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# Adapting social assistance programs to address malnutrition in all its forms in Asia and the Pacific

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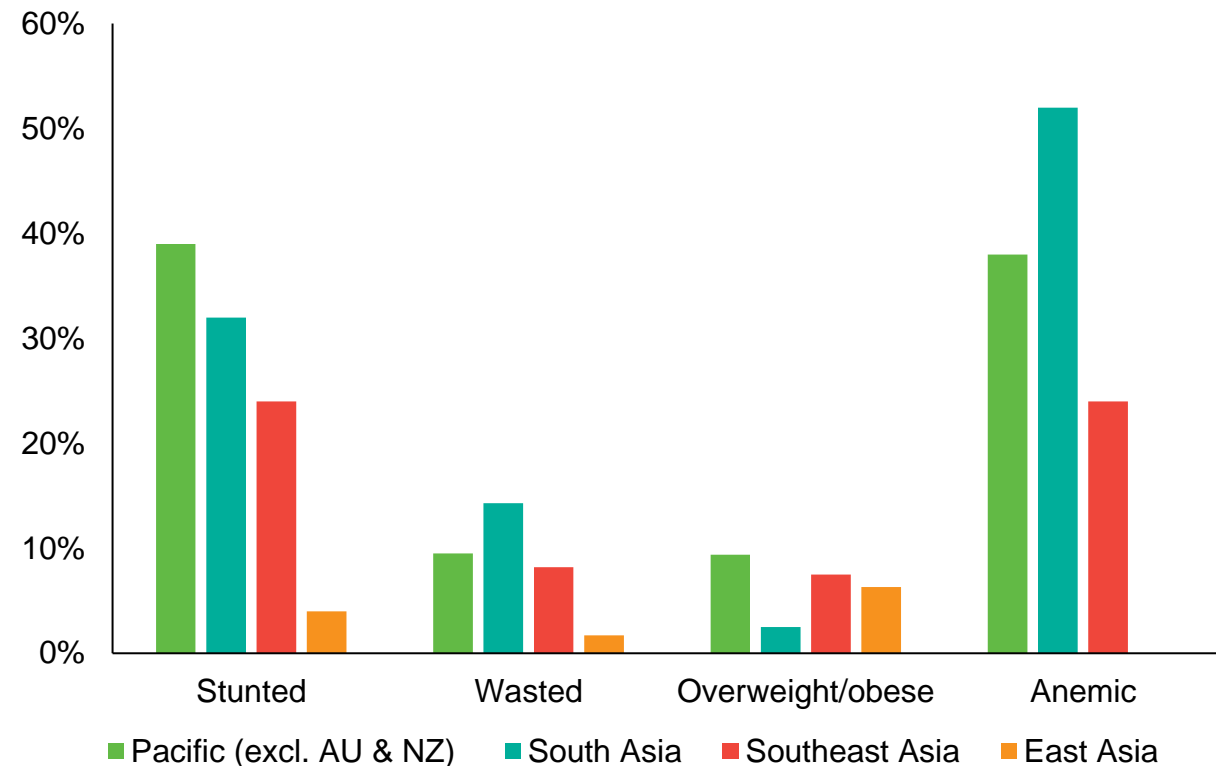
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# Malnutrition in all its forms in Asia and the Pacific

- In Asia and the Pacific
  - >350 million people are undernourished
  - ~ 1 billion are overweight/obese
- All forms of malnutrition have likely been exacerbated by the COVID-19 pandemic
  - For example, moderate or severe wasting is estimated to increase by 14.3% among children <5 y; 57.6% of this in Asia<sup>1</sup>

