



Nutrition-sensitive Social Protection Programs: How Can They Help Accelerate Progress in Improving Maternal and Child Nutrition?

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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.

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

This is the role of **nutrition sensitive interventions**



Definition: Nutrition-sensitive Interventions

These are interventions or programs that address the **underlying determinants** of fetal and child nutrition — food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment—and **incorporate specific nutrition goals and actions**

Examples



Agriculture and food security

Early child development

Women's empowerment

Schooling

Health and family planning services

Social safety nets

Maternal mental health

Child protection

Water, sanitation and hygiene



Why Nutrition Sensitive Programs are Important Instruments to Reduce Undernutrition

The potential for nutrition sensitivity in sectors such as agriculture and social protection comes in part from their scale; most governments devote substantial resources to programs in these sectors.

In addition, these programs are generally intrinsically targeted to the poor

They often contain design features that can empower women

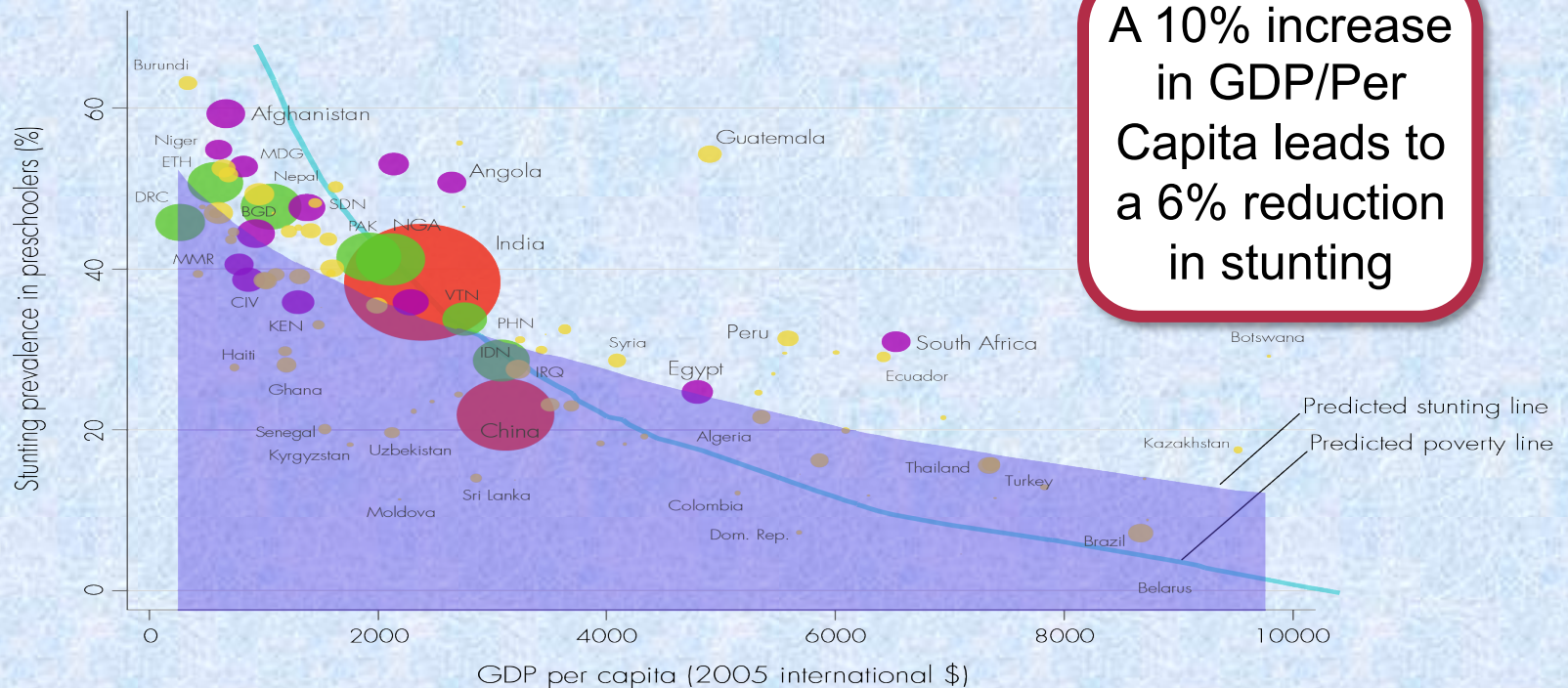
These programs can also serve as delivery platforms for **nutrition-specific** interventions, potentially increasing their scale, coverage and effectiveness

Moreover, by improving nutrition they increase overall economic growth



Nutrition-sensitive Social Protection Programs Can Impact Nutrition Through Increases in Income

