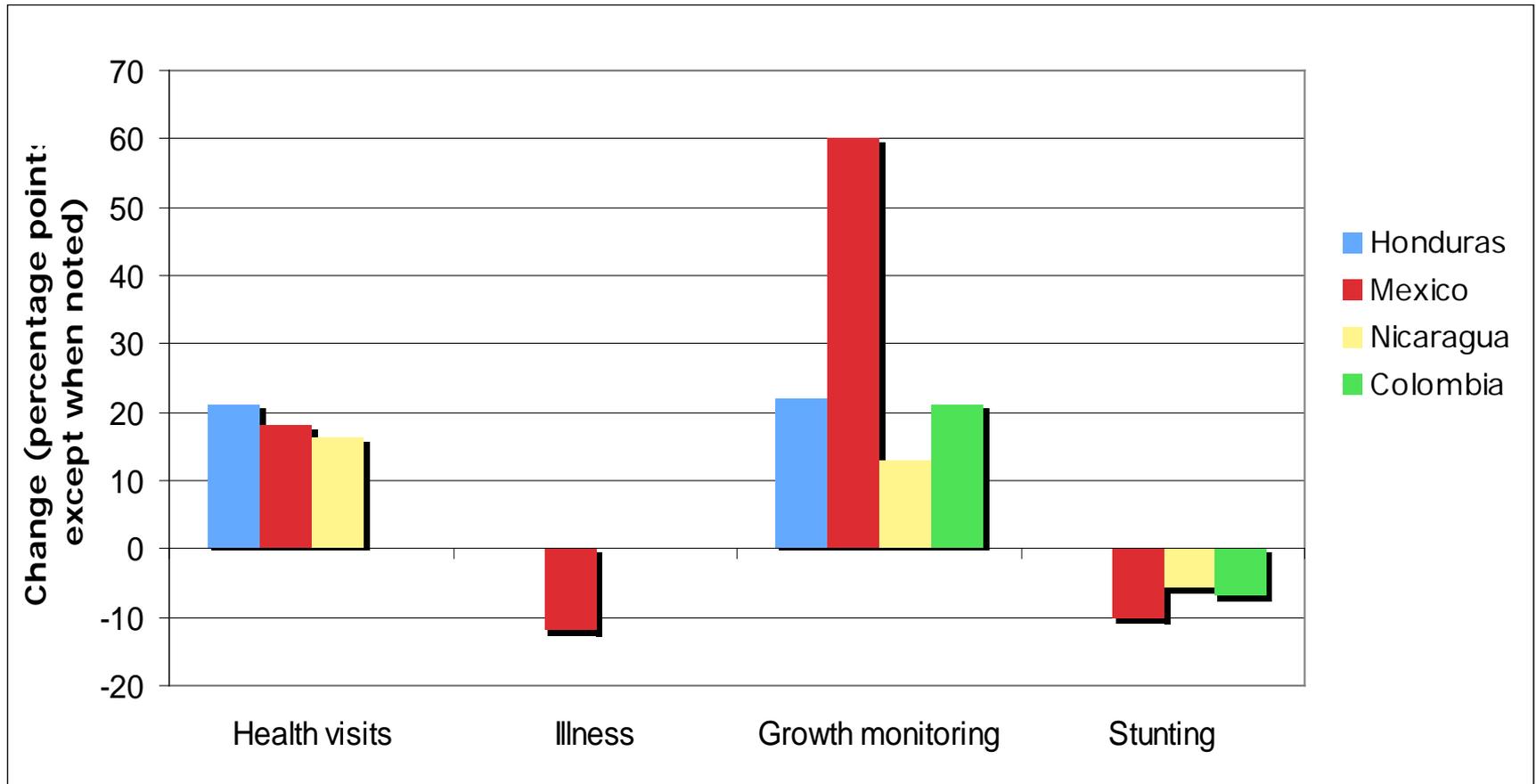
While all studies of transfers show increased food consumption and most show increased participation in health care, **both** conditional unconditional cash transfers have not delivered improvements in nutrition commensurate with their success in addressing poverty.

Surprisingly, meta-analyses of 17 cash transfers programs (mainly from Latin America) show that on average there is little impact on height

This is in part due to the fact that increased income does not lead to immediate improvements in sanitation, nor does it guarantee quality health care services

