



Improving Nutrition Through Multisectoral Approaches Social Protection

How can social protection improve nutrition?

- **Investing in nutrition and early child development are integral components of a coherent social protection system aimed at preventing the intergenerational transmission of poverty**— and key determinants of long-term economic growth. Proper child nutrition increases human capital and productivity.
- **Social protection programs typically increase income and can influence the control of this income. Who controls income can improve nutritional status to some degree.** Social protection programs can also improve nutrition by fostering linkages with health services or sanitation programs, and specifically through activities related to nutrition education and/or micronutrient supplementation.
- **When targeted to the critical window of opportunity, social protection programs can enhance nutrition investments.** The window of opportunity opens during pregnancy and closes at about two years of age. The consequences of malnutrition during this period are severe and largely irreversible.
- **An income or in-kind transfer alone may be insufficient to improve nutrition. Impact can and should be augmented by specific design features,** which can play an essential role in generating impact of transfers and other types of social protection programs, such as welfare, pension, or insurance.

Priority actions for *nutrition specific* and *nutrition sensitive* social protection

1. Target activities to the most nutritionally vulnerable populations.
2. Include education activities in social protection (SP) interventions to increase household awareness of health and nutrition care giving and health seeking behaviors.
3. Integrate nutrition services into SP interventions, e.g., growth monitoring and promotion, and/or activities for improved growth and diet quality.
4. Reduce the acute and long-term negative impacts of external financial, price, and weather shocks by scaling up programs in times of crises.

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This brief analyzes the different policy choices related to the elements of SP programs that affect nutritional outcomes, such as:

- **Income/Consumption:** Size, frequency, control, and nature of transfer (cash/in-kind)
- **Links with health and sanitation services:** Program conditionalities or co-responsibilities (firm/soft), promoting access to services (supply side)
- **Targeting of the most vulnerable:** By income, nutritional status, age group

Figure 1 provides a roadmap for decision-making when designing a social protection program, taking into account special considerations related to targeting, type of transfer, and linkage to other services, which can increase impact on nutrition. There is high variability in SP program design based on contextual factors, and this roadmap highlights key features and considerations that need to be taken into account on a case-by-case basis in order to design an adequate social protection program that directly responds to the needs and access levels of beneficiaries. **Boxes 1 and 2** discuss examples of elements of SP programs that can improve nutrition.



The three main pathways through which social protection programs can impact nutrition are:

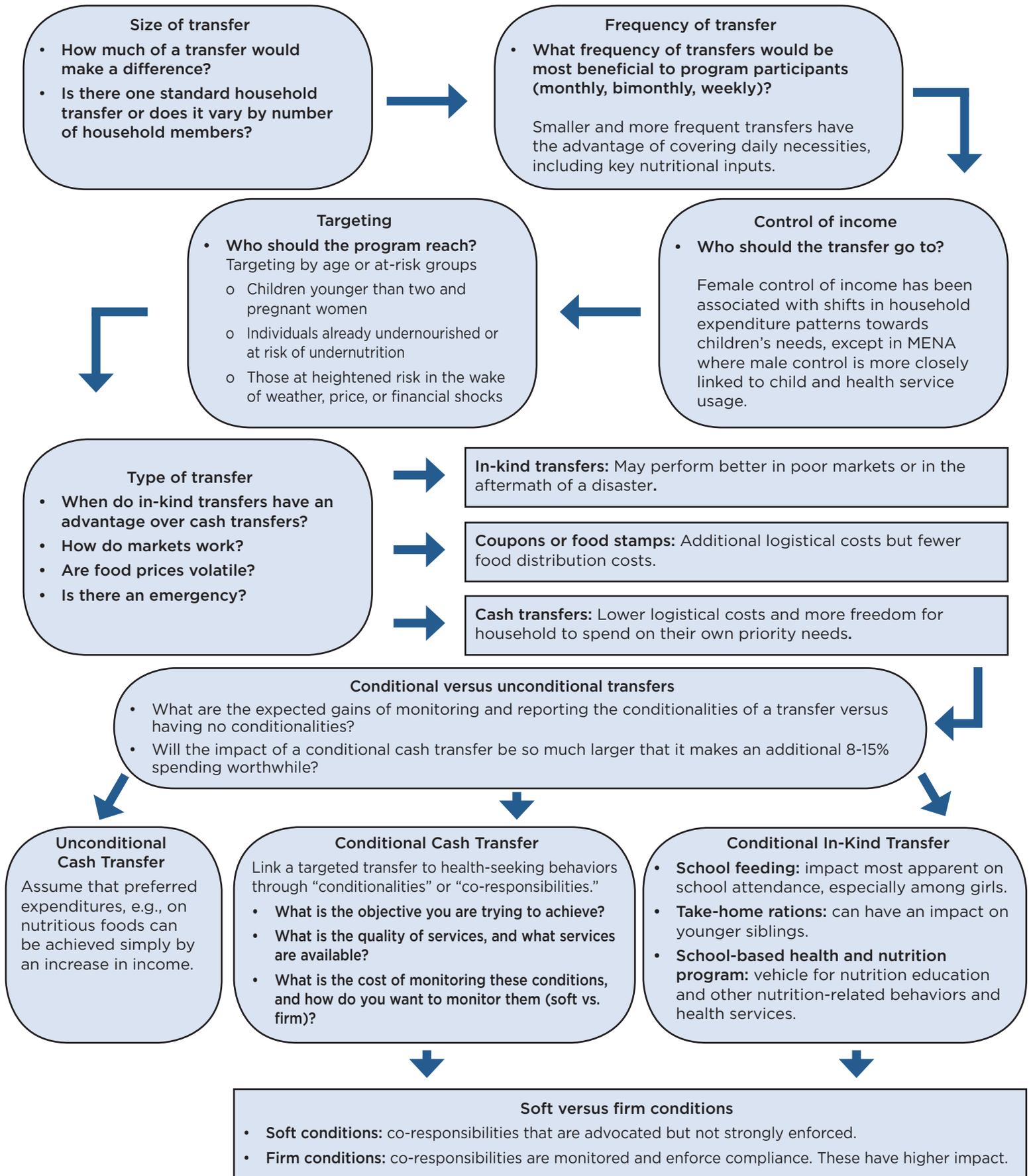
1. Improving income.
2. Promoting access and delivery of health and sanitation services through social protection programs, e.g., micronutrient supplements, nutritional counseling, health and hygiene education, and other health and sanitation services affecting nutrition.
3. Targeting nutritionally vulnerable populations, e.g., pregnant women and young children.

