

DELIVERING FOR NUTRITION IN SOUTH ASIA CONNECTING THE DOTS ACROSS SYSTEMS

Research Title: An assessment of a food-based social protection program and its impact on food and nutrition security in the targeted households in Bangladesh

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CONNECTING THE DOTS ACROSS SYSTEMS

Introduction

Constitutional Obligations:

Article 15(A): It is a fundamental responsibility of the State to secure for its citizens through planned economic growth, the provision of basic necessities of life including food, clothing, shelter, education and medical care.

Article 15(D): The right to social security, that is to say, to public assistance in cases of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases.

Article 18(1): States that raising the level of nutrition and improvement of public health are among the primary duties of the State.

Ministry of Food is responsible to establish a dependable national food security system and stabilize the price of food-grains.

Accordingly, Ministry of Food has been implementing various food based social security/protection programmes including the Open Market Sale (OMS) Programme.

The OMS is policy instrument and effective tool for food grains market price stability as well as economical access to food for low income people since 1978.

Rationale

- The Government is distributing a **huge amount of rice & wheat** every year through OMS program
- It is important to understand what are the impact of the **Effectiveness of OMS Program on Food Security**

Objectives

- To identify the effect of OMS program on **purchasing power and access** to food
- To assess the effectiveness of the programme on **food intake and food diversification to ensure food and nutrition security.**
- To investigate the effectiveness of the programme on **market price stability.**
- To identify the **problems of OMS** program



Methods/Analysis

Study Area: 3 districts out of 64 districts of Bangladesh

Time period: February-June 2024

Sample Size for primary data collection: 1107

Beneficiaries of OMS : 500

Non-beneficiaries of OMS: 500

OMS dealers : 26

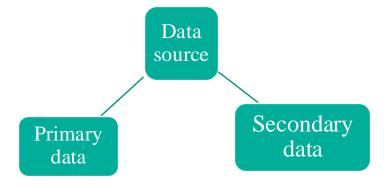
Traders (rice & wheat) : 81

Sampling technique : Stratified random sampling

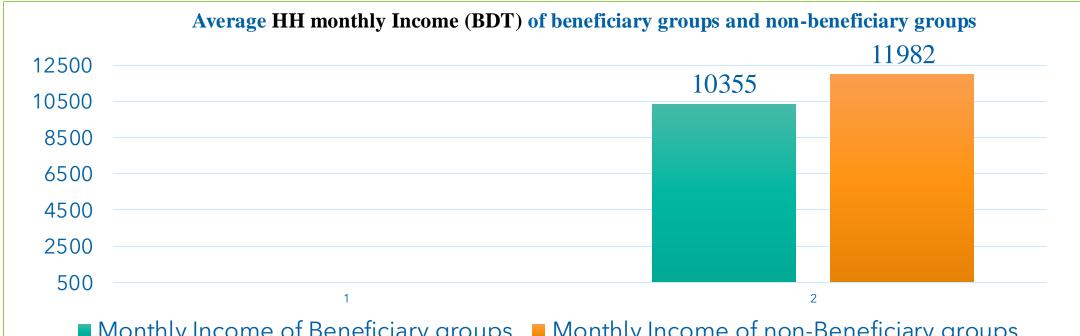
Data type: Primary and secondary

Primary data: Both qualitative and quantitative

Data collection procedure: in-person one-to-one interviews



Special consideration: Similar income was considered for both beneficiaries & non-beneficiaries



Monthly Income of Beneficiary groups Monthly Income of non-Beneficiary groups

*National Monthly Income (HH): BDT 32422 (HIES, 2022)

Questionnaire type: Semi-structured questionnaire

Secondary data: Government & non-government organizations (website & sending requesting letters)

FGD: 180 relevant stakeholders (Four groups: OMS dealers, Civil society representatives, Beneficiaries, non-beneficiaries of OMS.



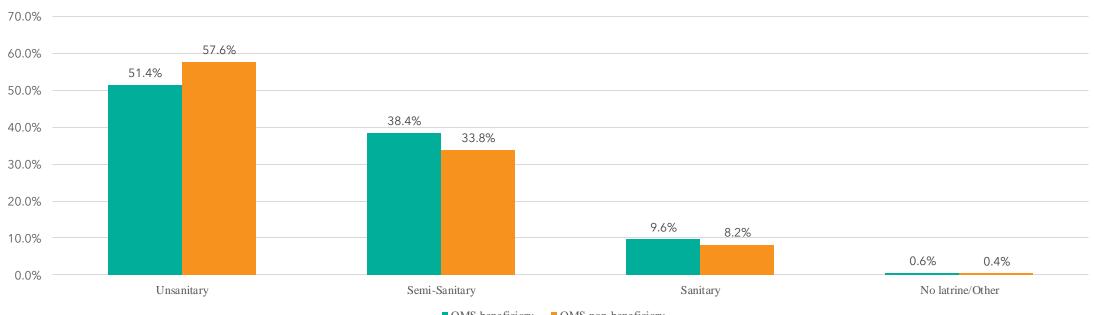
Results/Findings

Difference between OMS and market price

Commodity	OMS Price (Tk./kg)	Market Price (Tk./kg)	Difference (Tk/kg))
Rice Price (Tk./Kg)	30	46.24 (38-55)	16.24 (35% lower)
Atta Price (Tk./Kg)	24	43.33 (36-50)	19.66 (45% lower)



