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Transfer Modality Research Initiative

Impacts of Combining Social Protection and Nutrition in Bangladesh

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In Bangladesh, social protection programs have the potential to uplift the most vulnerable out of poverty. Until recently, however, these programs have had little impact on nutrition. Results from a randomized controlled trial in Bangladesh – the Transfer Modality Research Initiative – provides the proof of concept that combining social safety net transfers with nutrition behavior change communication (BCC) can significantly improve household food security and child nutrition, and these impacts can be sustained over time.

MOTIVATION

Most existing evidence – in Bangladesh and elsewhere – shows social protection programs reduce household poverty and improve food security but yield few improvements, if any, in child nutritional status. This raises the question of whether there are constraints other than income that also need to be addressed such as nutrition knowledge. In turn, the International Food Policy Research Institute (IFPRI) partnered with the UN World Food Programme (WFP) to conduct the Transfer Modality Research Initiative (TMRI), a two-year pilot study to determine which form of safety net transfer – cash or food – works best for the ultra poor in rural Bangladesh and whether impacts of these transfers change when linked to nutrition behavior change communication (BCC).

RESEARCH DESIGN

Under TMRI, 4,000 ultra poor women and their 21,600 family members in the northwestern and southern regions of Bangladesh received a monthly transfer from May 2012 to April 2014.

TMRI's research design compared the impacts of five treatment arms to one control:

1. *Cash only*: Monthly cash transfer of Taka (Tk) 1,500 (about US$19 per month) through mobile phone banking
2. *Food only:* Monthly food transfer of 30 kg of rice, 2 kg of mosur (lentil) pulse, and 2 liters of micronutrient-fortified cooking oil
3. *Food+Cash*: Monthly transfer of Tk 750 and 15 kg of rice, 1 kg of mosur (lentil) pulse and 1 liter of micronutrient fortified cooking oil
4. *Cash+BCC*: Monthly cash transfer and Nutrition BCC (north)
5. *Food+BCC*: Monthly food transfer and Nutrition BCC (south)
6. *Control:* North and south

IFPRI designed the research and conducted the evaluation using a randomized controlled trial design. WFP implemented the TMRI activities through a national partner NGO. The research initiative received guidance from a technical committee comprised of government officials from various ministries.

RESULTS

While all transfer modality combinations caused significant improvements in food security in participating households, the greatest impacts came from transfers when combined with nutrition BCC. Cash transfers combined with nutrition BCC in the north decreased child stunting by 7.8 percentage points over the two years of the project – an achievement almost *three times* the national average decline (Figure 1). (1)

Evidence also shows that adding nutrition BCC to transfers increased diet quantity and quality and the frequency of several food groups consumed by children much more than transfers alone. (1)

Moreover, infant and young child feeding (IYCF) knowledge was sustained 6 months after the project ended, (2) and improved IYCF knowledge among *non-participating* neighboring mothers, indicating information spillovers at the community-level. (3)

Were TMRI's impacts sustained after the program ended? Evidence from a 4-year post-program evaluation indicates that receiving a combination of transfers and nutrition BCC in 2012-14 led to a range of sustained benefits for households, women, and children – including improved home environments for child development, lower maternal depression and experience of intimate partner violence, and lower household poverty. (4) These effects are possibly due to the group-based BCC format empowering women and stimulating changes in household investment and livelihoods.

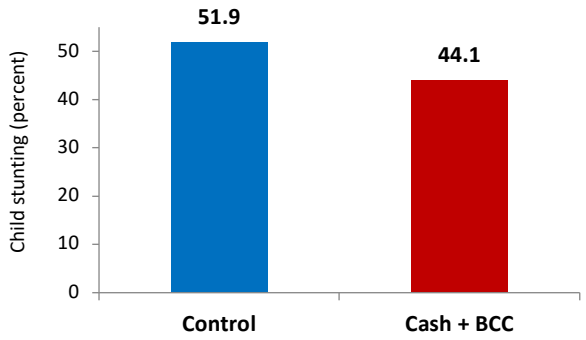
POLICY IMPLICATIONS

TMRI's results have significant policy implications on the potential of nutrition-sensitive social safety nets in Bangladesh.

- If the policy objective is to improve the diets of poor households, both cash and food transfers are effective.
- If the policy objective is to improve the nutritional status of children from the poorest households, transfers alone are inadequate.
- High quality behavior change communication (BCC) together with transfers – especially cash transfers – can significantly improve child nutrition and anthropometric outcomes.

Although the impacts of cash and food transfers on some outcomes are quite similar, the delivery cost of cash transfers is considerably lower than food transfers. Therefore, cash transfers are more cost-effective than food transfers.

Figure 1 Reductions in child stunting, 2014 endline



Source: (1)

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