

Chapter 10

SOCIAL SAFETY NETS FOR A NUTRITION-SENSITIVE FOOD SYSTEM IN SOUTH ASIA

Lessons from India

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KEY MESSAGES

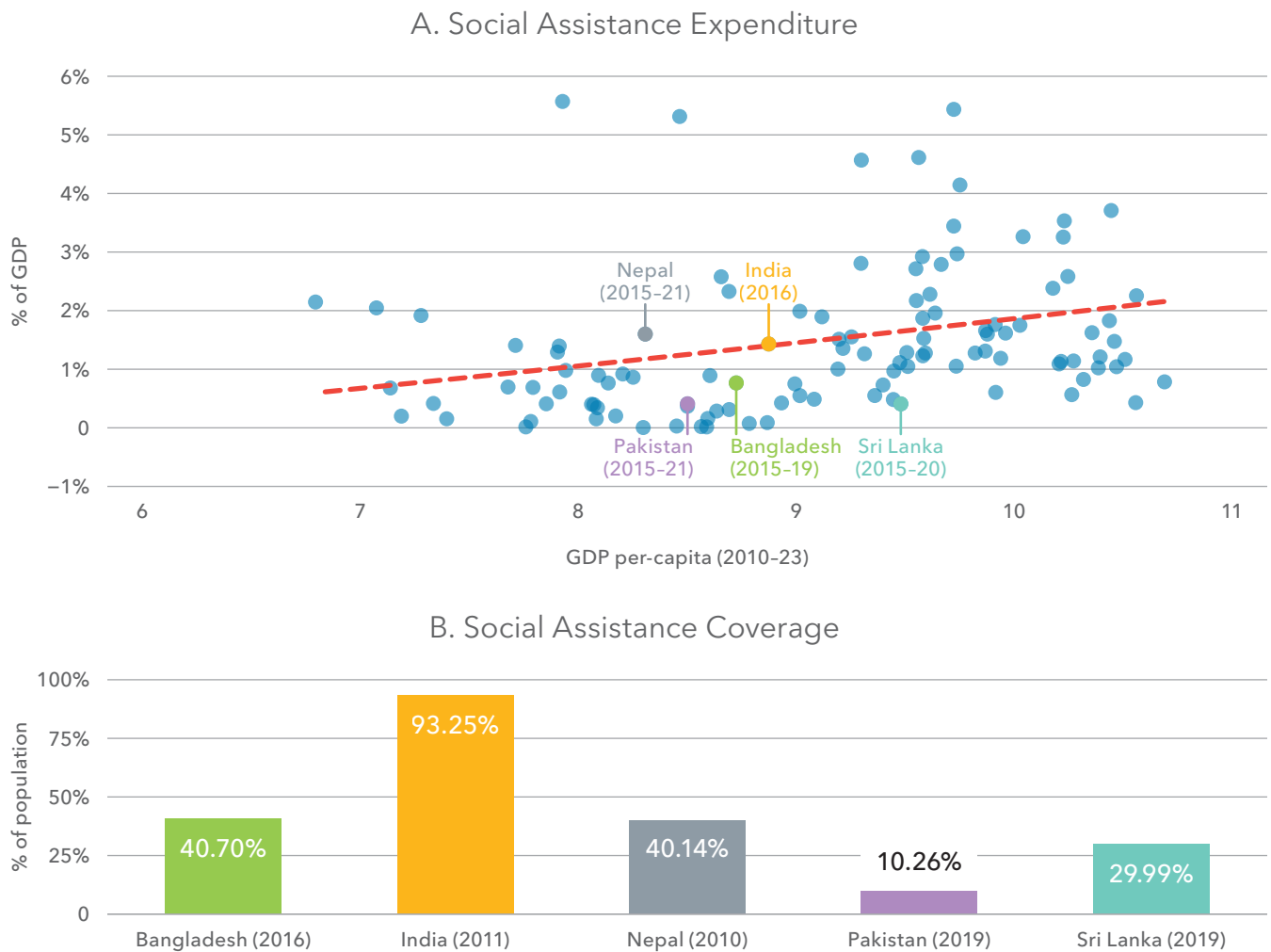
- Social protection programs in South Asia are essential for addressing poverty, undernutrition, and food insecurity but are constrained by limited coverage and weak implementation capacity.
- India's expansive welfare architecture – spanning food, nutrition, health, and livelihoods – and its political economy (genesis, design, and effectiveness) offer critical lessons for the region.
- Maternal and child-related social protection must prioritize the nutritional content of food over calorie sufficiency.
- Digital tools, critical to improving welfare delivery, must avoid the risk of exclusion through decentralization and stronger bureaucratic accountability.
- Social protection must be framed as part of an economic security “system” and not treated as stand-alone schemes.

