

Can Conditional Cash Transfers Play a Greater Role in Reducing Child Malnutrition?

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Overview of the presentation

- Rationale for CCTs as a vehicle for improved nutrition
- Nutrition in existing CCTs
- How to maximize the impact of CCTs on nutrition
- Broad questions about an interface between CCTs & nutrition
- Further research
- Discussion

What is a CCT?

Program that provides regular cash payments to poor households that meet certain behavioral requirements (co-responsibility)

Two primary objectives:

1. Boost immediate household consumption
2. Promote investment in long-term human capital development, which can interrupt the intergenerational transfer of poverty

Rationale for CCTs as vehicles for improved nutrition

- Integrated approach to poverty alleviation
 - Complementary, mutually-reinforcing objectives
 - Investments in child nutrition are not only beneficial in themselves, but also enhance investments in education and health

Rationale for CCTs as vehicles for improved nutrition

- Structure of CCTs provides entry points for improving nutrition
 - Target groups for whom nutrition is key concern
 - Cash transfer provided directly to mother
 - CCT benefits address some of the key constraints to good nutrition

Attention to nutrition in existing CCTs

Country/ Program	Health visits/ check-ups	Group counseling	GM/ GMP	Micro- nutrients
Argentina Programa Familias	✓ children & pregnant women			
Brazil BA	✓ children & pregnant women	✓	✓	
Brazil BF	✓ children 0-6 & pregnant women		✓	
Chile SUF	✓ children 0-6			
Colombia FA	✓ children 0-6	✓ not required	✓	

Attention to nutrition in existing CCTs

Country/ Program	Health visits/ check-ups	Group counseling	GM/ GMP	Micro- nutrients
Dominican Republic Solidaridad	✓ children 0-5			
Ecuador BDH	✓ children 0-5		✓	
El Salvador RS	✓ children 0-5 & pregnant women	✓	✓	
Honduras PRAF	✓ children & pregnant women		✓	
Jamaica PATH	✓ children 0-6			

Attention to nutrition in existing CCTs

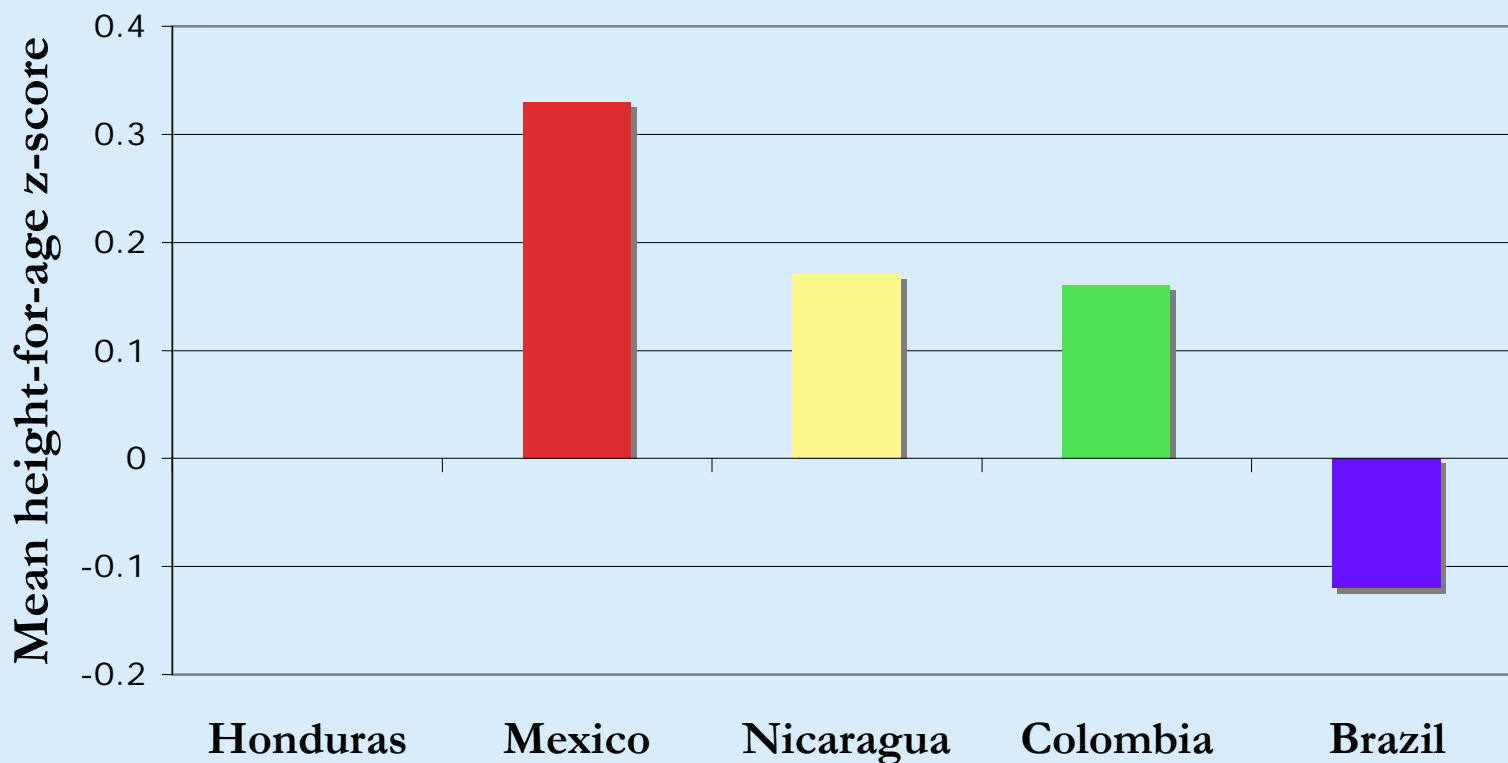
Country/ Program	Health visits/ check-ups	Group counseling	GM/ GMP	Micro- nutrients
Kenya CCT for OVC	✓ children 0-5		✓	✓ vitamin A
Mexico Progresa	✓ children & adults	✓	✓	✓ iron + nutritional supplement
Nicaragua RPS	✓ children 0-5	✓	✓	✓ iron
Paraguay TNA Prog	✓ children 0-14 & pregnant women		✓	
Peru Juntos	✓ children 0-5 & pregnant women		planned	
Turkey SRMP	✓ children 0-6 & pregnant women			