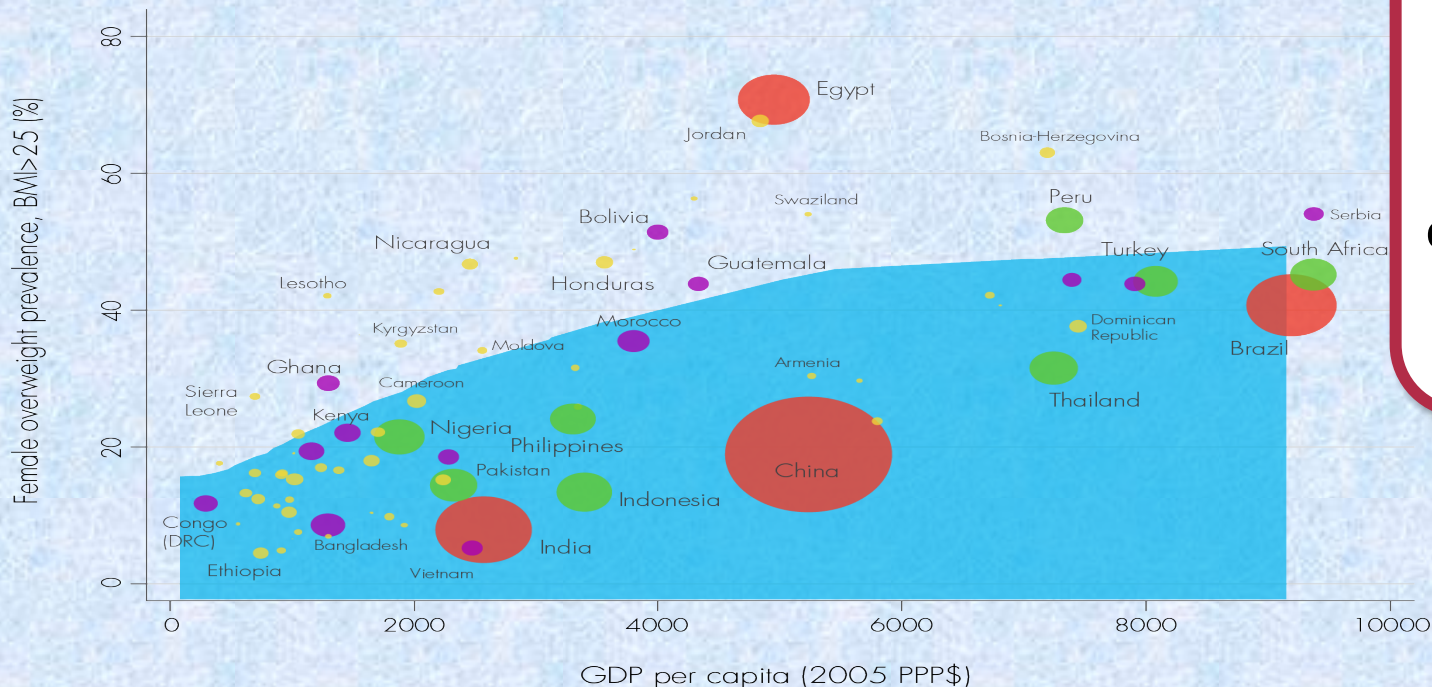
Prevalence of stunting in children aged 0-5 years and GDP per person





Income Growth Can Have Unintended Consequences of Increasing 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



What outcomes are we seeking to influence with nutrition programs?

MDGs target improvements in weight for age for children < 5

Advantage in ease of measurement and, while individual catch up growth may be under appreciated, nutritional status by 60 months is a fair measure of progress in a population

Weight (particularly weight for height) is also a good measure of acute malnutrition and the risk of infant mortality

But as nutritionists have argued, seeking weight gain on a small frame risks contributing to obesity

Taking that argument one step further: focusing on physical growth deemphasizes what we should really be after - cognitive and socio-economic development



How Have Social Protection Programs Performed to Date?

To the degree that these programs reach the poor (and they generally do) they increase food security. It is not uncommon for a program to augment overall consumption in low income households by 20%.

Some transfer programs have a wide coverage; transfers in Brazil and Mexico reach 25% of the population. Ethiopia's productive safety net, the 2nd largest transfer program in Africa, covers 10% of the population

There is strong evidence of impacts on health care utilization, but limited impacts on child nutrition

Some impacts on younger, poorer children, with longer exposure

Linking household transfers with mother and child specific supplements may increase nutritional impact



Some Reasons Why Targeted Household Transfers Appear to Have Only a Modest Impact on Nutrition

Few transfers have been targeted on the basis of the risk of undernutrition.

Most of the programs that have been studied extensively have not been in regions of high stunting rates and often their nutritional impact has been assessed outside the critical 1000 days from conception through the child's second year of life

Poor quality health services also is likely responsible for the limited nutritional impacts

Finally, some evidence is based on too short a period for full cumulative results



Prioritization of Vulnerable Groups

Targeting transfers to the **elderly** can be an important poverty reduction policy. However, it is difficult to justify these on the grounds of their positive impact on children.