Social protection is a critical policy instrument to help people move out of poverty and to facilitate broad-based economic progress. In agrifood systems, social protection programs can promote nutrition-sensitive food systems by strengthening food security (across its multiple dimensions), improving maternal health, and promoting better diets, factors that together eventually improve child nutrition (Ruel and Alderman 2013). Access to social protection has expanded, enabling millions of the world’s poorest

to escape extreme poverty, yet around 2 billion people in developing countries remain either uncovered or inadequately covered by any social welfare program (World Bank 2025).¹ In South Asia, a region that accounts for a large share of global poverty and undernutrition, expenditure on social assistance as a share of gross domestic product (GDP) and its coverage remain low (Figure 10.1).

¹ For an update on global progress on social protection, refer to World Bank (2025).

FIGURE 10.1 Expenditure and coverage of social assistance programs across South Asia



Source: World Bank ASPIRE Database, <https://www.worldbank.org/en/data/datatopics/aspire>.

Note: Panel A includes all countries.

In South Asia, social protection policies are vital for addressing food insecurity, poor diets, and undernutrition. In recognition of their importance for human well-being, social protection schemes have surged in the region, and all South Asian countries now have some form of direct food and nutritional assistance scheme, wage support through public works programs, noncontributory pensions to protect the elderly poor, or cash transfers (conditional and unconditional). Table 10.1 lists some of the flagship social protection programs across South Asia, along with their stated objectives (*scope*), targeted population (*focus*), and transfer modality (*form*). Yet, despite the rich array of welfare schemes, their effectiveness – as measured by fiscal efficiency of program design and equitable welfare improvements – remains an area of active debate (Javed and Mumtaz 2024).²

Using India as an example, this chapter describes achievements in improving food and nutritional security (in terms of the welfare policy objectives) through its various social welfare programs. It also highlights key challenges intrinsic to the design and implementation of social welfare programs that closely resonate with the experiences of other South Asian countries. India's example is instructive for the region for several reasons. Its programs are the largest in scale and coverage (also the oldest), and the governance weaknesses that affect program implementation and impede effectiveness in India are common across South Asia. Policymakers, therefore, have a lot to learn from one another as they try to design social protection policies as cost-effectively as possible across the region.

SOCIAL SAFETY NETS AND NUTRITION-SENSITIVE FOOD SYSTEMS

The aim of a comprehensive social welfare strategy – reducing poverty and guarding against any form of human vulnerability – is to provide

protection against potential adverse shocks at different stages of a person's life (Figure 10.2). Economic insecurity during early childhood can be particularly debilitating, and hence state support to young mothers and newborn children – through ante- and postnatal care, immunization, and nutrition (appropriate diets and iron supplements) – is a key component of social protection. High rates of undernutrition in poorer countries necessitate a strong focus on reducing child malnutrition, which is also strongly associated with long-term gains in cognitive skills, educational attainment, health, and earning capacity. Increased support for child nutrition is particularly important in South Asia, where healthcare infrastructure is lacking, nutritional awareness is low, and childbirth outside of accredited health institutions is commonplace. Further along the child's developmental path, free school meals serve as a common social safety net that helps bring children to school, increases education, and reduces child labor, while ensuring that students facing economic hardship at home do not suffer "classroom hunger."

Direct food assistance, cash transfers, and wage support through public works programs are among the other forms of household-level social assistance that alleviate poverty, food insecurity, and livelihood uncertainty. These safety nets increase a household's ability to invest in human and physical capital (education, livelihoods, and so on), along with improving access to nutritious diets. Other key forms of publicly subsidized safety nets are old age pensions and health insurance programs, which guard against health-related catastrophic income shocks. Collectively, various social safety net programs can enhance food and nutritional access and reduce livelihood vulnerability to ensure that a healthier and diversified diet is affordable to all.