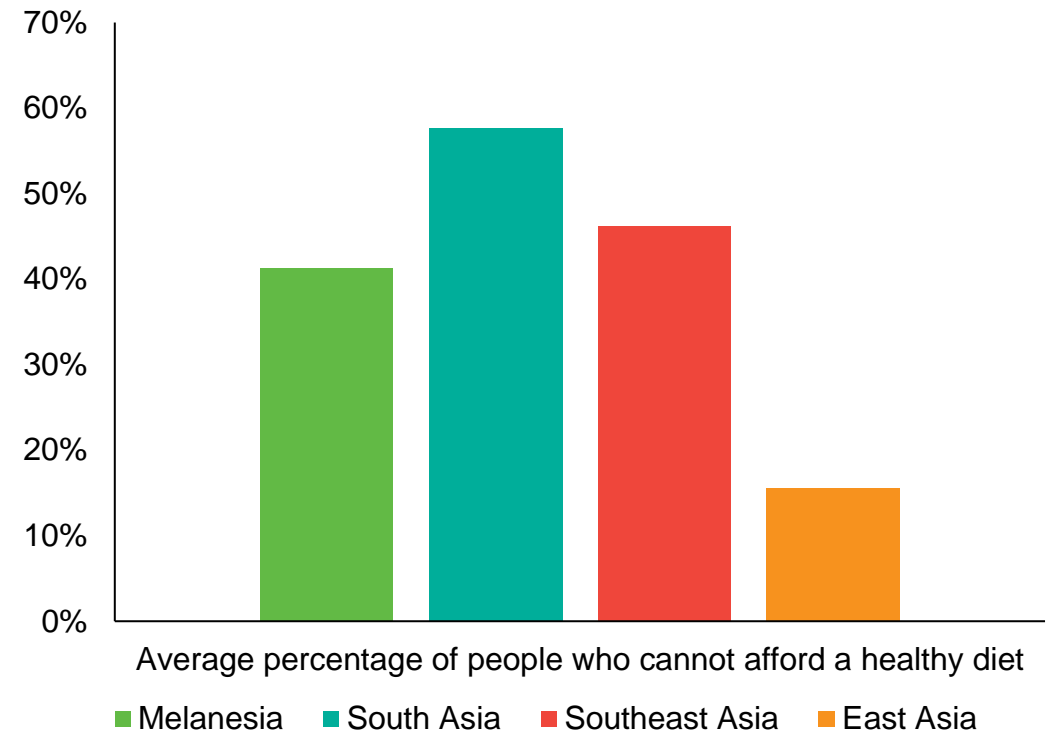
Prevalence of malnutrition in among children < 5 y in Asia and the Pacific by sub-region<sup>2,3</sup>



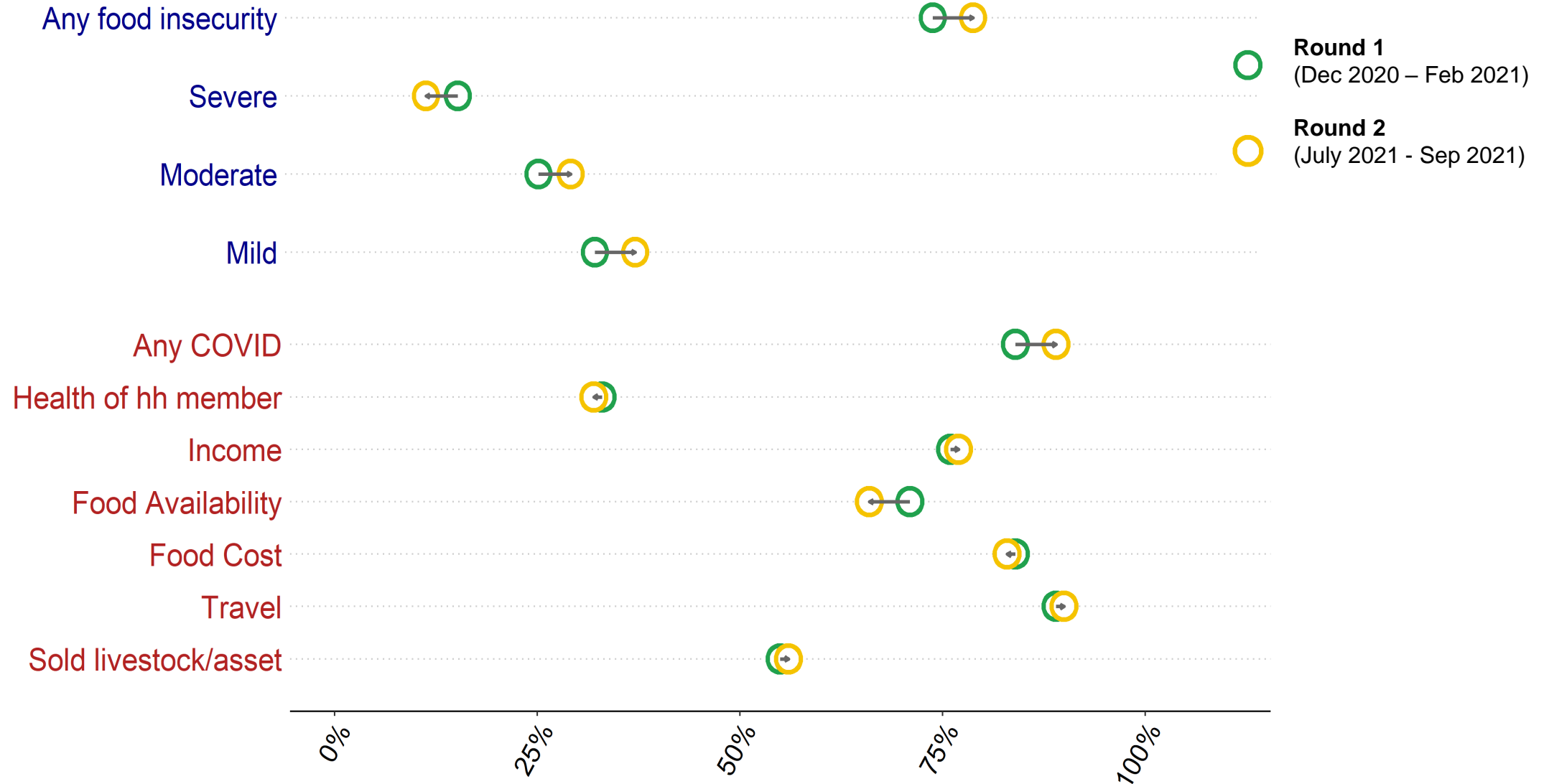
# Poor quality diets as a primary driver of malnutrition

