

ROSA Focus

Monthly Highlight

To what extent do social transfers help combat child malnutrition?

Very often, interventions used to address undernutrition are totally dissociated from each other, and addressing undernutrition is generally a question of specific actions, such as micronutrient supplementation for example. *The complex causes of nutrition problems and their close links with political, socio-economic and environmental factors and resource management means that there is a need to go beyond the conventional biomedical approach and isolated solutions.* In certain approaches, the range of interventions has tended to broaden to include indirect actions that address the underlying causes of undernutrition. There is growing interest in social transfers for alleviating poverty.

The European Commission has made the questions of addressing undernutrition and social transfers **priority taskforce topics**¹. However, work remains to be done on the link between the two. While it is true that social transfers improve revenues, the impact on the nutritional situation needs to be studied more deeply.

However, a growing number of studies tend to show that social transfers have a significant impact on the nutritional status of beneficiaries. The **feedback reports** organised by ROSA from April to September 2009 also tend to confirm this. This Focus highlights the role of social transfers in combating undernutrition, particularly in children. It is based on the feedback reports, to which we have added a review of the literature from documents presented here in the Watch².

Very diversified social transfers

There are very many different types of social transfers, ranging from cash transfers to food vouchers and including food aid in kind or in agricultural inputs. There is also a wide range of ways in which social transfers can be implemented: transfers can be targeted or not, targeted in different ways, conditional or unconditional, etc.

However, social transfers must be based on a government decision to **redistribute resources** and they must be predictable and regular³. They are set up for long term use, and must be an integral part of government social protection policy (Box 1). This makes them different from short term emergency responses in a humanitarian setting.



Box 1: Social protection

An integral part of social services (with education and health), social protection provides income, in cash or kind, in order to protect people from risks, vulnerability, poverty and exclusion. This covers:

- **Social legislation:** the legal framework for human rights (the right to work for example);

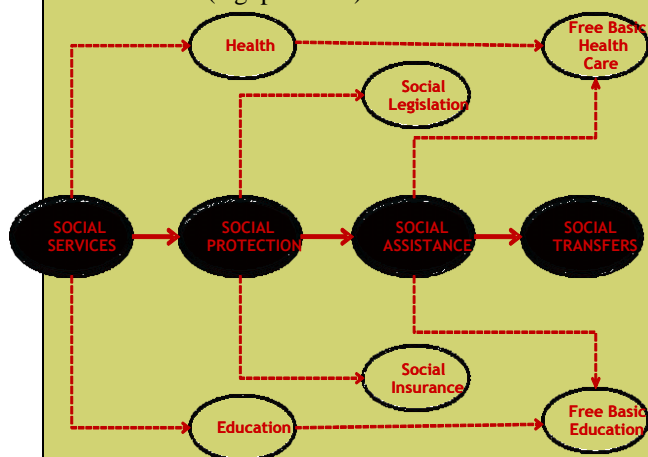
¹ Several issues of [ROSA Focus](#) have looked at this question. (No. 2, 3, 4, 6, 12, 15).

² Cf. the overview and the summary sheets for each contribution on the ROSA site (under "Capitalisation")

³ EuropeAid, Social transfers: an effective approach to fight food insecurity and extreme poverty, October 2009, pp 2-3.

- **Social insurance:** a contributory system that provides financial support to contributors if certain risks occur;

- **Social assistance:** a non-contributory system that provides social transfers to the poor or vulnerable (e.g. pensions).



Source: Regional Hunger & Vulnerability Programme, in EuropeAid, Social transfers: an effective approach to fight food insecurity and poverty, Concept Note 2009.

Social transfer projects in a variety of contexts

The first large scale social transfer programmes were set up in Latin America, mainly in the form of conditional cash transfers. One of the best known is the Programa Nacional de Educacion, Salud y Alimentacion (PROGRESA) in Mexico, that began in 1997 and now called Oportunidades. Honduras (Program de Asignacion Familiar, PRAF), Brazil and Nicaragua also have large scale programmes (IFPRI, 2009).

Middle-income countries are not the only countries in which transfer programmes exist. They are also being developed in Sub-Saharan Africa, particularly in Ethiopia and Malawi, which today have flagship programmes, and in South Asia (e.g. Bangladesh).

Positive impact on the nutritional status of children

Addressing child malnutrition

Child undernutrition is particularly serious because of the irreversible consequences on child development. It is also the principle cause of child mortality. So combating child undernutrition is an investment with long-term effects. It has been shown that there is a window of opportunity between 0 and 2 years (and including pregnancy) which is particularly important for preventing the

irreversible effects of undernutrition. With this in mind, priority should be given to social transfers targeting very young children and their mothers.

