IFRC nutrition-sensitive interventions in the Asia-Pacific region

Henrique G. Hedler, Intern at the IFRC – Asia Pacific, KL
MSc student in Food Security at the University of Edinburgh
PART 1: Overview

• Why cash transfer programs (CTP)?
• Definitions
• Impacts of nutrition-sensitive CTP

PART 2: Research project

• Research scope, methodology and structure
• Case study: Cash Transfer Program in the Philippines
• Research limitations
• Conclusion
Why implement nutrition-sensitive cash transfer programs in the Asia Pacific zone?

- 2/3 of the world’s hungry live in the region
- Asia Pacific is the **most disaster-prone region** in the world
- CTP targets the **most vulnerable**
- **Relatively low cost**, high impact intervention (typically 0.1%-0.5% of country’s GDP)
- Body of evidence suggests that cash transfer program – particularly when implemented with health care programs- **can effectively reduce undernutrition** in the region

Source: IFRC, WFP, ADB And Save the Children
Definitions

What are cash transfer programs?

Cash transfer program (CTP) is an effective and flexible way to support vulnerable people while fostering local economies.

Types of cash transfer programs:

• **Unconditional**: unconditional cash transfers are given with no condition as to how the money should be used.

• **Conditional**: conditional cash transfers are given on the condition that recipients do something (e.g. children’s school attendance).

• **Commodity or cash vouchers**: commodity vouchers stipulate the items (e.g., food or shelter materials) or services for which the recipient can exchange the voucher.

• **Cash for Work (CFW)**: payment for work on community which will improve or rehabilitate local services or infrastructure.

Source: IFRC
Nutrition-specific programs can reduce **stunting prevalence by 20%**; in contrast, **nutrition-sensitive programs**—like social safety nets such as cash or food transfer and other interventions—can potentially have a greater impact solving the undernutrition problem, particularly for children in their first 1000 days.

Source: IFRC and UNICEF
Currently cash transfer programs are implemented in over 70 countries (development context).
Evidence: CTPs and reduction in undernutrition (stunting)

CTP Programs

- Bolsa Familia (Brazil)
- 4Ps (Philippines)
- Keluarga Harapan (PKH) (Indonesia)

Objectives

- Reduced child stunting by 37.1% to 7.1% from 1975 to 2007
- Rapid decrease in stunting in the past years
- Child stunting reduction by 3% from 2007 to 2014

Financing and coverage

- 0.66% GDP (2005) 12.6 million families
- 0.5% GDP (2015) 4.4 million families (2015)
- 0.02% of GDP (2010) 3 million families (2014)

Results

- Child stunting reduction by 37.1% to 7.1% from 1975 to 2007
- Rapid decrease in stunting in the past years
- Child stunting reduction by 3% from 2007 to 2014

Evidence from more 18 programs demonstrate that nutrition-sensitive CTP has reduced stunting incidences across the world.

Source: Save the Children, IFRPRI, World Bank, FAO.
PART 2: The Red Crescent and Cash Transfer Programs

Case study: Unconditional cash transfers response to Typhoon Haiyan (Yolanda)
Overview of IFRC/RC CTP in the Asia Pacific zone

- CTP is a relatively new program within the organization. First CT interventions in the emergency context happened after the 2004 Indian Ocean tsunami.

- IFRC cash transfer programs are implemented primarily in the emergency context and development setting.

- Cash transfer programming component was included in **66% of all appeals in the Asia Pacific region**

- Only in 27% of appeals in Africa zone and less than five percent of all appeals in the Middle East and Europe zones.

- Case studies suggest that IFRC cash transfer is utilized on average **30-50%** for food, hygiene and medical services purposes (underlying causes of malnutrition).

Source: IFRC
How effective are Red Crescent CTP in the Asia Pacific zone?

• Measuring the effectiveness of a program in improving the nutritional status of vulnerable populations is a complex task. The biggest challenge is evidence.

• So far there is not much evidence on whether IFRC’s CTPs could potentially have an impact on nutrition outcomes of vulnerable communities.