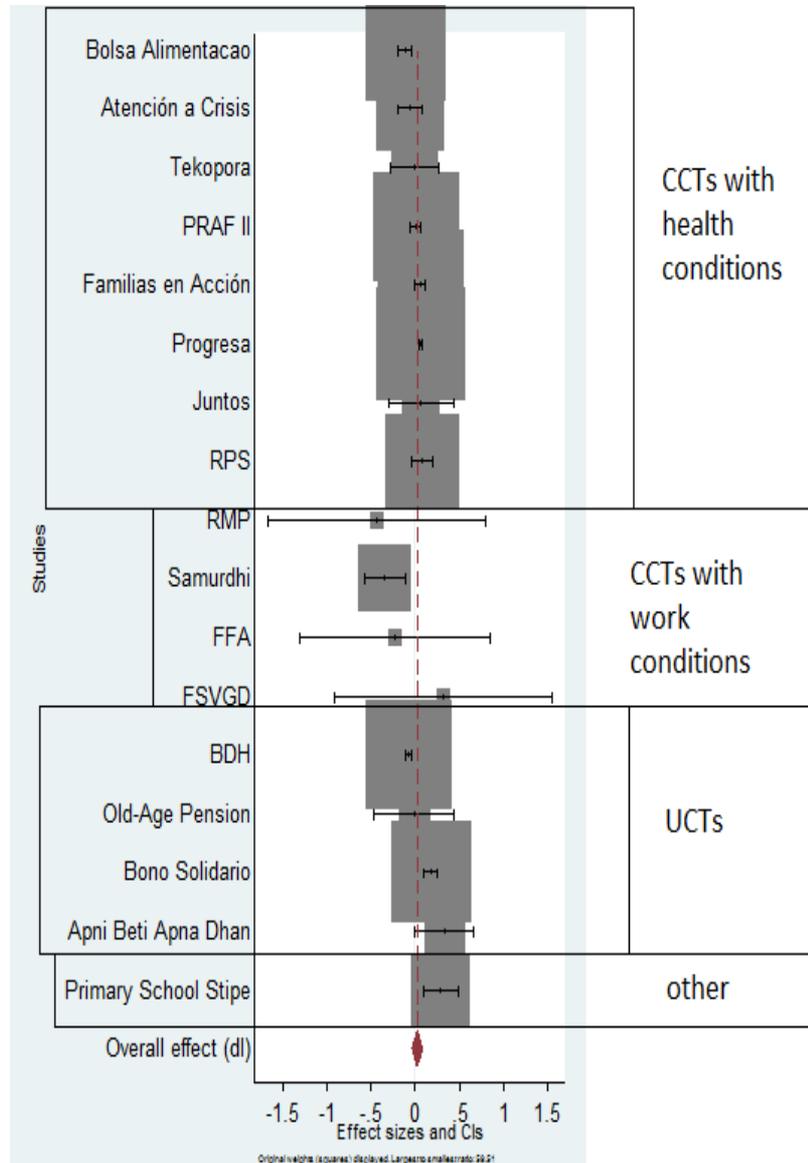
Moreover, knowledge about child care is one of the pillars of good nutrition and one that is not intrinsic to programs essentially designed to transfer income

# Impacts on Health and Nutrition



Sources: IFPRI

# Impact of Cash Transfers on HAZ by Program Type



Source: Manley, Gitter and Slavchevska (2013)

# There are, however, some lessons from this body of experience that can lead to enhanced impact of transfers

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Focusing on younger children has greater impact than broader age targeting. This is the case in most types of nutrition interventions

Growth monitoring is a common benchmark for participation but by itself has little impact; without counseling it becomes a burden on the poor with little benefit.

Using similar evidence on CCT bottlenecks, Peru reformed its Juntos CCT program to stress training and service provision, particularly for children less than 36 months with significant improvements in the heights of boys

Also, as will be discussed in detail later today, linking behavioral change communication with transfers enhances child care

Additionally, including supplements for complementary feeding within transfer programs bridges between nutrition sensitive and nutrition specific interventions, often with notable impacts

# Is in-kind assistance obsolete?

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In recent years the technology for providing cash assistance has improved markedly

Cash transfers have even been used in emergency response such as in the aftermath of the 2004 Indian Ocean tsunami

One general difference between administering cash transfers and in-kind support is that the former are less costly to deliver than food; cash transfers saved 13-23% in a set of studies.

This advantage does not include differences in leakage and in the costs of maintaining a national grain reserve

Cash transfers have been shown to promote diet diversity.

Moreover, the fear that cash leads to increase consumption of alcohol and purchase of tobacco has been debunked using a review of purchases from 19 studies

# But context matters: there are some advantages of in-kind transfers

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Differences in how the two modes of assistance affect purchases reflects the functioning of markets. Where markets are not integrated increased liquidity can put pressure on prices as was noted in remote Mexico villages. But In Niger cash made little difference on grain prices

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

A combination of cash assistance for households and specific supplements tailored to a child's needs has proven advantageous in Mexico's CCT as well as in drought response in Africa

Another advantage of in-kind assistance is that fortified commodities can substitute for general purchases as has been undertaken in Gujarat's public distribution and often is a feature of school feeding programs

# Enhancing the Nutritional Impact of School Feeding

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School feeding programs are a form of in-kind conditional support; globally school-feeding programs reach 375 million children annually at a cost of \$75 billion.

They clearly have an impact of school attendance and enrollment but their nutritional impact is less clear.

School meals improve household food security; in some studies this has an indirect impact on the nutritional status of the more vulnerable **younger siblings** of students

But since school feeding programs are not directly targeted to children in these vulnerable ages they occasionally risk contributing to obesity

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

# Making Public Works Nutrition Sensitive

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Public works generally are targeted to labor surplus households and often involves heavy manual labor. Female headed households may find it hard to participate.

Adding crèches helps

Going further: Djibouti has designed a nutrition-sensitive public works program in which participation of women in community BCC is a prerequisite for a household member being deemed eligible for participation in public works. Moreover, these activities are designed to be light so that pregnant and lactating women can take up the opportunity for employment. The program also includes regular BCC sessions on nutrition.

Ethiopia has recently added participation in community-based nutrition and BCC for improved infant and young child feeding practices to its long running public works program

# Obstacles to Achieving Greater Nutritional Impacts

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The foremost challenge is the limited resources that can be devoted to safety nets.

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

Moreover, in order to reach their potential for improving nutrition, programs need to coordinate across sectors so that health services respond to increased demand and appropriate behavioral change communication is provided

# Conclusion

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## **To reach this potential, social protection programs need to:**

- Target activities to the most nutritionally vulnerable populations.
- Include education activities within social protection interventions to increase household awareness of health and nutrition care giving and health seeking behaviors.
- Enhance the quality of nutrition services (e.g. growth promotion and interventions for improved diet quality) into 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 by scaling up programs in times of crises.