Difficulties in assessing impacts

The question of impacts of social transfers is a difficult one. Social transfers have **multi-dimensional impacts**. These can be direct (on poverty, well-being), economical (livelihoods, jobs, equity, etc.), social (health, education, nutrition, gender, etc.) In addition, social transfer programmes usually combine several components, including health, education, nutrition, etc. Therefore it is difficult to attribute observations on nutrition to any one particular effect of the transfers.

Moreover, social transfer programmes **do not always have the specific objective of improving the nutritional status** of populations. So assessments are not carried out on this criterion. When conditionality is included (visits to health centres, nutritional supplements, etc.), it is not easy to know whether the results on nutrition ensue from the transfers themselves or from the conditions.

Positive results on nutrition

The studies that present data on the nutritional status of the beneficiaries of social transfers agree that the impacts are positive and significant. This seems to demolish the reservations that are often aired – that the money is spread too thinly in different expenses, it is not always used wisely, the impact on nutrition may be minimal, etc. Social transfers do appear to be alternative and innovative ways of addressing malnutrition.

The experience in Namibia for instance (feedback reports) show that levels of underweight in programme beneficiaries dropped from 42% in November 2007 to 17% in June 2008, then to 10% in November 2008. In Nicaragua, in the space of 2 years, the cash transfer programme led to a reduction in stunting in children from beneficiary households that was 1.7 times greater than the national average (Box 2).

Box 2. Reducing child undernutrition in Nicaragua

One of the specific objectives of the Red de Proteccion Social (RPS) programme in Nicaragua, which began in 2000, is to improve the nutritional status of children under 5. The assessment results are very positive: a 3.4% reduction in stunting (chronic undernutrition) in 2 years, whereas it increased 2.2% in control areas, and 3.9% drop in the prevalence of underweight compared with a 2% increased in the control area. These results are particularly visible in the poorest groups.

Source: Impact Evaluation of a Conditional Cash Transfer Program, The Nicaraguan Red de Protección Social, Maluccio J.A. et Flores R., IFPRI, 2005

In South Africa (Box 3), studies show that the effects of the programme in reducing stunting are higher when the beneficiaries are children under 1. Concerning the long term effects, it has been shown that beneficiary children are predicted to be an average of 3.5 cm taller when fully grown than they would otherwise have been (Agüero et al., 2007). Similarly, studies in Mexico show that children in the PROGRESA programme should earn 8% more than their peers, because the transfers allow them to stay in school longer (IFPRI, 2002).

Box 3. Unconditional transfers targeting children in South Africa

The social transfer programme in South Africa (Child Support Grant, CSG) targets children initially aged under 7. The money is given to their carers, mainly women. Unlike PROGRESA in Mexico, which was also set up in 1998, the CSG is not given on condition that children attend school and health centres. Although conditionality may have produced better results, the results obtained are already very positive. Based on statistical analysis, they show a positive relationship between income and anthropometric nutrition indicators.

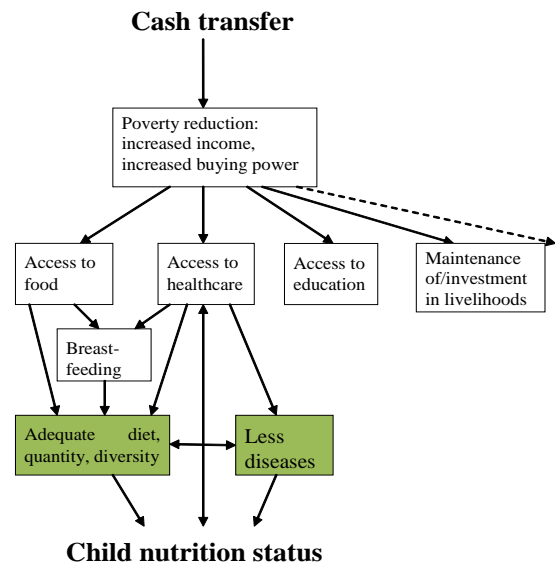
Source: The impact of unconditional cash transfers on nutrition: the South African Child Support Grant, Agüero J.M., Carter M.R. et Woolard I., International Poverty Center, Working Paper number 39, September 2007

The causality of the impacts of social transfers on nutrition

Many different factors affect the nutritional status of children and the causal pathways are complex. Social transfers act simultaneously on different underlying causes of undernutrition, particularly on **economic determinants**. The causal diagram below attempts to present in simplified form the pathways used by social transfers (cash in this case) to improve child nutritional status. It is incomplete and covers only some of the causal pathways. It exists as a basis for discussion.

