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Conditional Cash Transfer Programs and Child Nutrition: Are we Missing an Opportunity?

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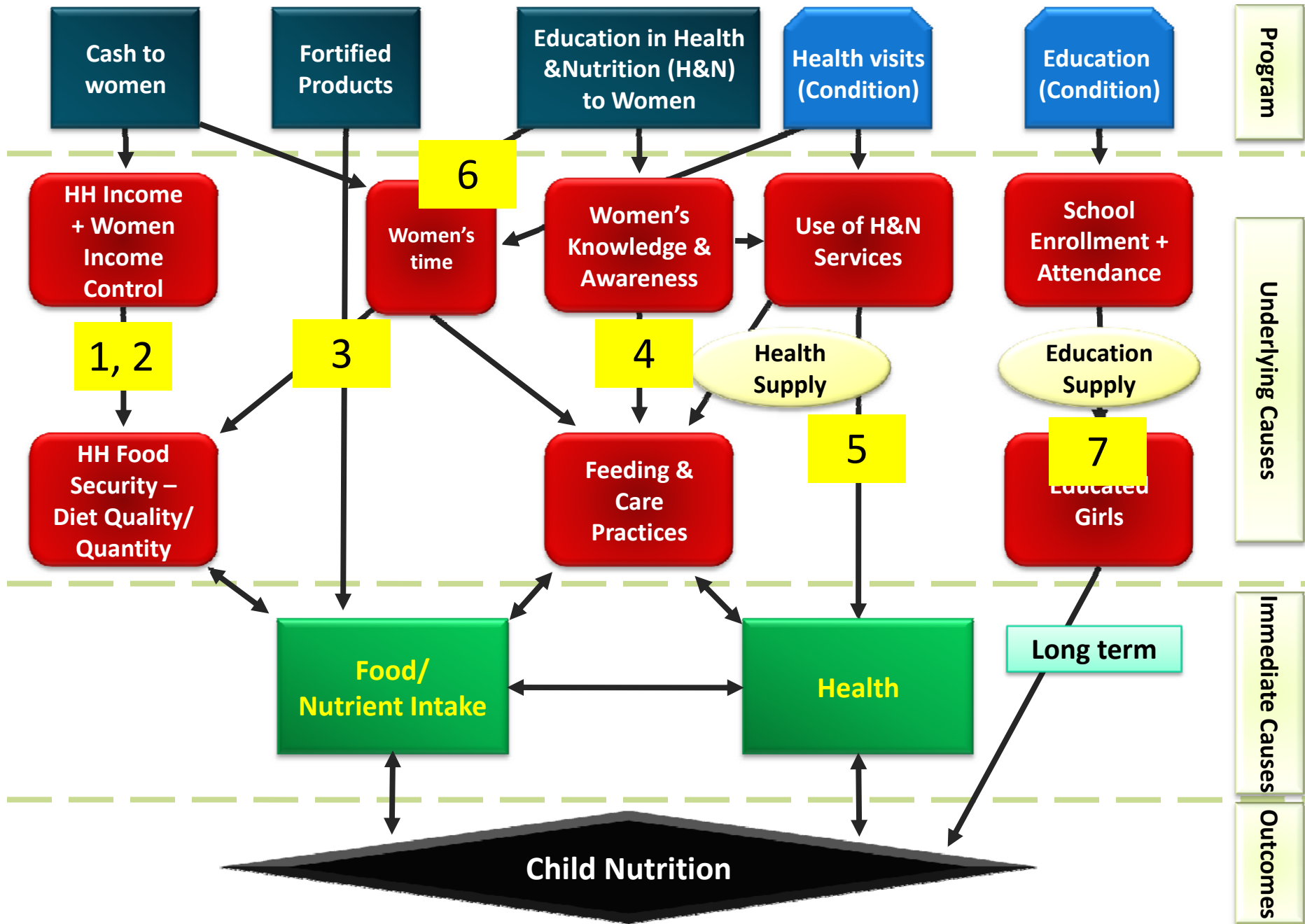
Objectives of Review

- Review the evidence of MN and growth impact of CCT programs
- Review the evidence regarding potential pathways of impact using a program theory framework

Conditional Cash Transfer Programs (CCTs)

- Cash transfers to poor households, often to woman within HH
- Conditional on:
 - Enrolling children in school
 - Attending health services
- Some provide nutritional supplements (e.g. Mexico: fortified CF)
- Some fund supply side strengthening

Mechanisms by which CCT programs might affect nutritional status



Impacts on Poverty, Income, Food Consumption (P1-2)

- **In Mexico, *PROGRESA* reduced:**
 - Poverty (8%); Poverty gap (24%) Severity (34%)
- **In Nicaragua, *RPS* increased:**
 - Per capita expenditures (18%) among poorest (30%)
- **All 5 countries but Honduras:**
 - Food expenditures and diet quality ↑
- **Women's empowerment** (self-confidence, awareness, control over resources, etc.) (measured in Mexico & Nicaragua)

Child Dietary Intake (P3)

