



Global Forum on Nutrition-Sensitive Social Protection Programs

Towards Partnerships for Development

SESSION 3B: IMPROVING NUTRITION THROUGH SOCIAL PROTECTION PROGRAMS

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Keynote Presentation

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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 including **nutrition sensitive social protection**

Why Nutrition Sensitive Social Protection can be important for reducing Undernutrition

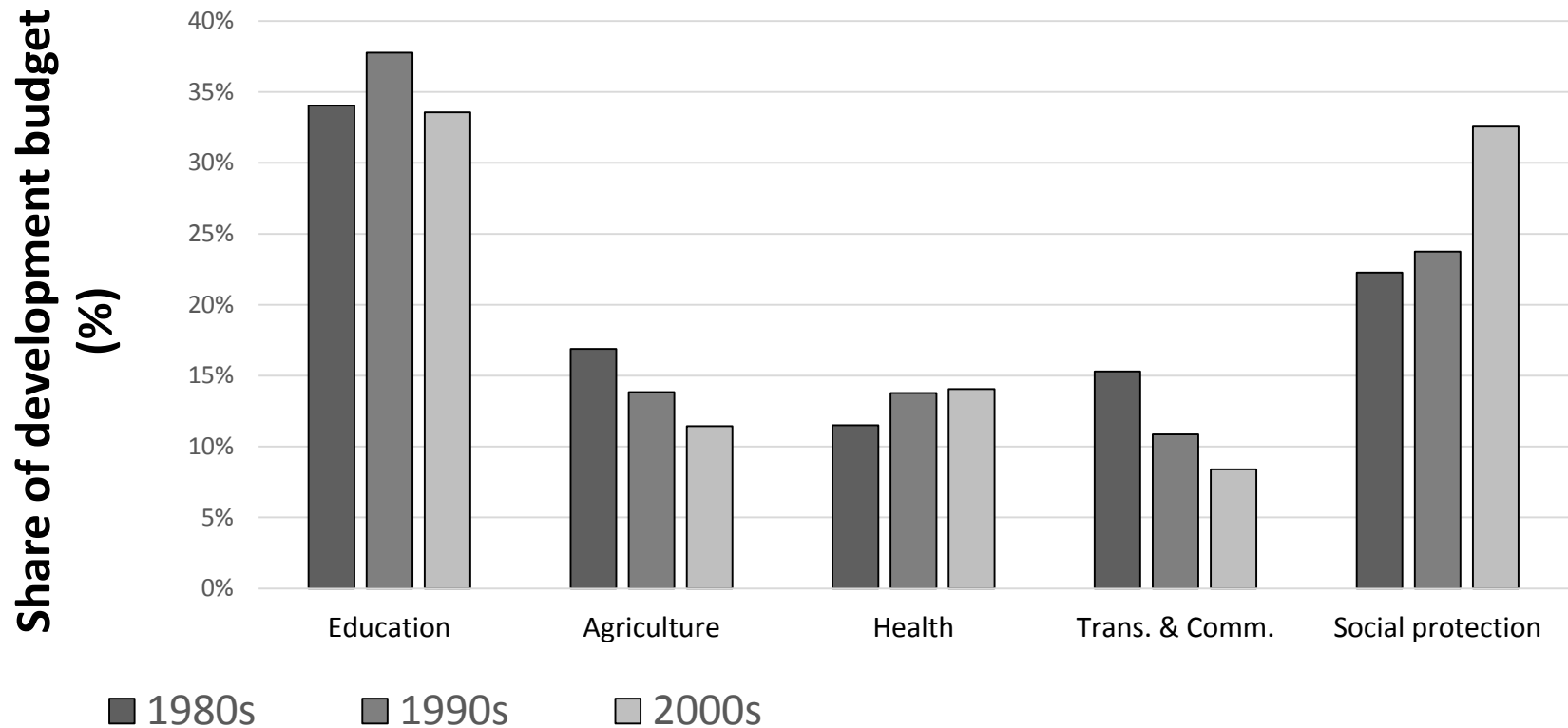
The potential for nutrition sensitive social protection comes in part from its scale; 1.9 B people receive some form of social safety net assistance.

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

Growing Scale of Social Protection



Mechanisms by which Safety Nets can Improve Nutrition

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

Moreover, they often influence the preference for spending additional funds on food.

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

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

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

Safety Nets and Consumer Budgets

Safety nets are generally effectively targeted to poor households who typically spend half or more of their income on food.

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 path from increased resources to improved nutritional status is less direct than desired

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

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

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?

The technology for providing cash assistance effectively has improved rapidly.

One general difference between administering cash transfers and in-kind support is that the former are less costly to deliver than food.

Differences in how the two modes of assistance affect purchases is more context specific and reflects the functioning of markets.

One 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

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.

Obstacles to Achieving Greater Nutritional Impacts

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

Hypotheses for Discussion

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.



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