Box 1. Nutrition-relevant indicators for monitoring and evaluating SP programs

- **Anthropometric measures of nutritional status:** are commonly collected to gauge undernutrition in children, and reflect early deprivation including prenatal undernutrition.
- **Dietary diversity or meal frequency:** relatively easy to monitor and can be collected for individuals in a target group rather than for a household as a unit.
- **Food consumption:** reveals information about inputs into nutrition.
- **Participation in health and nutrition activities:** including public awareness and national health and nutrition campaigns.

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Figure 1. Roadmap for *nutrition sensitive* SP program design





Box 2. Options for making additional types of SP programs more nutrition-sensitive

- **Public works:** help to generate employment and income for vulnerable households.
 - Accommodation of time demands on women.
 - Provision of a crèche/mobile crèches to facilitate participation of women and simultaneously insure the provision of adequate nutrition care for children.
 - Programs suited to increased energy demands of pregnant and lactating women/substitution of labor-intensive work for lower-intensity work.
 - Include attendance of nutrition education programs as fulfilling work requirements.
- **Insurance:** helps to smooth consumption over time and across households.
 - Community-level weather index insurance to address droughts, cyclones, floods: payout when there is a shock.
 - Health insurance to smooth income in times of health shocks. Health insurance also encourages service utilization, especially preventive and primary care, e.g., for young children.
- **Microfinance:** can assist in entrepreneurial opportunities as well as income smoothing.
 - Savings promotion.
 - Some forms of insurance.
 - Credit provision.
- **Community-based programs:**
 - Community-based growth promotion programs: incorporate key nutrition interventions and strengthen knowledge and capacity while increasing demand for health and nutrition services by bringing those services closer to the community.
 - Community-Driven Development and Social Funds: can incorporate nutrition into basic service provision, involves communities in strengthening and establishing mechanisms to promote nutrition activities.

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Examples of SP projects that integrate nutrition objectives¹

Peru: Strengthening the nutrition impact of the *Juntos* conditional cash transfer (CCT) program

Peru's CCT program, *Juntos*, began in 2005, and serves more than half a million households. The program targets poor rural households with children under 14 years, with co-responsibilities of regular health visits for pregnant women and children under 5 years, and school attendance of at least 85% for school-age children who have not yet completed elementary education. In 2008, a renewed effort was made to strengthen the *Juntos* program to obtain better nutrition outcomes. An analysis of the program's bottlenecks and improvements were analyzed to guide the project's strengthening. The results are summarized in Table 1.

Bottleneck	Line of readjustment
Inadequate (low) coverage of target population (<2yrs old)	Improved targeting (priority for children aged 0-2yrs)
Transfer scheme inappropriate for desired incentives	Adjustment of incentive scheme, i.e., amount, co-responsibilities, frequency of payment
Cash transfers to households without information about the compliance and/or without compliance of co-responsibilities	New process of cash transfer delivery; Compliance verification through health and education sectors
Limited supply capacity of health and education services	Guarantee the supply of health and education services through the standardization of basic packages, including nutrition such as distribution of micronutrient powders
Lack of a managerial monitoring system	Establish a monitoring system that tracks the supply of service i.e., are services dependably available and high quality
Inadequate institutional implementation structure	Establish an adequate and professionalized structure, e.g., clarify operational rules and staff, fill vacant director position

The changes were first pilot-tested in one district of Peru to validate the functioning of the revamped program and to fine-tune aspects for national scale up. A multisectoral inter-agency working group was established to coordinate across sectors (particularly between *Juntos* and the Ministry of Health), linking the delivery of transfers and demand incentives to targeted households by providing a basic package of health and nutrition interventions. In 2010, the program approved a new operational manual and the implementation of the reforms is expected to contribute to improving final nutrition- and poverty-related outcomes.