Cash transfers help alleviate poverty by increasing beneficiaries' income and spending power. One of the ways in which transfers impact child nutrition is by improving the **economic access to food**. It has been shown that cash transfers are often used firstly to cover food costs. This refers to the concept of the "**Spending Staircase**", meaning that spending generally starts with basic needs (food) and moves on to investments (agriculture, livestock...). In

most cases, any increase in income leads to an increase in spending on food. This is especially true of poorer households who spend most of their income on food.



Source: adapted from "Enhancing EC's contribution to address maternal and child undernutrition and its causes", EuropeAid, January 2009.

So the impacts on food security are seen in terms of **improved quantity and quality of food rations**. A more suitable diet for children or breastfeeding mothers in turn improves the nutritional status of children. Studies show that there is less self-reported hunger in a given period after the introduction of social transfers. The indicators for the quantity of food (number of meals, calorie intake, spending on food, ...) and the quality (diversification, eating proteins, fats, fruit and vegetables, etc.) are also positive. In Bangladesh for instance, the BRAC programme has led to the daily calorie intake increasing from 1632 Kcal to 2236 Kcal. This impact is even more positive for the poorest populations (CE Seminar in Tanzania). In Malawi, beneficiary households ate products from 8.1 groups of food, compared with 4.9 on average in non-beneficiary households (feedback reports).

Improved child nutritional status is also the result of better **access to healthcare**. The positive effects on child health status (less illness, better treatment, etc.) interact with the diet and have positive repercussions on child nutrition. In Mexico, the incidence of disease in children aged between 0 and 5 included in the PROGRESA programme is 12% lower than that of non-beneficiary children (IFPRI, 2002). In Malawi, 31% of children included in the programme have an "excellent" health rating, compared with 13% of children from control

households. Beneficiary households indicated that the health of 81% of children improved during the programme, compared with 15% of control households (Miller et al., 2008).

The major points of debate

Although social transfers undeniably have a positive impact in combating undernutrition, and particularly child undernutrition, there are limits and difficulties that raise questions about the system.

What is the added value of social transfers for addressing malnutrition?

The question of the added value of social transfers compared with other means of action is vital. However, there is very little in the literature that compares nutritional impact of social transfers with other types of interventions. However, it should be noted that, according to IFPRI, cash transfers in Nicaragua are particularly effective. Few interventions anywhere in the world have reduced stunting to such an extent in only 2 years (IFPRI, 2005).

Besides, social transfers doubtless have added value in that they make the beneficiaries more responsible, because they themselves decide how to use the additional income. The impact on nutrition can be reinforced by additional nutrition-centred actions (or conditions). Different means of actions should not be seen to be mutually exclusive. On the contrary, it appears that by improving food rations, social transfers can help optimise the impact of nutrition actions such as food supplements or enriched food.

Should there be a universal system or target for social transfers?

Universal systems are not widely used in developing countries (cf. the experience in Namibia in the feedback reports). The reason given is often that they are costly and do not address the poorest groups. In fact it all depends on the type of transfer. Actions that aim to improve general access to food are innately "pro-poor" because the poorest people are the ones who spend the major part of their budget on food.

Targeting is usually necessary, but it seems difficult to implement. Who should be targeted? How can the poor be targeted when poverty is rife and government administration is weak. How can errors of inclusion and exclusion be limited? How can individuals be targeted when they are usually not officially registered? Experience shows that budgetary and administrative factors usually limit

the choice of coverage. In fact, implementing social transfers can help encourage birth registrations. And lastly, **several options for targeting** exist and can be chosen depending on the limiting conditions of the context (see Box 4).

Box 4. Different targeting options

Targeting by categories: e.g. pregnant women, the elderly, the disabled, etc.

Geographical targeting: e.g. an area, or poor districts.

Community targeting: the communities themselves select the beneficiaries.

Means-tested targeting: people below the poverty line.

Proxy means-tested targeting (from a score indicating standard of living): e.g. the number of productive assets (if it is not possible to assess income).

Source: Lasting benefits, Save the Children, EC Seminar in Tanzania

Feedback reports have shown that targeting criteria were uneven but they confirmed that, whatever the criteria, targeting was a key component of the experience studied. Some methods need complex statistical calculations. Combinations of targeting methods can also be used (people of a given age can be the ones that are below the poverty line).