Despite the transformative potential of social safety nets, these programs remain an active area of debate animated broadly around whether they (1) do reach the poor (equity) and (2) are the best use of tax-funded public expenditure (efficiency) (Banerjee

2 See Javed and Mumtaz (2024) and Scott et al. (2023) for reviews.

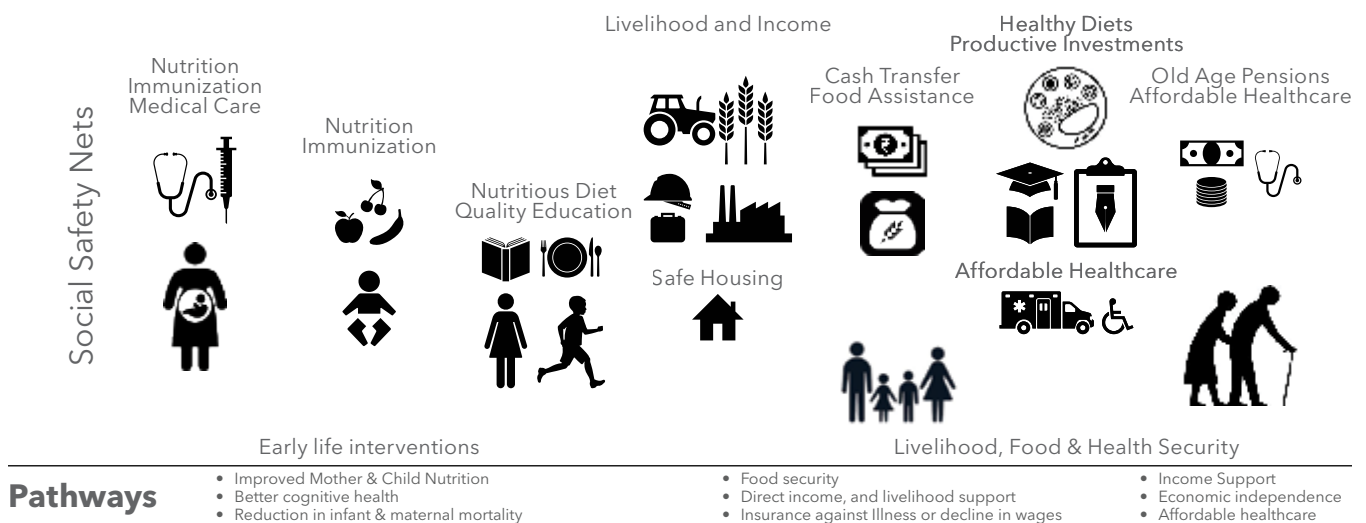
TABLE 10.1 Flagship social safety nets across South Asian nations

Nation	Scheme	Form	Focus	Scope
India	Public Distribution System (PDS)	Food items (mainly rice and wheat)	Poorer	Food security
	Integrated Child Development Scheme (ICDS)	Immunization, take-home food, childcare facilities	Pregnant and lactating mothers, preschool children	Maternal and child nutrition
	Mid-Day Meals Scheme (MDMS, renamed PM-POSHAN)	Hot cooked meals	Schoolchildren	Classroom hunger
	Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)	Guaranteed wage income for 100 days	Rural wage workers	Income support
	Old Age, Widow, and Disability Pensions	Cash transfers (noncontributory)	Elderly poor	Elderly poverty
	Pradhan Mantri Kisan Samman Nidhi (PM-KISAN)	Cash transfers (every 3 months)	Farmers	Income support
	Ayushman Bharat (PM-JAY)	Subsidized health insurance	Poorer households	Reducing poverty risk
Pakistan	Benazir Income Support Program (BISP)	Unconditional cash transfers to women	Poorer households	Income support
	Benazir Taleemi Wazaif (sub-component of BISP)	Conditional cash transfer	Girl child	Educational enrollment
	Benazir Nashonuma	Conditional cash transfer	Infant children	Child nutrition
Sri Lanka	Samurdhi Programme	Cash transfers, kitchen garden, saving program, etc.	Poor and vulnerable	
	Thripasha National Supplementary Food Program	Nutritional supplementation	Pregnant and lactating mothers, undernourished children	Maternal and child nutrition
	School feeding programs	Hot cooked meals	Schoolchildren	Classroom hunger
	Elderly Assistance Programme	Old age pension (contributory)	Elderly population	Elderly poverty
Nepal	National Health Insurance Programme	Subsidized health insurance	Poorer households	Reducing poverty risk
	Social Security Allowance Programme	Social pension	Elderly poor	Elderly poverty
	Midday Meals to school children (till grade 5)	Hot cooked meals	Rural wage workers	Classroom hunger
	Integrated Child Health and Nutrition Programme	Immunization, nutritional supplementation	Pregnant and lactating mothers, preschool children	Maternal and child nutrition
	Prime Minister Employment Programme (PMEP)	Guaranteed wage income for 100 days	Rural wage workers	Income support