➤ Mexico

- Rural: Impact on Kcal, Fe, Zn, VA (larger:12-24 mo)
- Mostly due to consumption of FF NOT changes in diet (with a few exceptions, e.g. Zn in 12-24 mo)

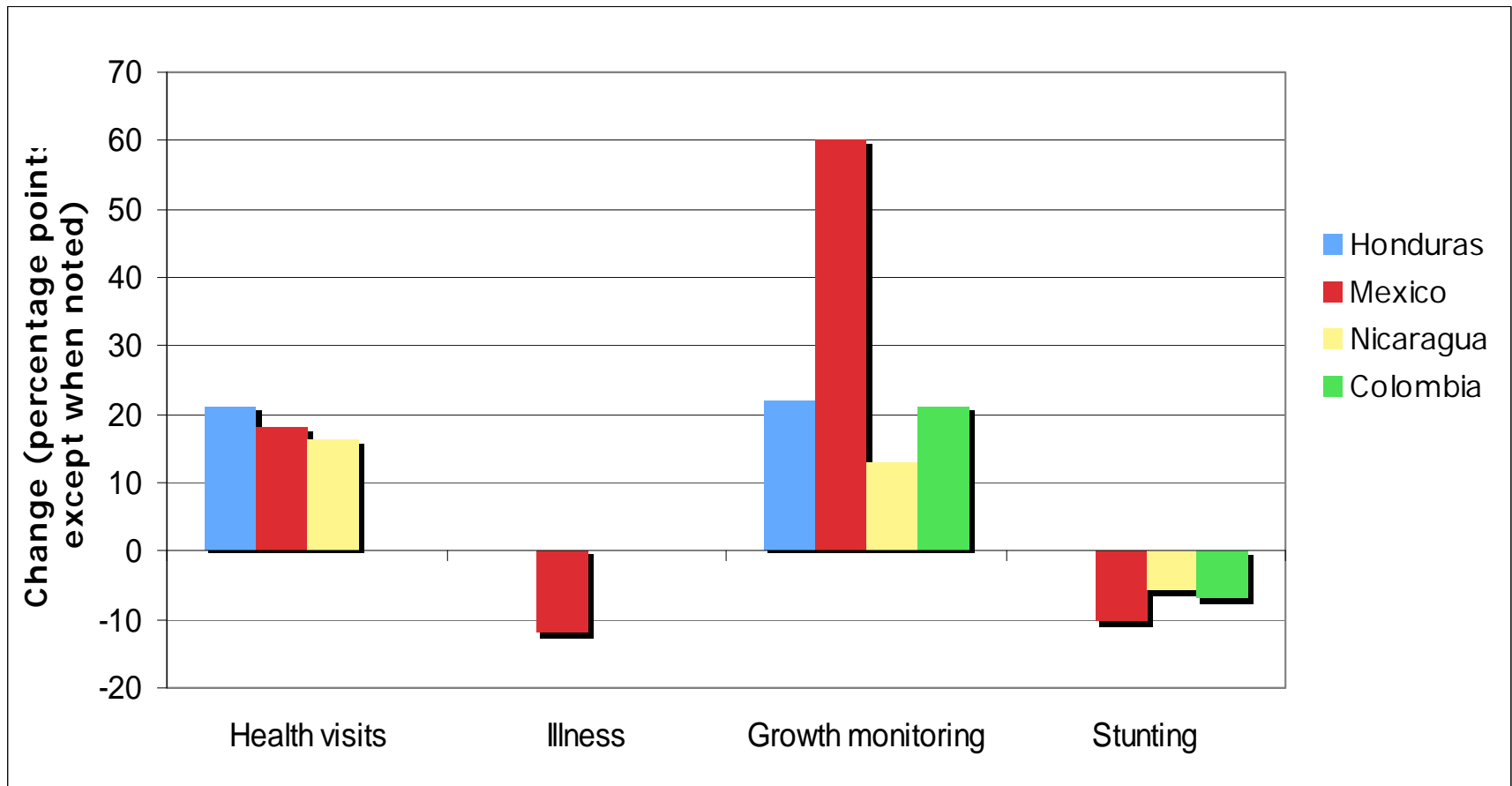
➤ Colombia:

- Impact on frequency of intake of ASF (chicken), vegetables

Women's Knowledge and Awareness (P4)

- Assessed only in Mexico:
 - Positive impact on general health knowledge and practices
 - No assessment of knowledge/practices of child nutrition or health-care seeking for child illnesses
 - Qualitative study of barriers/facilitators to utilization of fortified food