Do conditions make social transfers more effective for addressing malnutrition?

There are often conditions attached to social transfers. For example, registration of births, school attendance, vaccination, participation in training sessions or nutrition education, etc. In the Nicaragua programme, for example, households have to take their children to school and to the health centres, otherwise they do not receive their transfer, or can even be excluded from the programme (IFPRI, 2005). The aim is to influence the behaviour of beneficiaries.

However, studies show that conditions are not always necessary for obtaining a significant impact on the nutritional status of beneficiaries. In Malawi, for example, the unconditional programme enabled beneficiary families to eat meat or fish 2.1 times a week, compared to 0.3 times a week in similar families not receiving transfers (feedback reports). In addition, there are many difficulties in implementing conditions. Apart from the ethical questions it raises, organisers must, for example, ensure that a health centre is nearby if people have to go there to receive their transfer. Costs can be high when monitoring measures are set up, and these must be continued throughout the life of the

programme. To summarise, more studies are needed on the different possible programme modalities (with/without conditionality) depending on the context, in order to determine which is the most effective.

Which action "package" for an impact on nutrition?

The feedback reports showed that most social transfer experiences are combined with **complementary actions**. Therefore in these programmes, a "package" of actions is set up that goes beyond social transfers. So when there is no conditionality, health advice and nutrition education sessions are generally given with transfers. This shows that means other than conditionality can be used to meet nutritional objectives. This approach can lead to revising the way programmes are set up, or the targets chosen or to the addition of a nutrition component with specific interventions (e.g. giving nutritional supplements).

How should the amount of transfers be calculated?

The amount of transfers and their duration are determining factors for the success of social transfer programmes. The transfer must be large enough to have an effect on the living conditions of beneficiaries. Studies agree that they should amount to between 10 and 30% of average consumption (Save, 2009). The amount of transfers decided is often a compromise between the level of service and the number of recipients.

In addition, it would appear vital to index the amount of the transfer to the cost of living. Feedback reports highlighted several cases in which the value of transfers (food vouchers) depreciated and so the impact was decreased. In other experiences, cash transfers are indexed to inflation and increased if necessary, for example to guarantee parity with food rations distributed elsewhere (experience in Ethiopia reported at the EC Seminar in Tanzania).

Is institutionalisation always possible when administrative capacity is limited?

Ideally, social transfers are implemented by institutionalised measures based on the administrative and budgetary capacities of governments. The administrative burden for targeting, recipient registration, payment of transfers, monitoring and evaluation, verification, etc. can be very heavy. However, the cost must be compared with the cost of food distribution (transport of goods, etc.), given that social transfers meet other needs such as healthcare, which are also important in terms of nutrition. In fact, it is

apparent that these measures are often set up as pilot projects and rarely as government budgetary programmes. There is also a large proportion of support from donors (sometimes 100% of the programme, as in Ethiopia, reported at the EC Seminar in Tanzania). The question of feasibility in countries with limited capacities, and particularly fragile ones, is one of the subjects under debate.

The answers usually given to the argument of financial cost of social transfers and to the reservations about their feasibility in certain contexts relate to the size of programmes. First, the programme cost estimations show that the cost is not excessive, usually about 1 or 2% of the GDP (including universal transfers for all children, for example) (EC Seminar in Tanzania). So setting up social transfer programmes depends on budgetary decisions and whether national priority is given to social protection in a country⁴.

It is also important to note that social transfer programmes can be scaled up progressively, as and when funds become available. Geographical or age-based targeting can be extended gradually over a period of time, starting for example with children under 2 and the very poor, then moving on to children under 5 and the slightly less poor, etc. In Nicaragua, the poorest municipalities with the capacity to implement the programme were targeted first, then other municipalities were included progressively, incorporating new indicators (family size, access to water, etc.) Because social transfers can be progressive and flexible, they can also be adapted to meet budgetary limitations.

At the end of the day, assessments of social transfers generally show significant results in preventing and reducing undernutrition. However, the relationship between nutrition and social transfers needs further study, focusing on which factors optimise the impact of transfers on nutrition (type of transfer, targeting, amount transferred, duration, regularity, conditionality, etc.).

This article was prepared by the ROSA team with help from EuropeAid's Nutrition Advisory Service and AIDCO Unit E6.