Nation	Scheme	Form	Focus	Scope
Bangladesh	Mother and Child Benefit Programme (MCBP)	Cash transfers	Monthly cash assistance to pregnant and lactating women and their children	Pregnant and lactating mothers, children
	Old Age Allowance (OAA)	Cash transfers (noncontributory)	Monthly allowance for elderly individuals	Elderly poor
	Seasonal Food Security Programme	Employment and food security	Temporary employment and food assistance during lean seasons (e.g., <i>monga</i>)	Rural poor during lean seasons
	Targeting the Ultra-Poor (TUP)	Asset transfer and training	Provision of productive assets, training, and support to the ultra-poor	Households below the poverty line
	Food for Education	Food incentives for education	Distribution of food to families in exchange for children's school attendance	Poor households with school-aged children
	Shasthyo Shuroksha Karmasuchi (SSK)	Health insurance	Subsidized health insurance for low-income families	Low-income households
	Mother and Child Benefit Programme (MCBP)	Cash transfers	Monthly cash assistance to pregnant and lactating women and their children	Pregnant and lactating mothers, children
	Old Age Allowance (OAA)	Cash transfers (noncontributory)	Monthly allowance for elderly individuals	Elderly poor

Source: Author's compilation.

FIGURE 10.2 Conceptualization of social safety nets over the life cycle



Source: Author's conceptualization.

et al. 2024).³ Policy conversations center around improvements in the design and implementation of these programs. Dilemmas policymakers face include whether to provide targeted or universal benefits, whether transfers should be conditional, how technology can be used for better implementation and program governance, and whether lump-sum cash transfers (akin to a universal basic income) should replace independent programs. These questions are pertinent across the world, and India's experience provides key lessons for developing countries.

SOCIAL SAFETY NETS IN INDIA AND THEIR PERFORMANCE

India's array of social safety net programs focuses on various aspects of human deprivation (Table 10.1). Maternal and child nutrition and well-being are addressed through several programs. The Integrated Child Development Scheme (ICDS) supports an assortment of interventions – folic acid tablets, nutritional supplementation, ante- and prenatal advice, creche (childcare) facilities, preschool teaching, and others. The school meals program – the Mid-Day Meal Scheme (MDMS), recently renamed PM POSHAN – addresses classroom hunger among school-going children. Two programs, Janani Suraksha Yojana (JSY) and Pradhan Mantri Matru Vandana Yojana (PMMVY), provide conditional cash transfers designed to encourage institutional childbirth and better health-seeking behavior among pregnant women.

Other social safety net programs include the Public Distribution System (PDS), which provides subsidized staple grains to the poor (67 percent of the total population). The PDS is arguably India's most popular safety net program, along with the rural public works program, the Mahatma Gandhi National Rural Employment Guarantee

Scheme (MGNREGS). With an expenditure of about 2 percent of the country's GDP, MGNREGS aims to provide 100 days of work at a government site at minimum wage to all rural households. Both the PDS and MGNREGS are enshrined as constitutional rights under the rights to food and work, respectively. In addition to MGNREGS, which is primarily focused on agricultural labor, the Pradhan Mantri Kisan Samman Nidhi (PM-KISAN) program, launched in 2019, provides direct cash transfers to farmers to support farm incomes. For the poor who are unable to work due to old age or disability, the National Social Assistance Program (NSAP) provides social pensions. To address the risks of burgeoning health-related out-of-pocket health expenditures, poor households can access a highly subsidized public health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PMJAY).

In addition to these social welfare programs, the government has several flagship schemes to address housing, health, and hygiene environments. Free public toilets and clean drinking water access are being provided through the Swachh Bharat Mission (SBM) and Jal Jeevan Mission (JJM), respectively. Another scheme, Pradhan Mantri Ujjwala Yojana (PMUY), provides clean cooking fuel in the form of LPG cylinders to poorer households to improve women's and overall household environments. Poorer households can also access credit-linked subsidies to improve housing quality under the Pradhan Mantri Awas Yojana (PMAY).