Summary of attention to nutrition in 18 existing CCTs

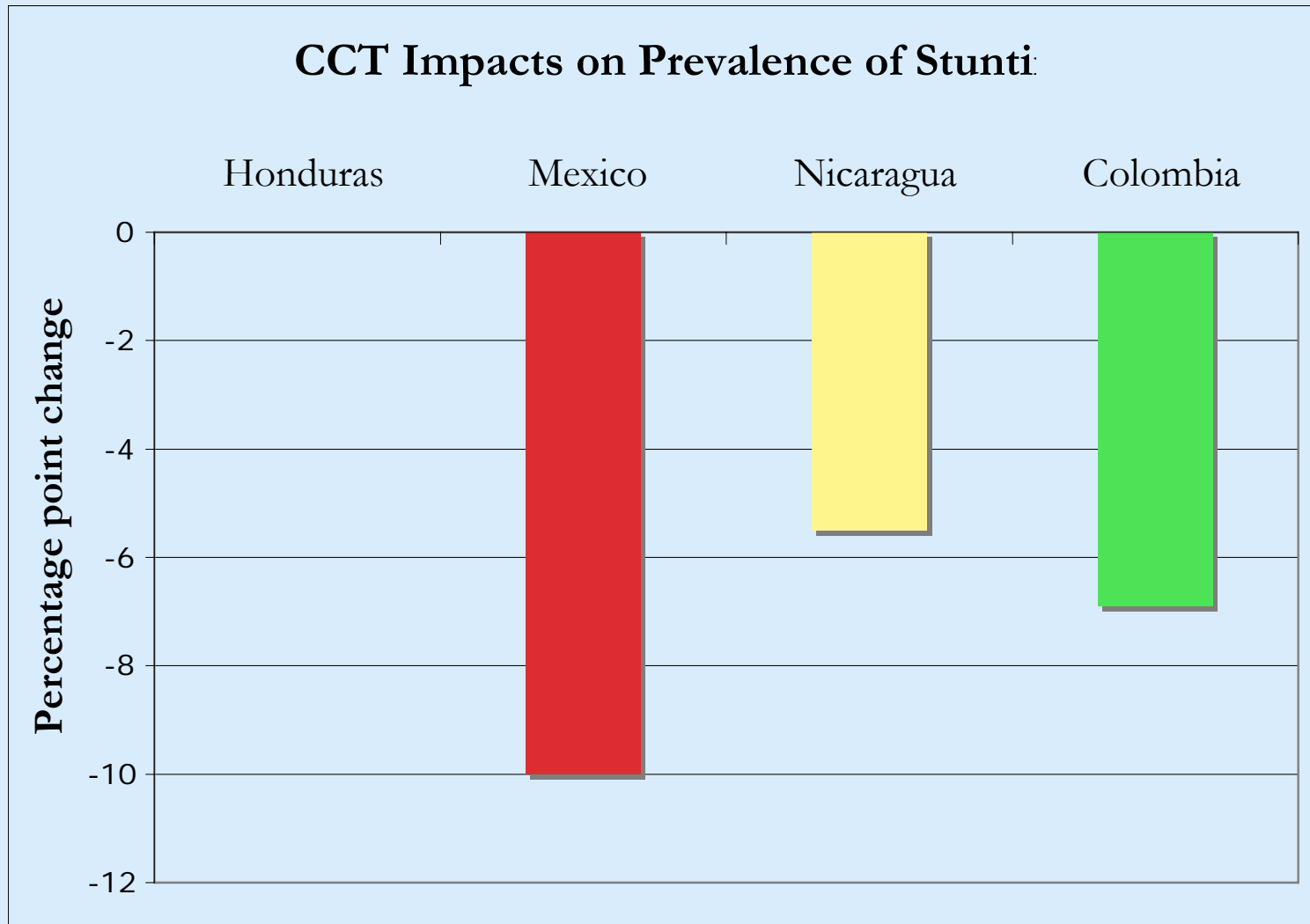
- Tally:
 - Health check-ups: 18/18
 - Group counseling: 5/18
 - Growth monitoring (& promotion?): 10/18
 - Micronutrient supplements: 3/18
 - Nutritional supplement: 1/18