For further information:

- "Rosa library" in this bulletin
- [Overview](#) of ROSA feedback reports
- EuropeAid, [Social transfers: an effective approach to fight food insecurity and extreme poverty](#), Concept note,
- [EC seminar in Tanzania](#), October 2009)
- Enhancing EC's contribution to address maternal and child undernutrition and its causes, see [ROSA Focus N° 4](#)

⁴ On this subject, see UNICEF and ODI documents on social protection in West Africa that emphasize the "notion of fiscal space" (presented in ROSA Watch No. 5).

Strategy of the European Commission to address undernutrition

Creating the Nutrition Advisory Service

Nutrition is one of the key components of food security. It has been overlooked for a long time while emphasis has been placed on other areas, mainly agricultural production. But over the last few years it has become a major question for governments of developing countries and donors⁵. In the light of the Millennium Development Goals, several bilateral and multilateral donors have developed their work in this area and issued position papers.

The European Commission (EC) has followed this process closely and in 2008 began to take part in a series of initiatives on child and maternal undernutrition. There are three main objectives for this initiative: to maximise the impact of EC resources on food security and nutrition; to tackle chronic undernutrition; to provide better coordination between humanitarian and post-crisis responses, which should consolidate the LRRD⁶ for addressing acute and chronic undernutrition. In practical terms, this gave rise to a **Background Paper**, a **Seminar** on the subject in May 2008 (see Box no 1 below) and a **Concept Note**.

Box 1: European Commission Seminar and Framework Memo

The seminar on [enhancing the EC's contribution to address child and maternal undernutrition and its causes](#) organised by the European Commission, was held on 7 and 8 May 2008 in Brussels. After presentations that outlined the debates on addressing undernutrition, discussions were held in two major areas of concern for the EC:

- to review the main types of strategies and actions in the field of nutrition, and the relevance of these;
- to provide inputs to prepare a reference document on the new EC approach, strategy, position and responses to combat undernutrition and, in particular, make a greater impact on chronic malnutrition.

Claire Chastre wrote a [background paper](#) for the seminar. The document aimed to present the main issues and questions raised during the seminar. The

[Monthly Highlight](#) of ROSA Focus N°4 presented the main points of this background paper and reviewed the issues of addressing undernutrition before the Brussels seminar.

Following the seminar, the Commission continued work to produce a **Concept Note**. This Note published in January 2009 was directly based on contributions made by seminar participants and recent publications on the subject, in *The Lancet* in particular. It suggests that the EC should make nutrition a priority and develop a strategy and an operational plan for addressing undernutrition (see Box 2).

Box 2: Enhancing EC's contribution to address Maternal and Child undernutrition and its causes. Concept note

[The Monthly Highlight](#) of ROSA Focus N° 12 presents some of the key elements developed in this note. First the article analyses the support of main donors in the field of nutrition and related sectors. Then it highlights the comparative strengths and weaknesses of the EC. It ends by pointing the way forward: actions to be implemented internally within the EC and activities to carry out jointly with other partners.

You can consult the [concept note](#) in the ROSA library.

Based on the recommendations from these studies, AIDCO in conjunction with the DG DEV and ECHO decided to set up an external nutrition service called the **Nutrition Advisory Service (NAS)**. The main purpose of the NAS is to provide support to the delegations and the General Directorates involved in nutrition in developing countries in order to enhance the Commission's contributions to addressing undernutrition. The NAS was set up on 22 September 2009.

It has three main thrusts: **support to EC delegations, support to headquarters and sharing experiences.**

Support to EC delegations involves improving access to relevant information on nutrition programmes, developing a user-friendly **tool box** so that nutrition is better integrated into current or future programmes, and providing support for

⁵ Despite all, the question of nutrition is often neglected. See the DFID analysis, *The neglected crisis of undernutrition*, 2009.

⁶ Linking Relief, Rehabilitation and Development. See [ROSA Focus No. 8](#) on the subject.

certain actions identified as being particularly interesting.

In its support to headquarters, the NAS will work at harmonising policies implemented by EC services, Member States and EC partners.

With a view to a better sharing of experiences and available information, the NAS's remit is to encourage delegations to exchange information and best practice. It must also support innovative programmes and studies in several **priority countries** in Africa, Central America and Asia, and ensure better use of the expertise accumulated in these countries⁷. The final part of the NAS's remit is to set up an internal EC **task force**, which will make for better collaboration between different EC services on questions of nutrition, and harmonise the EC's internal practices. The ROSA bulletin will be used to share information.