The vast scale of these schemes suggests that rapid strides are being made in addressing the root causes of poverty and vulnerability in the country, particularly by empowering citizens and facilitating broad-based prosperity. However, evaluation of the programs suggests that success in improving human welfare has been limited (Rahman and Pingali 2024).⁴ Table 10.2 summarizes the findings from the most credible empirical evaluations of

3 For a comprehensive review around the economics of safety nets, see Banerjee and Hanna (2024).

4 See Rahman and Pingali (2024) for in-depth coverage of the programs and their evaluations.

TABLE 10.2 India's flagship social safety nets: Impacts and challenges

Scheme	Impact	Studies	Challenges
School meals (MDMS)	Improvements in height-for-age z-score (HAZ), insurance against dropping out of school	Chakrabarti et al. (2021); Singh et al. (2014)	Nutritional value of food, reduced preference for government schools
Food transfers (PDS)	Improved diets, calorie intake, reduced child stunting rates	Kishore and Chakrabarti (2015); Rahman (2016); Shrinivas et al. (2025); Gadenne et al. (2024)	Burgeoning subsidy cost, outsized focus on calorie-rich cereals
Maternal and child nutrition (ICDS)	Reduced child malnutrition rates, improved learning at school	Dhamija and Sen (2021); Nandi et al. (2020)	Program Implementation, nutritive content of food
Public works (MGNREGS)	Greater intake of calories, protein, and more nutritious foods	Bose (2017); Muralidharan et al (2016); Cook and Shah (2022)	Subnational differences in implementation, narrow "rural" focus
Social pensions (NSAP)	Higher expenditure on vegetables; fruits and nuts; and meat, fish, and eggs	Unnikrishnan (2022); Unnikrishnan and Imai (2020); Asri (2019)	Targeting errors, low monetary amount of transfers

Source: Authors' compilation.

Note: MDMS = Mid-Day Meal Scheme; PDS = Public Distribution System; ICDS = Integrated Child Development Scheme; NSAP = National Social Assistance Program.

these programs. Their limited impact can be attributed broadly to the modalities of welfare transfers (design and identification of the beneficiaries), insufficient investment in public infrastructure to support welfare direct assistance, and inadequate government capacity to implement welfare programs. The challenge for state capacity lies not only in implementing programs but also in overcoming political economy barriers to bringing about welfare-improving reforms in program design.

Persistence of malnutrition

The persistence of the triple burden of malnutrition is arguably the biggest failing of India's social welfare policy. A combination of factors contribute to this failure, including limited reach of programs, inadequate nutritional content of in-kind food assistance, and the quality of public investment.

The impact of the ICDS on improving maternal and child nutrition is debated, despite the program's importance and wide coverage. While

access to the program has increased food security and education among children, its overall impact is limited by the capacity of the ICDS centers (Anganwadis) to provide the necessary services. The performance of the Anganwadis suffers from poor infrastructure (such as building infrastructure, toilets, and water facilities) and overworked and undermotivated staff, who are volunteers and only receive honorariums. In addition, the food assistance provided through ICDS (focused mainly on calories) does not have the transformative impact on maternal and child nutrition that could be achieved if its nutritive value were enhanced to increase protein and micronutrients in beneficiaries' diets (Singh and Masters 2017; Ganimian et al. 2024).

The school meals program has been a phenomenal success in bringing poor children to school, reducing hunger, and improving nutritional outcomes (Chakrabarti et al. 2021). The most pressing challenge for MDMS now lies in ensuring the food's safety and nutritional content. The

program is often in the news because of food quality problems and the politics around inclusion of eggs in the meal. While cultural politics in addressing nutritional concerns must be avoided, food safety concerns can be easily ameliorated through better storage infrastructure and greater community participation to ensure bureaucratic performance and accountability. An increasingly important challenge for sustaining the success of MDMS lies in improving the quality of education at school (Muralidharan and Singh 2021). Parents (even among the poor) increasingly prefer private schools, even when these provide only the impression of better quality without improving learning. This choice deprives the children of free meals and is more costly for parents.

