Cash Transfers and Child Nutrition: what we know and what we need to know

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Not a systematic review, but covers many programmes and countries

What do we know

Underlying determinants

<table>
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<tr>
<th>Food security</th>
<th>Evidence</th>
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<tr>
<td>Household consumption</td>
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<tr>
<td>Household diet diversity</td>
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<tr>
<td>Household food security</td>
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Examples:
- Kenya, Malawi, South Africa, Zambia
- Brazil, Colombia, Ecuador, Mexico and Nicaragua
Heterogeneity of impacts
- Size of transfer
- Young children
- Targeting
- Supply side
- Duration of programme exposure
- Irregular implementation

Unintended consequences of CTs
- Women's time burden and traditional roles (in CCTs)
- Intra-household dynamics
- Perverse incentives
- Reduction of labour supply
- Negative spillovers

Conclusion: What do we need to know?
- Pathways of impact and non-impact are unclear
- Much of the evidence on health is from conditional programmes
- Key indicators of interest:
  - Children's diet diversity
  - Caregiver's behavior towards infants
  - Intimate partner violence
  - Stress

What is LEAP 1000?
- Expanding CTs to a new group:
  - Approx. 75% of children in UER and 54% in NR are poor;
  - 70% of stunting occurs in the first '1000' days of a child's life (2 years old);
- LEAP 1000 provides CT to 6200 poor Households with pregnant women and children under 1 year;

LEAP 1000: Incubator Experience
- Use experiences to improve mainstream LEAP:
  - New category for LEAP: DONE!
  - Use of innovative data collection methods
  - Improve targeting operations
  - Improve payment methods
  - Generate knowledge and understanding of CT's and child health in Ghana
Innovations from LEAP 1000:

- Use of tablet technology for data collection
- Mobile targeting units
- E-payment
- Research and Evaluation

Tablet Technology: Data Flow

Mobile Application

- Digitalized PMT questionnaire on tablets
- Programmed tablet to ensure certain questions needed for PMT scoring were mandatory
- Held trainings for enumerators on the tablet, survey application, and LEAP 1000
- Conducted a pilot testing in Kumbungu district (NR) to help test materials, enumeration structures, etc.
- Continuous consultations and feedback processes to improve data collection platform, and QA mechanisms

Mobile Targeting Units:

- Each MTU is composed of 2 enumerators and 1 tablet - supported by CFP
- At least 1 enumerator/team is from Northern regions to help in language barriers
  - Interpreters hired on ad hoc basis, when needed
- Promotes demand-driven self-selection

Mobile Targeting Units

- Initially, MTUs were to stay in communities for 4 days on average:
- But, depending on size of community, MTUs spent 2-7 days per community;
- Sometimes, teams would move to support other teams in larger communities

E-payments

- In 2013, E-payment was piloted in 9 LEAP districts;
- 2014 Assessment concluded roll-out of e-payments nation-wide;
- EOI for e-PSPs advertised recently;
- All 10 LEAP 1000 districts will be in the Phase 1 roll-out, expected towards the end of 2015
Research and Evaluation

- Collaboration with Office of Research on CT and social protection research (together with Canada funds)
- Evaluation approach (RDD) to determine the extent CT influence child nutrition (Qual and Qual longitudinal)
- ‘Visual’ Evaluation
- Linking CT to broader Social Protection research agenda

Tweets to retweet: what is LEAP 1000 about?

- LEAP 1000 is about 6200hhs in 10 districts
- LEAP 1000 is about expanding mainstream LEAP
- LEAP 1000 is about improving the effectiveness & efficiency of the mainstream LEAP
- LEAP 1000 is about generating evidence on global knowledge gaps as well changing perception on the role of CT, nutrition and development