A team of consultants in health, nutrition, food security, agriculture and humanitarian aid has been commissioned to run this project. Notes called "Facts and Figures" on undernutrition will be one of the ways of sharing experiences. Below you will find an example of "Facts and Figures", which will be regularly updated and published on the ROSA website under Nutrition⁸:



⁷ In all, 19 countries should be selected as pilot countries. There will be several selection criteria, such as the presence of EC-funded nutrition programmes, level of undernutrition, mortality rate, global food security index, political commitment, etc. Afghanistan, Bangladesh, Niger and the Yemen should be on the list.

⁸ The graph and box are taken from the 18 November 2009 publication.

Consequences of child undernutrition

1. Survival

- Undernutrition is implicated in 35% of child deaths: an estimated 3.1 million deaths in 2008 amongst children under-five years of age⁷
- Iron deficiency anaemia and maternal short stature are implicated in 20% maternal deaths: an estimated 115 000 maternal deaths in 2005.

2. Health

- Undernutrition contributes 35% of the disease burden amongst children under five years of age and 11% of the total global disease burden.
- Undernutrition during childhood increases adult risk of chronic diseases such as cardiovascular disease and diabetes.

3. Inter-generational effect

Maternal undernutrition and short stature increase the risk of poor foetal growth and low birthweight. Undernutrition developed in utero may persist during childhood. A stunted girl is likely to become a stunted adult who is more likely to give birth to small babies.

4. Education

- Undernutrition impairs cognitive development, increases the risk of poor school performance.
- For instance, iron deficiency anaemia consistently reduces children's performance on tests of mental abilities by 0.5 to 1.5 standard deviations.

5. Economy

- Undernutrition compromises physical and cognitive development which in turn lowers individuals' and societies' economic potential and contributes to the perpetuation of poverty.
- Economic cost of malnutrition: 2 to 3% of GDP (conservative estimate).

International news in brief

Meeting of the United Nations Standing Committee on Nutrition

On 23 and 25 November 2009 in Brussels, the European Commission hosted the High Level Meeting of the UN Standing Committee on Nutrition, a forum to promote cooperation on nutrition and food policies among UN agencies and partner organizations.

The main purpose was to put nutrition higher on the agenda of both high burden and donor countries. They also discussed initiating the development of a nutrition roadmap and developing basic guiding nutrition principles.

By way of introduction, a paper was presented on the sixth SCN report on the world nutrition situation (to be published). This was followed by an analysis mapping policies and programmes in different countries. This tool developed by the WHO assesses country readiness to act to speed up interventions for tackling undernutrition. Country presentations shared experiences on successful examples of national nutrition policies, programmes and governance mechanisms in Benin, Brazil, Laos, Malawi, Cambodia, Guatemala and Peru.

The discussions largely focussed on the importance of improving national and international nutrition governance by including all nutrition stakeholders, and not just certain donor countries or multilateral institutions. International governance needs to be improved for two reasons: i) to make nutrition interventions and policies more effective, and ii) to create a really global strategy to combat undernutrition that will make it central to the agenda and generate more resources for action.

The UN agencies present confirmed their support of the SCN. However, the SCN must strengthen its role in leadership and coordination of interventions. Clarification is also needed on the sharing of tasks with other UN-related coordinating bodies such as the Food Security Committee or the High Level Task Force on the World Food Crisis.

You can consult the papers and notes from this high level meeting under:

[Looking back on past events](#)

The Standing Committee on Nutrition website:

www.unscn.org

Hungry for Change: An action plan to tackle child hunger

Save the Children UK's flagship report has a critical role to play in informing the national and international responses to child and maternal undernutrition. First, it makes a compelling case for greater leadership to put an end to child hunger. Second, it goes beyond recommendations and proposes an eight step costed action plan to tackle child hunger, which has the potential to dramatically reduce undernutrition but also to build the poor's resilience to the triple threat of food prices, economic downturn and climate change. They are: breastfeeding support and promotion; micronutrient supplementation and deworming; nutrition friendly agriculture and livestock policies; safety nets and social cash transfers; fortified foods, education on nutrition and hygiene practices; adequate early warning systems and response; and treatment of severe acute malnutrition. Save estimates that the price tag for significantly reducing child (under 2) and maternal undernutrition in the 8 countries (Afghanistan, Bangladesh, DRC, Ethiopia, India, Kenya, Sudan and Vietnam) where 50% of the world's stunted children live is US \$8.8 billion per year.

There is no silver bullet for ending child hunger and malnutrition but Save's report demonstrates that with the right kind of interventions and political leadership, millions of children can be saved and go on to live productive and healthy lives.

