

# Nutrition-sensitive social protection: How can we measure its coverage through household surveys?

## Evidence from Bangladesh and Ethiopia

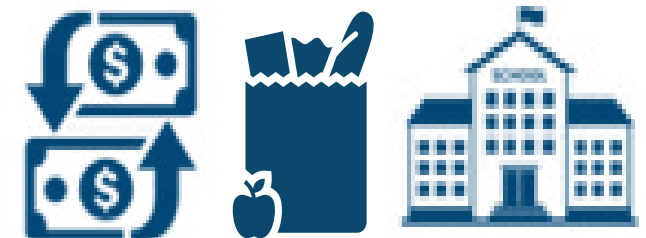
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## Background

- Social Protection Programs (SP) have a positive impact on diet-related outcomes for women and children and in their nutritional status. (Olney et al., 2021)
- Enhancing nutrition sensitivity of SP programs: *improve targeting; use conditions to stimulate participation; strengthen nutrition goals and actions; and optimize women's nutrition, time, physical and mental health, and empowerment.* (Ruel and Alderman, 2013)
- No standard definition of Nutrition Sensitive Social Protection (NSSP) exists, which complicates the measurement of its coverage.



# Consensus-based operational definition of NSSP



## Defining features of NSSP programs:

- **A nutrition goal** in the program design
- **Targets nutritionally vulnerable populations:** a cash, food, or in-kind transfer (conditional or unconditional) or school feeding program that targets the, (pregnant and lactating women, children <2y, preschool-aged children (3-5y), adolescents 10-19y, school feeding (school age)
- **Links to nutrition or health interventions** (e.g., provision of nutrition SBCC, micronutrient supplementation, referrals to antenatal care, fortified food transfer, etc.)

# Issues related to the measurement of NSSP coverage

## Issues:

- Can beneficiaries identify SP/NSSP programs by their official names?
- Can beneficiaries report health or nutrition interventions linked to transfer or as part of NSSP programs?
- Which household member(s) should be the respondent for NSSP questions?
- How should questions about transfers and health or nutrition interventions be asked within HH questionnaires?
- Do beneficiaries identify the transfer type and source?

## Indicator:

$$\text{Cash/food/in-kind NSSP coverage} = \frac{\# \text{ HHs w/ nutr vulnerable HH member who received targeted }^{(1)} \text{ transfer }^{(2)} + \text{ nutrition/ health action }^{(3)}}{\# \text{ HHs with a nutr vulnerable HH member}}$$

- (1) **Target populations:** Pregnant and lactating women (PLW), children <2y, preschool aged children (3-5y), adolescents 10-19y
- (2) **Type of transfer:** Cash, food/ in-kind
- (3) **Nutrition/health action:** ≥ 1 Nutrition/health action/ intervention linked to transfer provided (e.g., SBC, linkages to health system for ANC, micronutrient supplementation, fortified food transfer)