• The modest amount of evidence yet huge potential for IFRC to escalate nutrition-sensitive CTP calls for further investigation.
**Methodology**

**PART 1: Provide background information**

Step 1: Analyze IFRC/RC data: secondary data

Step 2: Analyze nutrition sensitivity of CT

Step 3: Collect qualitative data: primary data

Step 4: Provide evidence

*Note: Research methodology adapted from FAO Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub-Saharan Africa (2015)*
RC emergency appeal operations and cash transfer programs from 2012-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Emergency Appeals (in numbers)</th>
<th>Cash Transfer Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>6</td>
<td>6 CTP; CFW, conditional and unconditional</td>
</tr>
<tr>
<td>DPRK</td>
<td>1</td>
<td>No CTP</td>
</tr>
<tr>
<td>Fiji</td>
<td>1</td>
<td>1 CTP; CFW</td>
</tr>
<tr>
<td>Marshall Island</td>
<td>1</td>
<td>No CTP</td>
</tr>
<tr>
<td>Mongolia</td>
<td>2</td>
<td>2 CTP; unconditional</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1</td>
<td>1 CTP; unconditional</td>
</tr>
<tr>
<td>Nepal</td>
<td>2</td>
<td>2 CTP; unconditional</td>
</tr>
<tr>
<td>Pakistan</td>
<td>3</td>
<td>1 CTP; unconditional</td>
</tr>
<tr>
<td>Philippines</td>
<td>6</td>
<td>5 CTP; unconditional</td>
</tr>
<tr>
<td>Solomon Island</td>
<td>1</td>
<td>No CTP</td>
</tr>
<tr>
<td>Suva country cluster/Vanuatu</td>
<td>2</td>
<td>1 CTP; unconditional</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1</td>
<td>1 CTP</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2</td>
<td>2 CTP; unconditional and conditional</td>
</tr>
<tr>
<td>Vietnam</td>
<td>2</td>
<td>No CTP</td>
</tr>
</tbody>
</table>

Total: 14 countries
Total: 31 EA
Total: 22 CTP

Source: IFRC
Until 2013, the Haiyan Operation was the largest cash transfer program implemented by the movement after emergency. **Cash grant support to 90,779 families** in total.

Source: IFRC
Nearly 40% of CTP was spent on variables that affect underlying causes of malnutrition: food, sanitation and health services. Still there is modest evidence about nutrition impacts.
Gather qualitative data: Interviews and Questionnaires

Questionnaires/Interviews focus:
1. Research theme: food security (3 questions)
2. Research theme: inadequate care and feeding practices (3 questions)
3. Research theme: inadequate health services (3 questions)

Hypotheses
1. The introduction of cash transfer income improves household’s **food security** during emergency context
2. The introduction of cash transfer interventions improves the **hygiene, adequate care and complementary feeding** practices at the household level
3. The introduction of cash transfer income improves the **access to health services and access to a healthier environment**

Note: Research methodology adapted from FAO Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub-Saharan Africa
Research limitations

- The study investigates the effectiveness of IFRC’s programs in a **broad geographic area**.
- The evidence is based on IFRC/RC staff members and volunteers, and not from evidence provided by beneficiaries. **Potential bias** can affect the results.
- **Negative externalities** related to CTP - disrupt local markets - and is vulnerable to inflation
- The research is limited to CTP implemented during emergency situations. But what about CTP interventions in **the development setting**?
Conclusion

• CTP is arguably the most effective intervention in improving the nutritional status of vulnerable populations at a global scale
• The Asia Pacific region is arguably the most prominent region to upscale these programs
• The potential of nutrition-sensitive CTP to have a positive impact in vulnerable communities remains largely untapped in the humanitarian context
• Can the Red Crescent harness the opportunity and expand nutrition-sensitive CTP in future years?
References

• Save the Children (2006). A review of the impact of cash transfer programmes on child nutritional status and some implications for Save the Children UK programmes
Contact details:

Henrique G. Hedler contact details:
s1681629@sms.ed.ac.uk

Red Crescent supervisor: Kym Blechynden
Kym.Blechynden@ifrc.org

University of Edinburgh supervisor: Dr Fiona Borthwick
Fiona.Borthwick@sru.ac.uk
Additional slides/Question section

