The impact of nutrition-sensitive social cash transfers on diets, food security and nutrition in Ethiopia

Evaluation of MOLSA and UNICEF’s IN-SCT Pilot in SNNPR, Ethiopia

Daniel O. Gilligan, Alejandra Arrieta, Stephen Devereux, John Hoddinott, Dereje Kebede, Natasha Ledlie, Keetie Roelen, Alemayehu Seyoum Taffesse

Diets, Affordability and Policy in Ethiopia: From Evidence to Action

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Motivation

• Since 2005, PSNP addressed poverty and food insecurity
  – reduced the food gap by 1.3 months and increased livestock holdings by 1.4 TLU after 5 years (Berhane et al 2014)
  – increased boys’ school attendance and reduced hours worked with regular transfers (Hoddinott Gilligan Taffesse 2009)
  – increased agricultural input use when combined with OFSP/HABP (Berhane et al. 2012)
  – **no evidence of impact on child nutrition** (Berhane et al. 2017)

• In 2015, Productive Safety Net Programme (PSNP4) added
  – nutrition objectives
  – linkages to basic services for Public Works and Direct Support
  – Temporary Direct Support for pregnant and lactating women and mothers of malnourished children (no work)
IN-SCT was introduced in 2015 to support the 4th phase of the Productive Safety Net Program, with funding from UNICEF and Irish Aid.

Key features of IN-SCT around PSNP4

- Integrated package of multi-sectoral nutrition services
  - monthly nutrition counselling, antenatal care visits, post-natal care, child vaccinations, attendance to growth monitoring and promotion sessions, and regular check-ups of children;
  - utilisation of education and child protection services for PDS clients
- Social Workers to link Temporary Direct Support (TDS) to services
- Behavior Change Communication (BCC) sessions for:
  - TDS clients
  - male and female PW clients
Impact Evaluation of IN-SCT

- Mixed methods (quantitative and qualitative) evaluation.

- **Quantitative:**
  - baseline data collected April-June 2016
  - endline data collected August-September 2018
  - nearest neighbor **covariate matching** (panel) and **propensity score matching** (repeated cross section) are used to measure the impact of the program

- **Qualitative:**
  - baseline data collected through a structured key informant interviews conducted during March-April, 2016
  - midline and endline qualitative interviews conducted in March 2017 and March 2018 respectively
## Impact Evaluation Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Description</th>
<th>Treatment</th>
<th>Comparisons</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNNP1</td>
<td>Households with PLW* or children &lt;2 yrs. Repeated cross-section.</td>
<td>T = TDS IN-SCT clients</td>
<td>C1 = neighbors in the same IN-SCT kebele</td>
<td>T vs C1 = total impact of IN-SCT/PSNP</td>
</tr>
<tr>
<td>n=1920</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcomes: maternal and child nutrition</td>
<td></td>
<td>C2= PSNP clients in non-IN-SCT kebeles</td>
<td>T vs C2 = impact of IN-SCT over the PSNP</td>
</tr>
<tr>
<td>SNNP2</td>
<td>Households with children &lt;5 yrs. Household panel survey.</td>
<td>T=PW and PDS clients</td>
<td>C1 = neighbors in the same IN-SCT kebele</td>
<td>T vs C1 = total impact of IN-SCT/PSNP</td>
</tr>
<tr>
<td>n=1200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcomes: household food security, assets, wellbeing</td>
<td></td>
<td>C2= PSNP clients in non-IN-SCT kebeles</td>
<td>T vs C2 = impact of IN-SCT over the PSNP</td>
</tr>
</tbody>
</table>

*PLW = pregnant or lactating women
## Summary of Impact Results

<table>
<thead>
<tr>
<th>Outcome area</th>
<th>IN-SCT vs PNSP</th>
<th>IN-SCT vs No program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary diversity</td>
<td>++</td>
<td>0</td>
</tr>
<tr>
<td>Food security</td>
<td>+</td>
<td>0</td>
</tr>
<tr>
<td>Food consumption</td>
<td>0/—</td>
<td>0</td>
</tr>
<tr>
<td>Food consumption patterns</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Nutrition knowledge</td>
<td>+</td>
<td>0</td>
</tr>
<tr>
<td>Assets</td>
<td>+++</td>
<td>0</td>
</tr>
<tr>
<td>Child school attendance</td>
<td>+</td>
<td>0</td>
</tr>
<tr>
<td>Child labor</td>
<td>—</td>
<td>0</td>
</tr>
<tr>
<td>Child wasted or stunted</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Child has a health card</td>
<td>— —</td>
<td>— —</td>
</tr>
<tr>
<td>Child feeding practices</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Breastfeeding – initiation</td>
<td>+</td>
<td>0</td>
</tr>
<tr>
<td>Mother - antenatal care</td>
<td>+</td>
<td>0</td>
</tr>
</tbody>
</table>
IN-SCT vs. PSNP
Dietary diversity and food security

Figure 1: Impact of IN-SCT vs. PSNP alone on food security

Relative to PSNP alone:

- **IN-SCT increased** the household dietary diversity score (out of 12 food groups)
- **IN-SCT increased** minimum dietary diversity for women
- **IN-SCT reduced** the food gap
IN-SCT vs. PSNP
Household assets

Figure 2: Impact of IN-SCT vs. PSNP alone on asset holdings

Relative to PSNP alone:

- **IN-SCT increased asset holdings** for:
  - livestock
  - productive assets
  - total assets
- **IN-SCT decreased consumer durables**
- **IN-SCT reduced** the probability of being in the poorest asset quartile
IN-SCT vs. PSNP
School attendance

Figure 3: Impact of IN-SCT vs. PSNP alone on schooling

Relative to PSNP alone:

- **IN-SCT increased** the number of days schools were open
- **IN-SCT increased** (weakly) the number of days children attended
Summary of results

• Social workers improved utilization of health services and schooling

• Comparing IN-SCT to PSNP alone, results are mixed
  – positive effects: diets, food security, assets, knowledge
  – negative effects: food consumption; child health card

• Comparing IN-SCT to nonbeneficiaries shows no impacts
  – positive spillover effects to neighbors
  – remaining bias from matching model
Recommendations

1. Strengthen IN-SCT components that improve children’s diets and nutrition

2. Emphasize maternal nutrition knowledge

3. Reform the recruitment and training of social workers

4. Increase the size of the PSNP4 transfers