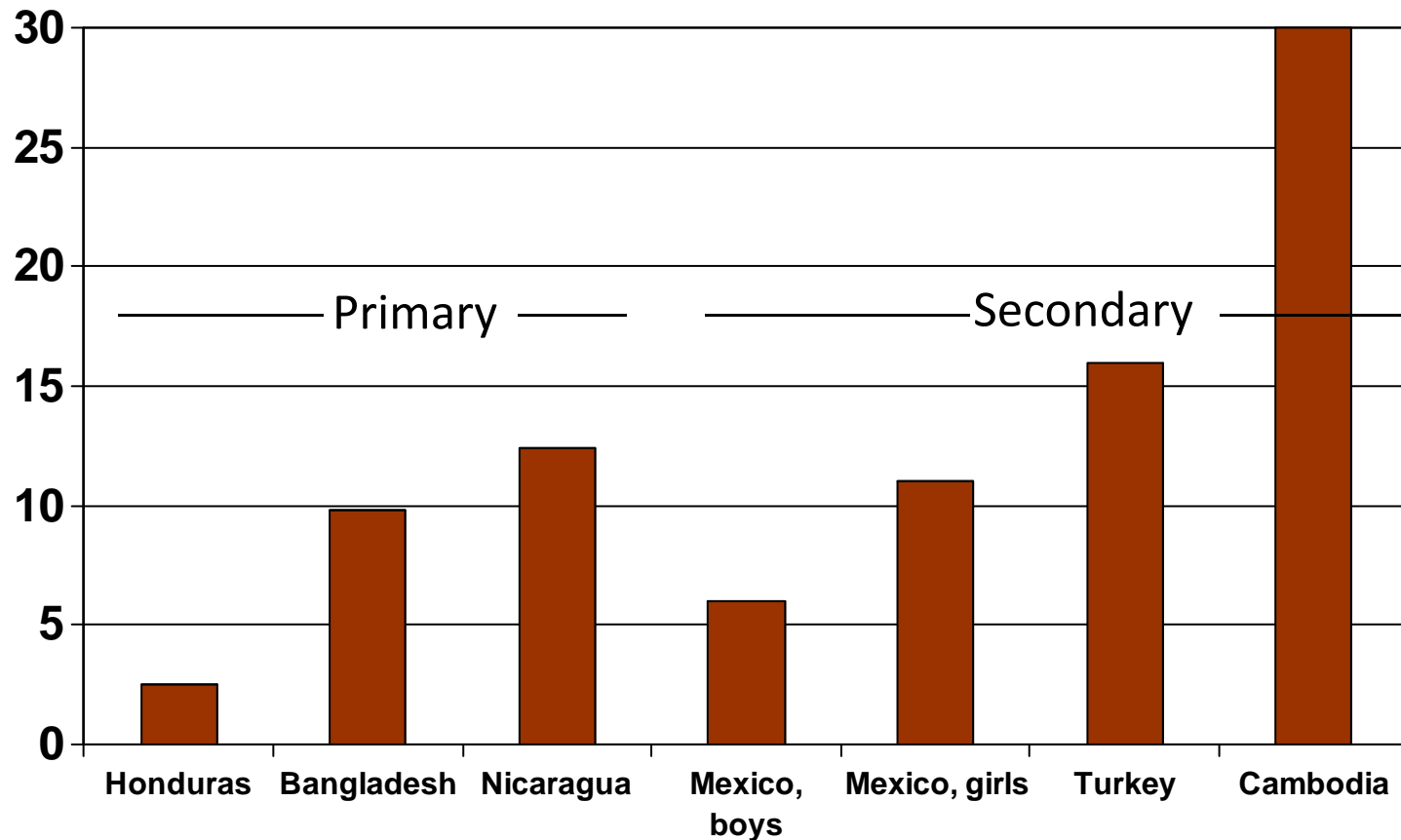
Impacts on Health and Nutrition (P5)



(Sources: Skoufias 2005; Gertler 2000; Hoddinott 2007; IFPRI 2003; Maluccio and Flores 2005)

NB: Growth monitoring for Mexico is % (not pts); Colombia: no info; Honduras stunting: no change

Impacts on School Enrollment (P7)



(Sources: Schultz 2001; Skoufias 2005; IFPRI 2003; Maluccio & Flores 2005; Filmer & Schady 2006; Ahmed 2006; Khandker et al. 2003; Ahmed et al. 2007)

Conclusions

- Modest impact of CCTs on nutrition outcomes
- Large impacts on several underlying determinants of nutrition
- Mechanisms by which impact on nutrition is achieved are poorly understood
- Seems to be a break in impact pathway (intra-hh resource allocation, care, behavior change)

Yet, CCTs have Enormous Potential to Improve Nutrition

- Provide inputs that address several immediate and underlying determinants of nutrition
- Well targeted and effectively reaching poorest of the poor
- Coverage usually high (e.g. national scale)
- Have received widespread political and donor support (perceived as a major breakthrough in poverty alleviation)

Their Potential is yet to be Unleashed

- Need to be strengthened:
 - **Design** (formative research)
 - **Targeting**: focus on < 2 y
 - **Implementation** (process monitoring; operations research assessment of quality of service delivery (e.g. BCC))
 - **Impact pathway** analysis using program theory framework
 - **Evaluation**: using rigorous quantitative and qualitative methods

Conclusion

- Potentially powerful delivery mechanism for improving child (maternal?) nutrition
- Need:
 - Clearer nutrition objectives
 - Better defined set of nutrition actions
 - Implementation and integration plan grounded in a program theory framework
 - Effective monitoring and evaluation system

Forthcoming in:

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