Comparative use of sanitary latrines by OMS beneficiaries & non-beneficiaries



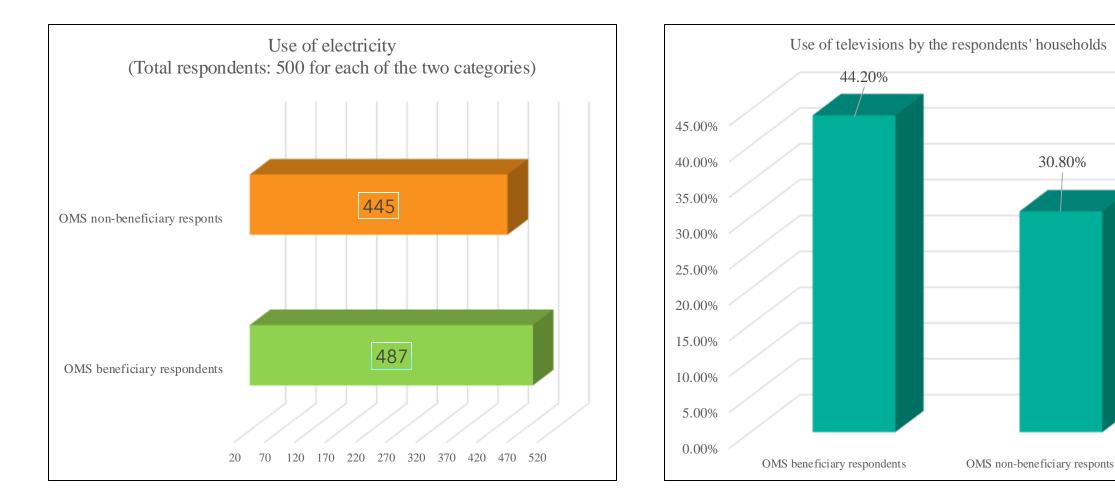
Comparative use of sanitary latrines

OMS beneficiary OMS non-beneficiary

30.80%

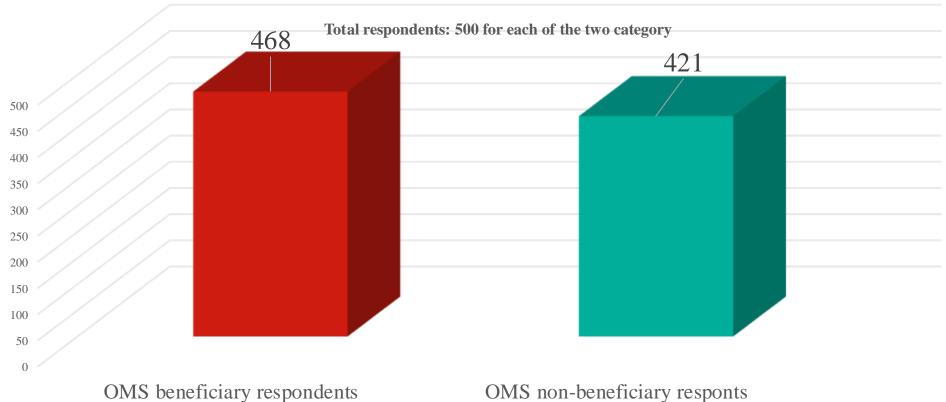
Comparative living standard and social services

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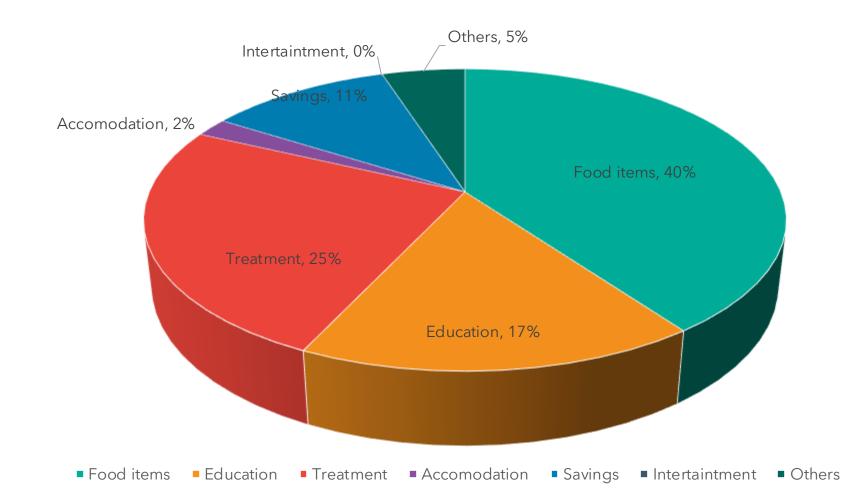
Comparative use of social services