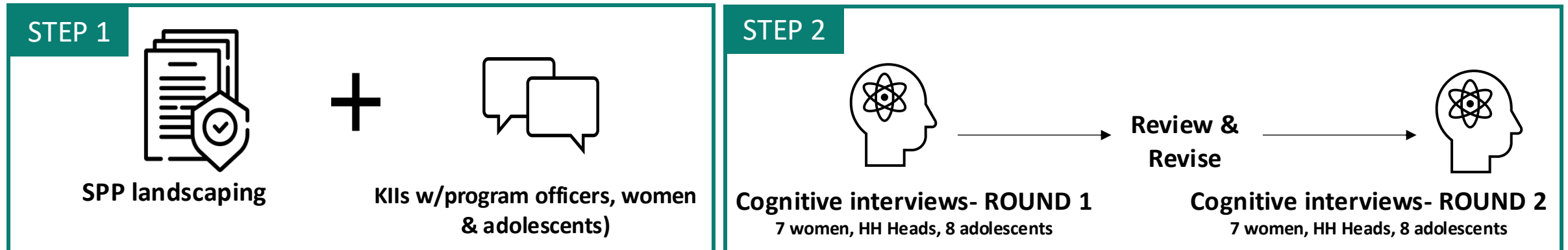
# Questionnaire module

C O D E	1.				2.				3.*				4.				5.						
	FIRST ASK QUESTION 1 FOR ALL TYPES OF ASSISTANCE. THEN ASK QUESTIONS 2-5 FOR EACH ASSISTANCE TYPE RECEIVED.				In the past 12 months, has any member of your household received any [ASSISTANCE TYPE] from the government or any other organizations (such as the Mother and Child Benefit Program/ Ma O Shishu Sohayota Kormosuchi) ?				In the past 12 months, who in your household received [ASSISTANCE TYPE] from the government or government or any other organizations?				With the [ASSISTANCE TYPE] that [NAME] received, did they also receive [INTERVENTION TYPE] ?				When was the last time [NAME] received [ASSISTANCE TYPE] from the government or any other organizations?				How often did [NAME] receive [ASSISTANCE TYPE] from the government or any other organizations?		
ASSISTANCE TYPE*	transfer NO.....01 ▶ NEXT ITEM YES.....02 DON'T KNOW...99 ▶ NEXT ITEM				target population ENTIRE HOUSEHOLD.....98 ▶SKIP TO NEXT ASSISTANCE TYPE DON'T KNOW.....99 ▶ SKIP TO NEXT ASSISTANCE TYPE RECORD MEMBER ID OF EACH MEMBER MENTIONED & SELECT NAME FROM DROP-DOWN				nutr/health intervention NO.....01 ▶ NEXT ITEM YES.....02 DON'T KNOW...99 ▶ NEXT ITEM READ EACH INTERVENTION TYPE ALOUD. <ul style="list-style-type: none"> <li>• Nutrition or health counseling</li> <li>• Told to go to a health facility to receive health or nutrition services</li> <li>• Deworming tablets</li> <li>• Iron tablets or other nutrient supplements</li> <li>• Food with extra nutrients added to it to benefit health</li> <li>• Other (specify)_____probe if any other health/nutrition service</li> </ul>				timing RECORD DATE [MONTH AND YEAR] FOR EACH MEMBER				frequency ONCE.....1 DAILY.....2 FEW TIMES/WEEK BUT NOT DAILY.....3 WEEKLY.....4 MONTHLY.....5 OTHER (SPECIFY).....8 DON'T KNOW.....9 RECORD CODE FOR EACH MEMBER						
	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID	MEMBER ID					
1 Free food or subsidized food <small>(translation note: subsidized to mean reduced cost)</small>																							
2 Cash or monetary assistance																							
3 Other in-kind assistance (ex?) <small>(translation note: "in-kind" to mean commodity not cash)</small>																							

## Objectives

1. Landscape the major transfer programs in Bangladesh and Ethiopia
  - Document review and landscaping of existing SP programs (desk review)
  - Key informant interviews (KIIs) w/ program officers and beneficiaries
2. Conduct cognitive interviews about the survey questions to identify and address any cognitive errors.

## Methods





# SPP, NSSP varied across countries

## Bangladesh

School meals program	School Feeding Programme in the Poverty-prone Area		Primary/Secondary/ Higher Education Stipend Programme
Cash Transfers	Public Works	Mother and Child Benefit Programme	Nutrition Sensitive E-Voucher
In-kind/Food transfer	Food for Work	PDS - Khadya Bando/Open Market service	Vulnerable Women's Benefit, Vulnerable Group Feeding, Food Assistance Programme
Other	Seasonal Livelihoods Programme	Blanket Supplementary Feeding (BSFP)	General Food Assistance