The success of maternal cash transfers (JSY or PMMVY) in improving mother's health, institutional childbirth, immunization, and mortality rates, as well as overall child nutrition, primarily depends upon the availability of and access to quality healthcare (Carvalho and Rokicki 2019). Low levels of investment in health, vast spatial disparities in public healthcare infrastructure, and quality of service (implementation) place a heavy administrative burden on local bureaucrats to make these programs work, thereby inducing reluctance to participate (Puri 2020).

Sustainability of food systems

India's PDS, which provides a monthly ration of rice and wheat to more than 67 percent of the total population, has been a bulwark against hunger and food insecurity. During the COVID-19 pandemic, the PDS was the principal policy instrument that enabled 800 million people (plus additional beneficiaries under the Pradhan Mantri Garib Kalyan Anna Yojana) to access food at highly subsidized prices. Yet, the PDS is beset by problems with beneficiary identification, leakages, and corruption.

The PDS also faces a trade-off between meeting consumption needs and creating environmental risks in India's food systems, which has led experts to call for providing cash transfers instead of food

grains (Rahman and Pingali 2024). Government procurement of food grains (rice and wheat) from farmers at the minimum support price (MSP) to support the PDS creates a perverse incentive for farmers to grow staple grains at the expense of other nutritious crops; it has reduced crop diversification and added to environmental degradation through aggressive groundwater extraction and crop burning (Puri and Pingali 2024; Shoumitro Chatterjee et al. 2024). Moreover, calories from rice and wheat fail to address the protein and micronutrient deficiencies common among the population.⁵ While replacement of food with cash would preclude the need for government procurement, thus increasing parity among crops, such a policy switch faces public wrath and thus a political economy challenge. The 2020/21 farmer protests in India that attracted global attention are an example of farmer resistance against changes in agricultural policies.

Beyond the political aspect of the cash-versus-food debate, empirical studies show that the success of cash transfers hinges upon the level of economic development, the availability of markets, and citizens' trust in the government (Cunha et al. 2019; Hoddinott et al. 2018). Given the wide spatial disparities in economic development, the lack of market access, and the governance deficit within India, cash transfers might not be prudent in India's near future, even when politically plausible. It would be pragmatic to focus on making the PDS more nutrition-sensitive by replacing some amount of rice and wheat with pulses and coarse cereals, an initiative already undertaken by some Indian states, notably Karnataka and Odisha.

Livelihood support against shocks

Income security is vital for acquiring food and ensuring nutritional security. Agrarian livelihoods, however, are prone to risks arising from rainfall

5 Some of these concerns are now being addressed through distribution of fortified rice by the PDS.

variability, climate change, and inadequate access to input and output markets. As a protection against such livelihood risks, the 100 days of work guaranteed under MGNREGS has grown in importance since its inception in 2006. Despite initial concern that the program would be a drain on fiscal resources, wage employment under MGNREGS has become a key source of social protection for the rural poor. Greater demand for work under the program during the COVID-19 pandemic – when a significant share of urban laborers returned to their villages as a result of the lockdown – has only highlighted its importance for addressing rural livelihood vulnerability. Importantly, work under MGNREGS has built rural infrastructure that is essential for reducing environmental degradation of land and improving irrigation facilities.

Empirical studies find that MGNREGS has significant impact in terms of providing income support and raising wages, thus creating effective demand (including for food) and leading to an overall increase in economic output (Cook and Shah 2022; Bose 2017). Yet, varied performance of MGNREGS across states highlights last-mile implementation challenges, including poor governance, lack of transparency in work assignments, delays in fund transfers, corruption, and dwindling political support for the program as well the lack of wage adjustments to reflect rising prices. Similar issues are found with another rural income transfer program, PM-KISAN, launched in 2019. Early evaluation suggests a positive impact in increasing agricultural investments by farmers, but its long-term welfare impact – with a transfer size of 6 percent of farmers’ income – remains to be seen (Varshney et al. 2021).

Debates about social security in the developed world have focused predominantly on the nature of income support during retirement and protection against high healthcare costs. In an informal economy like India’s with multigenerational family structures, old age pensions have not received the attention they require. Under the NSAP, a monthly sum is provided to those over age 60 who are classified as belonging to poorer households. Some

states have increased the pension amount, but pensions remain too low to shield the poorest people from poverty. In addition, while studies have reported a positive impact on household consumption (Unnikrishnan and Imai 2020), program participation remains low and creates opportunities for corruption in identifying the poor (Asri 2019). Publicly subsidized health insurance programs, similarly, have not reduced out-of-pocket health expenditures, despite growing utilization of the scheme (Reshmi et al. 2021; Puri and Sun 2021). In the absence of appropriate regulation of private healthcare providers, patients are often overcharged, with the cost burden falling disproportionately on women (Dupas and Jain 2024). Together, insufficient pensions and high healthcare costs strain household budgets, leading to a worsening of diets and child undernourishment.