The number of respondents using mobile phones

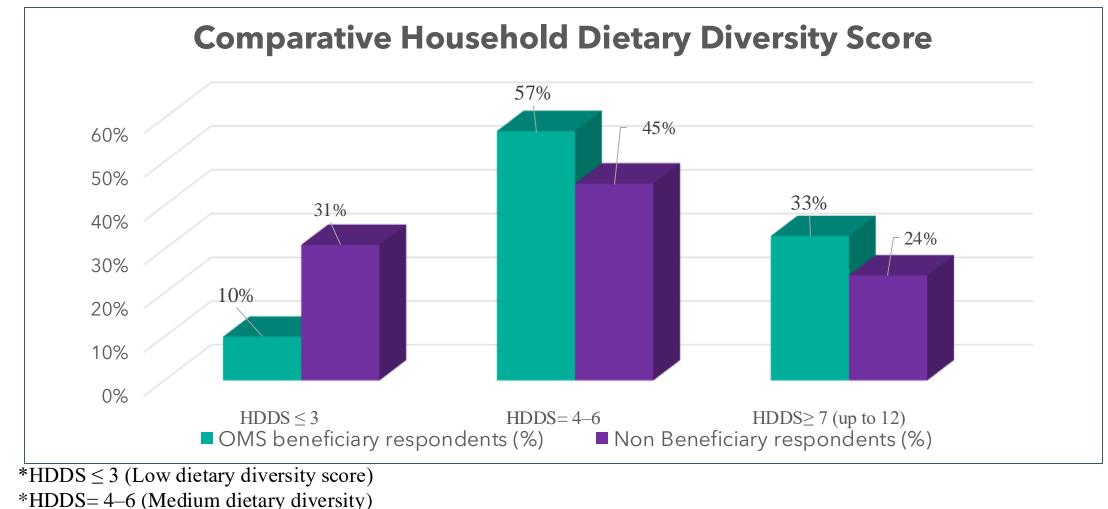


Percentage of Beneficiaries spend savings from OMS



Food and nutrition situation in terms of HDDS

D₄



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*HDDS \geq 7 (up to 12) (High dietary diversity)



Food and nutrition situation in terms of FCS

	FCS 0-28		FCS 28.5-42		42.5≤ FCS≤ 52		FCS≥ 52.5	
Respondent type	Respondent	Share	Respondent	Share	Respondent	Share	Respondent	Share
OMS beneficiaries	72	14%	295	59.0%	128	25.6%	5	1.0%
OMS Non-beneficiaries	149	30%	235	47%	116	23.2%	0	0.0%

*FCS 0-28 (Did not consume staples and vegetables on a daily basis (poor))
*FCS 28.5-42 (Borderline)
*42.5≤ FCS≤ 52 (Acceptable low)

*FCS 252.5 (Acceptable high)



Conclusion

The OMS beneficiaries receive foodgrain at the **incentive price**. It **increases their purchasing power** for accessing other nutritious foods. The **calculated Comparative** Food Consumption Score (**FCS**) and **HDDS** indicate that OMS beneficiaries are more **food and nutrition-secure** than the non-OMS beneficiaries.

Therefore, the **OMS program** supports improving the **food and nutrition security** of the OMS beneficiary households and thereby contributes to the **country's overall food security** situation.



Recommendation

- Fixed the OMS distribution time after office time or main working time of the laborer, for example, after 4.00 pm to 10.00 pm
- Card systems can be introducing to avoid long queue and wasting their time and to evade duplication
- **Biometric finger print** or smart system with receiver's face detecting to avoid duplication
- Packaging of food grains: Weight for loss & quality degrading
- Monitoring systems have to be strengthened. OMS points should be visited frequently by authorized officials
- The Senior officer's presence should be confirmed during foodgrain distribution times by sending live photos and short videos
- > Sending Atta to the OMS points directly from the Mill through government management
- > The OMS points should be given priority in the area where more working people are available
- > Pulses & cooking Oil can be added in the OMS
- Household size can be considered for distribution



Implications of the study

- The findings offer valuable **insights for policymakers** involved in the sectors
- To **understand the impact** of OMS programs for researchers and policymakers
- Help the policymakers to make efficient policy decisions on FNS through social safety net programs
- Improving the program by reducing the identified constraints
- Help the personnel associated with OMS operations to improve the services
- Contribute to conduct further in-depth research on impact of the OMS programme.



Thank You