[Link to the report in English](#)

The Hungry for Change DVD can be viewed at
http://www.savethechildren.org.uk/en/31_59.htm

For any questions, please contact Delphine Valette, Save the Children UK, Policy & Advocacy Adviser:
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ROSA Watch

Social transfers to address undernutrition

Lasting benefits: the role of cash transfers in tackling child mortality - Save the Children (June 2009)

Over the past decade, an increasing number of developing country governments, working with donors and NGOs, have been implementing cash transfer programmes — regular transfers of cash to individuals or households.

These programmes are united by common assumptions: that income poverty has a highly damaging impact on people's health and nutrition, and that cash empowers poor individuals and households to make their own decisions on how to improve their lives.

This report examines three key questions:

- What contribution can cash transfers make to reducing child mortality?
- What are the broader economic benefits of investing in cash transfers?
- How can child-focused cash transfers be affordable in developing countries?

The authors argue that cash transfers have a critical role to play in accelerating reductions in child mortality, as well as broader economic benefits. The report estimates current costs and finds that child and maternity benefits are possible on a large scale, even in developing countries.

In English: [Lasting benefits](#)

The impact of unconditional cash transfers on nutrition: the South African child support grant - International Poverty Centre (September 2007)

In light of research that has cast doubt on whether nutrition responds at all to income increases amongst poor families, South Africa's Child Support Grant, an unconditional cash transfer program, may seem surprising. However, analysis of the Child Support Grant cash transfers, which are given almost exclusively to women, offers a sharper look at whether such income increases targeted at women reveal a greater impact in child nutrition, as measured by child height-for-age.

The authors argue that Child Support Grants significantly boost children's height. The study also finds that the cash transfers are cost-effective on strictly economic criteria: projected earnings among children whose primary caregivers received support

payments under the program increased beyond the present value of the cash transfer itself.

In English: [The impact of unconditional cash transfers](#)

Strengthening the nutritional impacts of social transfers - Save the Children UK (March 2009)

This brief deals with some of the main issues concerning social transfers in reducing malnutrition. Based on Save the Children projects experiences, the author put the emphasis on 4 aspects needed to ensure maximum impact on nutrition:

- Adapting the design of the transfer itself: Social transfers typically comprise food or cash, or a combination of both, and whilst there is evidence that food/cash transfers can lead to improved diets, there may be a need in some settings to design the transfer to help ensure that this happens.
- Providing specific additional nutrition interventions using social transfer delivery mechanisms. Indeed, when families cannot find the products to meet the micronutrient requirements of children or pregnant women, it may be appropriate to deliver these products together with a social transfer.
- Creating links to other services that are needed to support health/nutrition of children and women. Experiences show that health/nutrition services do need to be available to families in addition to social transfers to protect children from malnutrition.
- Supporting health/nutrition social services as part of the social transfer programme. It is possible for social transfers to support improvements in the availability of essential health/nutrition services, which will in turn maximise impact on malnutrition. For example, social transfers can support directly health workers or volunteers.

In English: [Strengthening the nutritional impacts of social transfers](#)

Impact evaluation of a conditional cash transfer program. The Nicaraguan Red de Proteccion Social - IFPRI (2005)

In this article, John Maluccio and Rafael Flores present the results of a quantitative assessment of the impacts of the "Red de Proteccion Social" programme (RPS) or social safety net. The programme aims to alleviate poverty via cash transfers mainly to poor households, which is a

short-term solution to reducing poverty. The transfers are more particularly concerned with investments in human capital, which is a long-term solution to reducing poverty. The transfers are conditional. Households are monitored to see whether they are really complying with guidelines which will encourage the growth of human capital in their children. The pilot scheme started in 2000, with a budget of 11 million US dollars. In 2002, the programme was extended for three more years for a further 22 million US dollars. The RPS seems to have had a positive impact on several points:

- Household spending has increased by 18%, and most of this money has been spent on food.
- Spending on education has also increased significantly.
- The RPS was particularly useful in the economic crisis faced by the communities.
- School attendance increased substantially (enrolment by 13% and presence by 20%) and the number of children earning money dropped.
- Participation of under 3s in the VPCD health programme increased by 16%, and the health services themselves improved.
- There was improvement in the nutritional status of children under 5.

So the programme was effective and could be extended to other rural areas of Nicaragua.