LEVERAGING THE TRANSFORMATIVE POTENTIAL OF SOCIAL SAFETY NETS

India’s rapidly expanding social welfare programs can achieve truly transformative effects only through improved governance, reductions in gender inequality, better infrastructure, increased fiscal resources, and a political commitment from the state to citizens’ welfare. Successful social protection programs exist as part of a strong democratic values system, in which the government aims to eliminate constraints affecting citizens’ ability to attain their human potential. These programs also depend upon enabling infrastructure and governance environment to undergird their effectiveness. Universal sanitation and clean water schemes are a step in that direction. Improving state capacity to deliver welfare is relatively easy (Muralidharan 2024), while making progress on social aspects such as gender norms – which are key determinants of maternal and child nutrition – is a stickier problem (see Box 10.1 for a discussion of interventions in Bangladesh).

The role of digital technology in governance (e-governance) and the “JAM” trinity – universal bank

BOX 10.1 IFPRI's role in strengthening social protection in Bangladesh

Contributed by Julie Ghostlaw, Country Program Manager, International Food Policy Research Institute, Kenya

Bangladesh has a longstanding commitment to social protection as a means of providing immediate relief and improving access to health, education, resilience to shocks, and other essential services. This commitment is reflected in its large and steadily increasing budget allocations. The budget for social protection has more than tripled in recent years – from US\$2.95 billion in FY 2015/16 to \$9.57 billion in FY 2025/26, reflecting approximately 8 percent and 14 percent of these national budgets, respectively (Kathy and Arifeen 2025).

While the government has demonstrated strong commitment to social protection, the system is not without its challenges, including limited coverage, targeting inefficiencies, and resources spread across many programs. There have been concerted efforts to improve the efficiency of the social safety net system, including reducing the number of programs from 115 in FY 2015/16 to 95 in FY 2025/26, expanded use of digital delivery systems, and a shift toward cash-based assistance with “graduation” approaches that link financial support to skills and livelihoods – though significant potential for reform remains (Kathy and Arifeen 2025).

Improvements to Bangladesh's social safety net system have been guided by its 2015 National Social Security Strategy, with support from development partners such as the International Food Policy Research Institute (IFPRI). For decades, IFPRI has provided policy support to the Government of Bangladesh, contributing to strengthening the effectiveness of the social protection system to reduce poverty and improve nutrition. For instance, upon request from the Ministry of Women and Children Affairs and the UN World Food Programme (WFP), IFPRI generated evidence to improve the targeting performance of several large-scale social safety net programs to ensure the most vulnerable are reached. Specifically, IFPRI developed evidence-based beneficiary selection criteria for the Vulnerable Group Development (VGD) program – the largest safety net for rural poor women (Ahmed 2018) – and developed observable, verifiable indicators for targeting the urban poor under the Vulnerable Women's Benefit (VWB) program (Ahmed et al. 2022). Both sets of criteria are being implemented by the government.

While social protection has traditionally been used to reduce poverty, evidence on its role in improving nutrition has been limited. To address this gap, IFPRI designed and the WFP implemented the Transfer Modality Research Initiative (TMRI), a two-year randomized controlled trial in rural Bangladesh testing whether cash or food transfers – alone or combined with nutrition behavior change communication (BCC) – could improve child nutrition. TMRI showed that cash transfers plus high-quality, intensive BCC reduced child stunting by 7.8 percentage points – triple the national reduction rate over the two-year project period – through improved diets and greater consumption of animal-source foods (Ahmed, Hoddinott, et al. 2025). Longer-term impacts included increased household assets and income (Ahmed, Hoddinott, et al. 2025), reduced poverty (Ahmed, Hidrobo, et al. 2025), less intimate partner violence (Roy et al. 2019), and stable food security during the COVID-19 pandemic (Ahmed, Hidrobo, et al. 2025) years after the program ended in 2014. Overall, these results show that substantial cash transfers paired with empowering, income-generating components deliver lasting gains in nutrition and resilience.