Additional slides may be used during 10-minute question/feedback section according to participants questions
Recommended literature

• Can cash transfer be more nutrition sensitive? (IFPRI)
• How effective are cash transfer programmes at improving nutritional status? (Manley et al, 2012)
• Cash transfer programme fact sheet: Viet nam Red Cross cash transfer preparedness pilot (IFRC)
• Nutrition-sensitive interventions and programmes (Ruel, 2013)
• Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub-Saharan Africa (FAO, 2015)
## CASE STUDIES

Empirical evidence: CTPs and reduction in undernutrition

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Objectives</th>
<th>Financing</th>
<th>Coverage</th>
<th>Impact</th>
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</table>
| Progressa in Mexico | - Improve nutritional status of vulnerable households  
- Improve school enrollment and educational performance | Federal Government of Mexico up to $1.8 bn in 2005  
- 0.66% GDP (2005) | 78% of households eligible in selected area  
- 97% of eligible households took up the program  
- By 2000: 40% of rural population | Households obtained 7.1% more calories mainly from animal products  
- Reduced prevalence of stunting by 10% in 12-36 age group |
| BF in Brazil | - To reduce poverty and inequalities through direct monetary transfer to poor households | 3.9 bn Brazilian government and 350 million World Bank funded | By September 2006, reaching at least 11 million households (approximately 25% of the population) | Earlier program BA increased expenditure on food  
- Significantly reduced stunting in children 6-11 months |
| 4PS in the Philippines | Gives poor families cash for meeting certain conditions such as sending children to school and doing regular health check-ups | Government funded program P 62.7 billion in 2016 | 4 million poor households benefited from the programs | Lowered the rate of severe stunting among poor children 6-36 months old by 10.1 percentage points from the baseline of 24 percent in non-Pantawid barangays  
- More parents feeding children with high protein food such as eggs and fish |
| Keluarga Harapan in Indonesia | - Improve local economy, health of children and increase school attendance | Ministry of Social Affairs (1.9 trillion IDR in 2007) | 3 million households by 2011 | 10% increase in average monthly consumption |
| Shombhob in Bangladesh | Cash transfer to low-income mothers and pregnant women | 2 percent GDP used for social safety nets including Shombhob program | Expected to benefit 2.3 million people | Shombhob pilot plan suggest that 40 percent in the prevalence of wasting among children aged below two years of age at baseline.  
Increase in household food consumption by 11 percent. |
| Bihar Child Support Programme | Aimed at improving child nutrition | Roughly half a million dollars | Bihar region/area | Increased maternal diet diversity |

Source: Save the Children, World Bank, FAO.
Research methodology

- Provide evidence that CTP work (check mark)
- Map CTP programs in the AP zone (2012-2017)
- Analyze impacts on underlying causes of malnutrition
- Conduct interviews
Summary: Cash Transfer Programs

• In the past decade, CTP was arguably the most effective nutrition-sensitive intervention in improving the nutritional status of the most vulnerable in the developing world.

• CTP escalated at a rapid rate first in Latin America and later in the Asia region. In general, programs target and benefit the most poor.

• When properly implemented, CTP is a low-cost and high impact intervention to address food insecurity and undernutrition.

Source: IFRC
IFRC data analysis

Documents found 14777 in IFRC database

62 Emergency Appeal documents reviewed: 31 initial reports and 31 final reports or operations updates identified

4 country focused CTP case studies reviewed

21 CT interventions identified in 10 countries

Analyze CTP in 5 countries

Only recent reports from January 2012 until March 1, 2017 were considered in this study
PART 1: Gather CTP evidence in AP region

Step 1: Analyze IFRC/RC data

Step 2: Analyze nutrition sensitivity of CT

Step 3: Analyze IFRC/RC data

Step 4: Provide evidence

PART 1. Bolsa Familia (Brazil), 4Ps (Philippines), Keluarga Harapan (Indonesia) and 15 other programs.
Nutrition-specific programs can reduce stunting prevalence by 20%; in contrast, nutrition-sensitive programs – like social safety nets such as cash or food transfer and other interventions - can potentially have a greater impact solving the undernutrition problem, particularly for children in their first 1000 days.

Source: IFRC and UNICEF