CCT impacts on nutrition

Impact of Conditional Cash Transfers on mean height-for-age z-score



CCT impacts on nutrition



Looking ahead

- How can we imagine better utilizing CCTs to help achieve nutrition objectives or to foster improvements in behaviors that contribute to improved nutrition?
- What best practices from nutrition can we incorporate to ensure that nutrition activities in CCTs have the greatest potential for impact?
- What broader questions do we need to consider about CCT design and context to make this possible?

Bringing best practices to bear on CCT nutrition components

- Behavior change communication for nutrition
 - Group counseling
 - Growth promotion services providing individual counseling based on child growth
- Micronutrient supplementation
- Additional services that help overcome other constraints to good nutrition

Best practices in behavior change for nutrition

- Convey age-specific, frequent and memorable messages
- Target fathers and other care-givers
- Incorporate participation by positive deviant community members
- Use one-on-one or small group counseling involving interaction and participatory activities
- Monitor *quality* of messages and communication, not just attendance
- Evaluate changes in *practices* and assess constraints to change

Best practices in growth promotion

- Coordinate with existing program, if one exists
- Target children 0-2 and pregnant women
- Ensure high-quality counseling based on growth
- Supply follow-up counseling & referrals when necessary
- Provide micronutrients & accompanying counseling
- Encourage participation in monthly community meeting

Best practices in micronutrient supplementation

- Iron-folate for pregnant women & adolescent girls
- Vitamin A supplementation
- *Sprinkles* for home-based fortification
- Zinc during diarrhea
- Accompanying counseling

What other constraints to nutrition can CCTs address?

- We know empirically that the following contribute to improved nutritional status:
 - Good hygiene, including hand-washing with soap
 - Timely introduction of complementary foods
 - Treatment of diarrhea

How?

- Capitalize on group gatherings to provide:
 - Soap for improved hygiene
 - *Sprinkles* to promote the timely provision of complementary feeding
 - ORS for diarrhea
 - Action posters & other visual messages to display in the home
- Information/training at delivery point
- Follow-up counseling and information

Broader questions

- Targeting, eligibility, & program graduation
- Conditionality & monitoring
- Cost/cost-effectiveness
- Institutional roles & coordination

Targeting

- CCTs:
 - Poor and vulnerable households with young children, school-aged children & pregnant women
- Nutrition programs:
 - Community-wide targeting for prevention
 - Smaller age-range: children 0-2 & pregnant women
- Eligibility & graduation:
 - Limit eligibility for nutrition co-responsibility to children 0-2 & pregnancy?

Conditionality

- What activities to condition?
- Ways of applying conditionality:
 - Individual: based on individual attendance
 - Community: based on reaching target attendance rate for nutrition activities
- Perverse incentives?
- Implications for behavior change?

Cost/cost-effectiveness

- Costs:
 - Group counseling: ~\$2.50/person/year
 - Community-based growth promotion: ~\$6/child/year
 - Micronutrient supplementation: ~<\$1 child/year; ~\$3/pregnancy; plus cost of additional counseling
 - ORS: ~\$0.10/package
- Cost effectiveness of utilizing CCTs as delivery mechanism?

Institutional Roles & Coordination

- Who's responsible for what?
- Coordination
- Political support
 - Is nutrition a priority?
 - Are CCTs a priority?

Further research

- Operations research
- Cost-effectiveness study
- Qualitative research
 - Usefulness & complementarity among inputs as perceived by beneficiaries & service providers
- Impact evaluation of CCTs
 - Disentangle differential impacts of distinct CCT components
 - Impact of conditioning receipt of transfer on nutrition components

Discussion

- Based on what we've seen, do we believe a CCT-nutrition relationship is worth pursuing more seriously?
- What are the best ways to obtain necessary information about the potential effectiveness of particular combinations of nutrition inputs within CCTs?



Thank You!