TMRI's findings have informed the redesign of large-scale social safety nets to be more nutrition-sensitive in the country, including integrating nutrition BCC into the government's VGD program and the national Mother and Child Benefit Program, which aims to support pregnant women until their children reach age four through a lifecycle approach.

Bangladesh's experience demonstrates the government's strong appetite for using robust evidence to inform the design and reform of its social protection system to more effectively reduce poverty and improve nutrition for the most vulnerable.

accounts through Jan-Dhan Yojana, unique biometric identity through Aadhar, and ubiquitous mobile phones – are increasingly considered the silver bullet needed to address program corruption, leakages, and inefficiency in service delivery. JAM allows for seamless direct benefit transfers to bank accounts for cash transfers and subsidies. Biometric-based identity verification can reduce corruption in wage payments under MGNREGS or food transfers under the PDS. Research suggests that leveraging technology has improved governance of social welfare programs, as click-of-a-button welfare delivery reduces the number of intermediaries. Critics, however, highlight the limited improvement from these technological innovations in terms of beneficiary targeting – a key source of inefficiency and corruption in the programs (Khera 2017). Large-scale empirical studies – even by JAM proponents – further corroborate ground-level reports that these technological interventions can be exclusionary when implemented poorly (Muralidharan et al. 2025).

Moreover, JAM-based welfare delivery does not address systemic issues of local democratic accountability, a key aspect of poor governance. The lack of appropriate grievance redressal mechanisms remains an important source of mistrust between poor citizens and the government – one that technology has done little to remedy. From the perspective of India’s federal political economy, JAM has weakened India’s federal arrangement by increasing the centralization of welfare programs and by disempowering subnational governments, which have primary responsibility for delivering and monitoring welfare programs and the autonomy to introduce new ones. Tension between the central and state governments is increasingly visible, with the central government exercising its discretionary power both in distributing money to the states for welfare scheme expenditures and in reducing subnational tax resources (Deshpande et al. 2017). Accounting for politics, therefore, is key to strengthening social welfare programs.

These politics form the context for the debate over whether the PDS should provide cash or in-kind

transfers. If cash transfers are the more effective solution for improving diets, nutrition, and the environment, foodgrains procurement must come to an end, raising the question, Is there political will and power to do that? It is also unknown how farm incomes – stagnant for the last two decades – would be impacted, at least in the short run. More importantly, if the expansion of welfare programs provides an opportunity for electoral gains, are such reforms even on the political horizon? Increasing taxes to create a welfare state would also require bold political decisions to rationalize the tax structure.

CONCLUDING REMARKS

South Asia can learn from the experience of Latin American nations, which led the successful rise of social protection as a welfare policy tool (Barrientos 2023).⁶ Despite high levels of corruption, social safety nets in countries such as Brazil and Mexico benefited from their rights-based approach to social protection – one that prioritizes building human capital and formed the basis for coherent ideas on policy design and implementation. Rooted in the idea of conditional cash transfers, welfare programs such as Brazil’s Bolsa Familia and Mexico’s Programa Nacional de Educación, Salud y Alimentación (Progresa) were seen as an investment – focusing on education, health, and women – while empowering citizens through greater agency and improving governance (and targeting) through citizen registry systems. Programs in South Asia, however, have been primarily focused on relief. While some South Asian countries – India being an example – have begun to reform program delivery toward building human capital, emulating the Latin American experience might prove challenging given the largely rural population, greater centralization, and complex political economy factors discussed above.

Only time will tell what the future of India’s emerging social welfare architecture will look

⁶ See Barrientos (2023) for more details on Latin American social welfare programs.

like, but it is certain that the impact of individual programs depends on the nation state's economic and sociopolitical realities. Other countries in South Asia face similar challenges, which have shaped their response to social protection. To make social protection more nutrition-sensitive, emphasis must be placed on improving program design and delivery as well as on increasing political commitment, with a clear focus on the aspects of the nutritional challenge they can address. India's expansive set of programs, with coverage spread over a person's life cycle, provides an example for other South Asian countries. However, the common challenge across the whole region remains the weak capacity to delivery welfare programs. Top-down political commitment, greater bureaucratic accountability, improved delivery systems (such as digitization and e-governance), and bottom-up citizen empowerment through decentralized administration are among the reforms that could improve efficiency as well as equity.

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