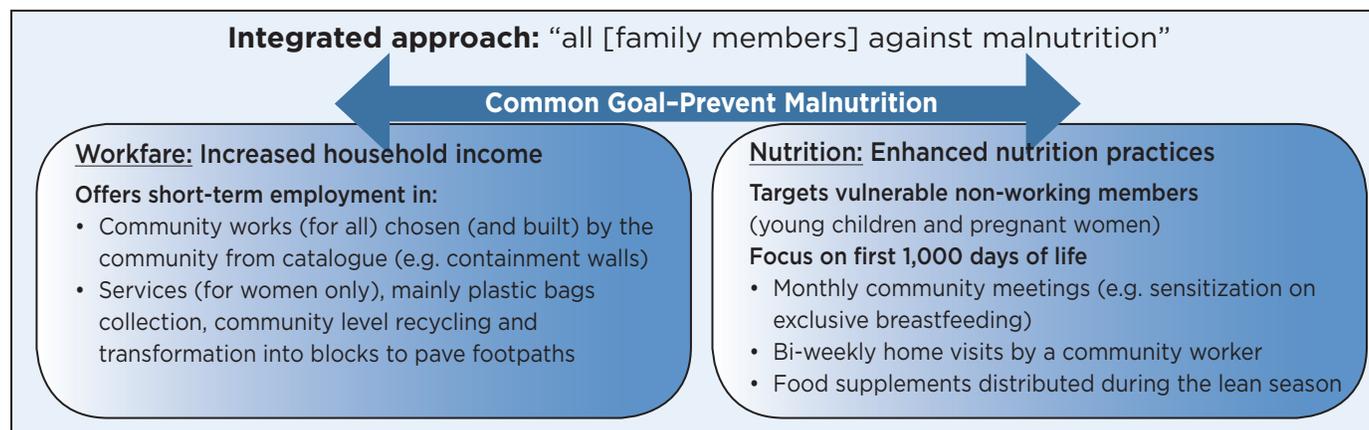
¹ These case studies were selected based on their innovative design and integration of nutrition into social protection; however, because they are recent and new, results are not yet available.

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Latin America and the Caribbean: Additional examples of nutrition co-responsibilities in CCT programs		
Country	Program	Nutrition co-responsibilities
Brazil	<i>Bolsa Familia</i>	<ul style="list-style-type: none"> Children <7 yrs: complete immunizations and attendance at growth monitoring 2x/year Pregnant and lactating women: attendance at ANC and PNC checkups and health and nutrition education sessions
Bolivia	<i>Bono Juana Azurduy</i>	<ul style="list-style-type: none"> Children <2 yrs (with no other siblings <2 yrs): attendance at bimonthly checkups Pregnant and lactating women (with no children <2 yrs): attendance at 4 prenatal checkups, institutional birth, and postnatal checkups
Dominican Republic	<i>Solidaridad</i>	<ul style="list-style-type: none"> Children <6 yrs: immunizations and attendance at regular health checkups Pregnant and lactating women: attendance at ANC and PNC visits
Guatemala	<i>Mi Familia Progresá</i>	<ul style="list-style-type: none"> Children <7 yrs: attendance at regular health checkups (immunizations, growth monitoring, deworming, vitamin A supplementation, supplementary feeding) Children 6-15 yrs: iron folic acid and fluoride supplementation, deworming Pregnant and lactating women: attendance at ANC and PNC visits, iron folic acid supplementation, education on complementary feeding and health
Mexico	<i>Oportunidades</i>	<ul style="list-style-type: none"> All family members: attendance at health checkups 2x/year Pregnant women, children <2 yrs, malnourished children: attendance at monthly health education sessions
Colombia	<i>Familias en Acción</i>	<ul style="list-style-type: none"> Children < 7 yrs: attendance at regular health checkups (growth monitoring, nutritional status and development; hygiene and diet education; vaccinations)
Panama	<i>Red de Oportunidades</i>	<ul style="list-style-type: none"> Children < 5 yrs: regular health checkups Pregnant women: ANC visits every 2 months

Djibouti: Social safety net project that combines workfare with a nutrition intervention

Djibouti has high rates of childhood malnutrition (affecting 33% of the children), unemployment (hovering at 55%), and poverty (affecting 42% of the population). In addition, the country has been confronted over the last four years with recurrent droughts that negatively affected poor and vulnerable households, and created emergency needs. In response, the government is implementing an innovative social safety net (SSN) program “Djibouti Crisis Response: Employment and Human Capital Social Safety Nets,” combining short-term employment with a nutrition intervention for the poor and vulnerable. The project supports a crisis response that provides the basis for a (productive) safety net by (i) improving the design and effectiveness of a public works program so it becomes an effective social safety net, (ii) generating new short-term job opportunities for the poor and vulnerable; and (iii) improving nutrition practices among participating households through behavioral change interventions. The program links creation of employment opportunities to improvement of nutritional practices by adding a nutrition and growth promotion component to the traditional cash-for-work program to leverage the effect of the additional income on the family’s nutritional status.



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