The common argument that they support children, based on Duflo's study, ignores the fact that Duflo reports this occurs only if the pension went to a woman and only if the child was a girl. Also, only 42% of elderly lived with their grandchildren

Targeting to **HH with children <2** or **pregnant women**, on the other hand, is straightforward

Targeting to **adolescent girls** makes sense from the standpoint of nutrition but there is little evidence to date

Targeting cash to **malnourished children** has possible disincentives and is curative not preventative but providing special supplements to acutely malnourished children is a proven intervention to reduce mortality



A few conditional transfers have prioritized pregnant women

Global Experience on CCTs for women shows:

- Increased number of prenatal visits in **Indonesia**
- **Mexico**'s CCT program raised birthweights and markedly reduced the share of low weight babies. Use of services did not increase but the quality did, likely due to community awareness of what they could expect.
- Payments for clinic deliveries in **India** helped reduce infant mortality
- Trials in South Asia have addressed **maternal depression** which reduces risk of undernutrition and cognitive impairment of children as well as improves lives of mothers.



Long Term Impacts of Short Term Shocks

Numerous studies have documented undernutrition years after a crisis:

- Drought and civil unrest contributed to increased stunting in Zimbabwe (independently as well as jointly)
- Similarly, drought and conflict contributed to persistent stunting – tested separately but not jointly – in Rwanda
- Evidence from Indonesia shows that a rain shortfall does not have to be substantial to result in reduced linear growth and schooling.
- Nor are these human capital crises confined to conflict and drought affected economies; the incidence of low birth weight increased with the economic contraction in Argentina in 2001-2002



There is Some Debate on Catch-up

Some longitudinal studies, for example, the Young Lives Project in Ethiopia, India, Peru, and Vietnam as well as a 40 year project in Guatemala have tracked individuals over their lifetimes. These studies have indicated that improvement in nutritional status is possible.

This is particularly the case where socio-economic conditions change as is the case with adoption.

Additionally a few studies of school feeding or public works in India show a role of safety nets in preventing or reversing some malnutrition.

Moreover, the consequences of undernutrition on either mortality or early child cognitive development can be addressed without necessarily reversing stunting but the costs of second chance programs to offset cognitive impairment are not well studied



Social Protection and Nutrition in Emergencies

Although food aid deliveries overall declined from 15 million metric tons in 1999 to 4.1 million t in 2011, emergency deliveries have remained almost constant; they now account for more than 67% of total food aid.

Most programs target households, not children, but there is interest in the provision of lipid-based nutrient supplements [LNS] for children based on similar supplements commonly used to address acute chronic malnutrition.

There is still limited experience but LNS provided in addition to household rations has reduced wasting or stunting in a few studies. This is a preventative role that is distinct from a therapeutic role.



Cash or In-Kind?

New evidence has been brought to bear on the perennial question of whether to transfer cash or food

Both forms of transfers increase household food security but their relative roles for improving diet diversity – a key factor in nutritional impact – depends on contexts including structure of local markets and seasonality of purchases

In virtually all contexts it is cheaper to deliver cash. Cash transfers, however, can erode in an inflationary environment

Evidence from Bangladesh as well as the Philippines shows that the nutritional impact of either form of transfer is strongest when accompanied by behavioral change communication




Recent Trials Comparing Food versus Cash

In remote villages in Mexico, cash led to increased prices for processed foods and a smaller impact than a slightly larger package [in value terms] of food. But in Niger cash did not lead to price increases perhaps due to market integration.

In Ecuador, cash, vouchers and in-kind were compared in urban areas. There were few substantial differences, but in-kind had a larger impact on calories consumed while vouchers had a greater influence on diet diversity.

In a RCT in Uganda cash had a greater impact on cognitive development as well as anemia, attributed to both increase in diet diversity as well as the use of cash for payments to preschool providers.



Enhancing the Nutritional Impact of School Feeding

School feeding programs clearly have an impact of school attendance and enrollment

Since girls' schooling is often more responsive to demand side schooling interventions (and some programs like take home rations are often targeted to girls) this by itself will indirectly improve the health of the next generation

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

But school feeding programs are not directly targeted to children in vulnerable ages

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



Enhancing the Nutrition Sensitivity of Social Protection

Few social protection programs are designed with clear nutrition goals and actions to be monitored. This reduces accountability. The solution is straightforward.

Prioritize nutritionally vulnerable ages as well as improve timing and duration of exposure to interventions

Conditions do have an impact, but also costs. Community mobilization and soft conditions also seem to affect behavior.

Optimize women's nutrition, time, physical and mental health and empowerment

Programs can use conditions and social mobilization (or both) to stimulate demand for health services and then **coordinate** to ensure that these services are of high quality. This includes using social protection as a platform for nutrition specific interventions.