## Ethiopia

School meals program	Home Grown School Feeding		Emergency School Feeding		Traditional School Feeding	
Rural Productive Safety Net Project	Public Works	Temporary Direct Support		Permanent Direct Support	Livelihoods Services	Shock Responsiveness
Urban Productive Safety Net Project	UPSNJP	Public Works	Livelihood Development	Permanent Direct Support	Urban Destitute Support	Apprenticeship Program
Tigray Social Cash Transfer pilot						
Other	Fresh Food Vouchers (WFP)	Flexible Voluntary Contribution (FAO)			Cash and in-kind food assistance - refugees (CRS)	Joint Emergency Operation for Food Assistance (CRS)

## Poor recognition of official program names

- Many respondents could not report official program names and their distinct components; some provided conflicting information about benefits received from specific programs (*KIs*)
- Respondents referred to programs by different names; many had difficulty in connecting transfers/benefits with specific programs (*CI*s)

### Example responses from women & household heads in Bangladesh

Self reported free food or subsidized food transfer		Self-reported program name(s) of free food or subsidized food programs	
Woman	HHH	Woman	HHH
Yes	Yes	No name given	No name given
Yes	Yes	No name given	No name given
Yes	Yes	Relief	TCB (Trading Corporation of Bangladesh)
No	No	-	-
Yes	Yes	TCB	TCB
No	No	-	-
No	Yes	-	TCB



# Health and nutrition interventions not recognized as linked to the transfer received

- Respondents could not link transfers (whether food, cash, or in-kind) to the health and nutrition interventions (CIs).
- Wording of cognitive question was complex (e.g., “connecting” program components is an abstract concept; linking transfer type and bundled intervention is difficult to explain), education level of respondents should be considered (CIs)

**Survey item:** *With the cash or monetary assistance that [NAME] received, did they also receive nutrition or health counseling?*

**Cognitive probe:** *When you answered this question, did you connect the cash or monetary assistance with the counseling, or did you think of them separately? Why?*

“I think of them separately because monetary assistance and counseling are different things.”

*Woman, R1, BD*

“I thought of cash and financial support together because both terms refer to money.”

*Woman, R1, BD*

“I think them separately because one is money and other one is disease prevention.”

*HHH, R2, BD*

# Women, compared to household heads, were better able to answer questions about the range of transfers received by the household

- Out of 30 woman-HHH pairs, 11 provided consistent responses regarding the transfers received in Bangladesh (*CIs*).
- Women (compared to male HHHs) were able to provide more detailed information on the transfers, their target, and the linked interventions (*CIs*).
- Women self-reported as generally being the most knowledgeable about food and therefore about food transfers) (*KIIs*)

Comparison of responses from women and household heads in Bangladesh

Pair #	received any free food or subsidized food		received any cash or monetary assistance		Pair #	received any free food or subsidized food		received any cash or monetary assistance	
	Woman	HHH	Women	HHH		Woman	HHH	Women	HHH
1	Yes	Yes	No	Yes	16	Yes	Yes	No	No
2	Yes	Yes	Yes	No	17	Yes	Yes	No	Yes
3	Yes	Yes	No	Yes	18	Yes	Yes	No	No
4	Yes	Yes	Yes	No	19	Yes	Yes	No	No
5	No	No	Yes	Yes	20	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	No	21	Yes	No	No	No
7	Yes	Yes	Yes	Yes	22	No	Yes	Yes	Yes
8	Yes	Yes	No	No	23	Yes	Yes	Yes	Yes
9	Yes	Yes	No	No	24	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	25	Yes	Yes	No	No
11	No	No	Yes	No	26	Yes	Yes	No	No
12	Yes	Yes	No	No	27	Yes	Yes	Yes	Yes
13	No	No	Yes	Yes	28	Yes	Yes	Yes	Yes
14	No	Yes	Yes	Yes	29	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	30	Yes	No	Yes	Yes

## Conclusions

- SP program landscape varies by context; few NSSP programs exist
- Respondents often do not recognize programs by their official names.
- Respondents do not understand questions on linking transfers with health and nutrition interventions. An alternative approach is to measure co-coverage.
- Revised NSSP module is being tested in a population-based survey that measures a range of multisectoral nutrition interventions in Bangladesh



**Thank you**