In English: Impact evaluation of a conditional cash transfer program

PROGRESA, Breaking the cycle of poverty - IFPRI (2002)

This policy brief summarises the main lessons learned from the different analyses and assessments carried out on the PROGRESA programme. The Programme for Education, Health and Food (PROGRESA) was run by the federal Mexican government from 1997. It is a cash transfer programme that targets poor rural families on condition that the children go regularly to school and for health checks. To support the federal government, IFPRI followed the programme from 1998 and was able to assess the impact over time. The recommendations from these impacts studies have guided the direction the programme has taken. Many articles have been written about this IFPRI assessment. Based on these articles, this policy brief answers the questions that arise about the impact of the programme on:

- Poverty level;
- School attendance;
- Health and Nutrition;

- Households (capital and decision process).

The authors emphasise the success of the programme in all these fields. One of the keys to success has been the determination to act on all aspects of poverty (income, human capital, health, food), particularly through the programme monitoring and evaluation.

IFPRI published a detailed impact study in 2005. It deals with the impact of the programme by looking at poverty reduction in rural households.

In English: [PROGRESA, breaking the cycle of poverty](#)

New documents online

The neglected crisis of undernutrition. Evidence for Action - DFID (2009)

The document first looks at the scale of undernutrition in the world, then its determinants and impacts. Then it presents the results of past interventions addressing undernutrition, and goes on to offer a critical analysis and draw lessons and recommendations from these to apply to future interventions, and particularly pitfalls to avoid.

Undernutrition is a concentrated phenomenon accentuated by new risks (increased agricultural prices, climate change), which have multiple and complex factors. It has huge long-term consequences, particularly on a country's economy, so tackling this problem is an investment for the future.

In terms of interventions, experience shows the importance and efficacy of improving the nutritional status of women (before and during pregnancy) and of children aged 0 to 2. The document analyses the impact and effectiveness of direct measures (e.g. food supplements) for tackling undernutrition, and related indirect measures (e.g. health and agriculture).

The text emphasises the need to obtain more assessment data to improve policies and measures for addressing undernutrition. It ends by opening up the debate on the lack of coherence, harmonisation and integration of policies, the lack of resources and the lack of involvement of political decision-makers, all of which are obstacles to addressing the problem of undernutrition. However, successful experiences show that something can be done.

In English: [The neglected crisis of undernutrition](#)

Tracking progress on child and maternal nutrition. A survival and development priority - UNICEF (November 2009)

Undernutrition compromises children's survival, health, growth and development. There is an urgent need to accelerate efforts to reduce undernutrition, which contributes to more than one third of all deaths in children under age 5. The report provides information of the nutrition situation of children in the Global South. Based on an analysis of the prevalence of causes of undernutrition in different countries and regions of the world, the authors look at how this situation can best be tackled. They report on different types of interventions and their impact on undernutrition, based on documented experience. The report then looks at the factors needed to ensure good programming of interventions to combat malnutrition.

In a second part, the report profiles 24 countries where 80% of the world's stunted children live. They provide recent information on the incidence of undernutrition factors, medium-term trends and current interventions in these countries.

In English: [Tracking progress on child and maternal nutrition](#)

A Retrospective Study of Emergency Supplementary Feeding Programmes - Save the Children, Emergency nutrition network (2007)

This article by Carlos Navarro presents the results of a study carried out in 2005-2006 by Save the Children UK and the Emergency Nutrition Network (ENN) which analyses the efficacy and effectiveness of 82 programmes of food supplements, implemented between 2002 and 2005. The study notes a clear lack of consensus and detail about the objectives of these programmes. The results assessment of these programmes also appears to be insufficient and incorrect. So it would seem necessary to establish minimum reporting standards. In particular, reporting must specifically account for patients who leave the programme without treatment (which is not possible with current Sphere standards). In addition, the design of programmes must be more sensitive to the opportunity cost of patient care and other external factors, because these enable a determination of risks of defaulting.

Given the difficulties inherent in assessing the impacts of programmes at population level, the study proposes estimating the proportion of children with moderate to severe undernutrition. The conclusion is as follows: although a large number of children took part in the programmes that were analysed, there seems to have been no major positive effect on stunting in children at population level. So if the aim of the intervention is to improve the situation of the wider population, alternative interventions may be more appropriate. The report concludes that a body or organisation should take responsibility for assessing the relative impacts and cost effectiveness of the various types of intervention carried out during nutritional crises.

In English: [A Retrospective Study of Emergency Supplementary Feeding Programmes](#)

This bulletin was written by the GRET team in charge of animating ROSA (Operational Food Security Network). It is an initiative of AIDCO E6 (Thematic support for food security, rural development and environment) in collaboration with AIDCO G4 (Training and knowledge management). The viewpoints expressed do not in any case represent the official European Commission viewpoint.