- Poor quality diets are a primary cause of all forms of malnutrition and the leading cause of disease worldwide<sup>4</sup>
- Nearly 2 billion in Asia and the Pacific cannot afford a healthy diet<sup>2</sup>
- The COVID-19 pandemic has likely increased this number substantially. For example, estimates indicate that<sup>1</sup>:
  - An additional 140 million people will be living in extreme poverty (<\$1.90 per day)
  - 50% increase in acute food insecurity in LMICs

Average percentage of people who cannot afford a healthy diet by sub-region in Asia and the Pacific<sup>5</sup>



# Food insecurity and perceived impacts of COVID-19 among smallholder farmers in Sri Lanka



# Multisectoral strategies to improve diets and reduce all forms of malnutrition (1)

- In 2013, in the Lancet Nutrition Series, highlighted the need to make large-scale programs across multiple sectors nutrition-sensitive to address the underlying causes of malnutrition<sup>6</sup>
- In 2020, a paper in the Food and Nutrition Bulletin highlighted seven opportunities for improving impact of programs on diet and nutrition outcomes<sup>7</sup>
- In 2021, a report on the food and nutrition situation in Asia<sup>2</sup> calls for integrating actions across the health, WASH, education, agriculture and social protection sectors to improve diets and reduce all forms of malnutrition



## Nutrition-sensitive opportunities

**Target nutritionally vulnerable groups**

**Add or link to nutritionally-relevant complementary activities**

**Adequate quantity and nutritional quality of the transfer**

**Make transfers conditional**

**Nutritionally-relevant assets**

**Align with national nutrition action plans**

**Apply a gender and protection lens**

# Multisectoral strategies to improve diets and reduce all forms of malnutrition (2)

- In 2020, a paper in the Lancet highlighted five actions for safeguarding children's right to nutrition during the pandemic – with two dealing specifically with social protection programs<sup>8</sup>
  - Safeguard and promote access to nutritious, safe, and affordable diets
  - Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
  - Re-activate and scale up services for the early detection and treatment of child wasting
  - Maintain the provision of nutritious and safe school meals for vulnerable children
  - Expand social protection to safeguard access to nutritious diets and essential services

## Social protection as a strategy to improve diets and combat all forms of malnutrition

- LMICs spend 1.5% of GDP on social safety net programs such as cash, in-kind transfers, and school meals, and this tripled between 2000-2016
- Social assistance programs (SAPs), which are a subset of social protection programs, are primarily designed to support the incomes and resilience of the poor
- In recent years, interest in leveraging SAPs to improve nutrition and health outcomes by making them nutrition-sensitive has increased
- While most SAPs seek to increase food security – this has not often translated into improvements in nutrition
- Thus, how best to make SAPs work for nutrition, in what contexts and for which populations remains an open question

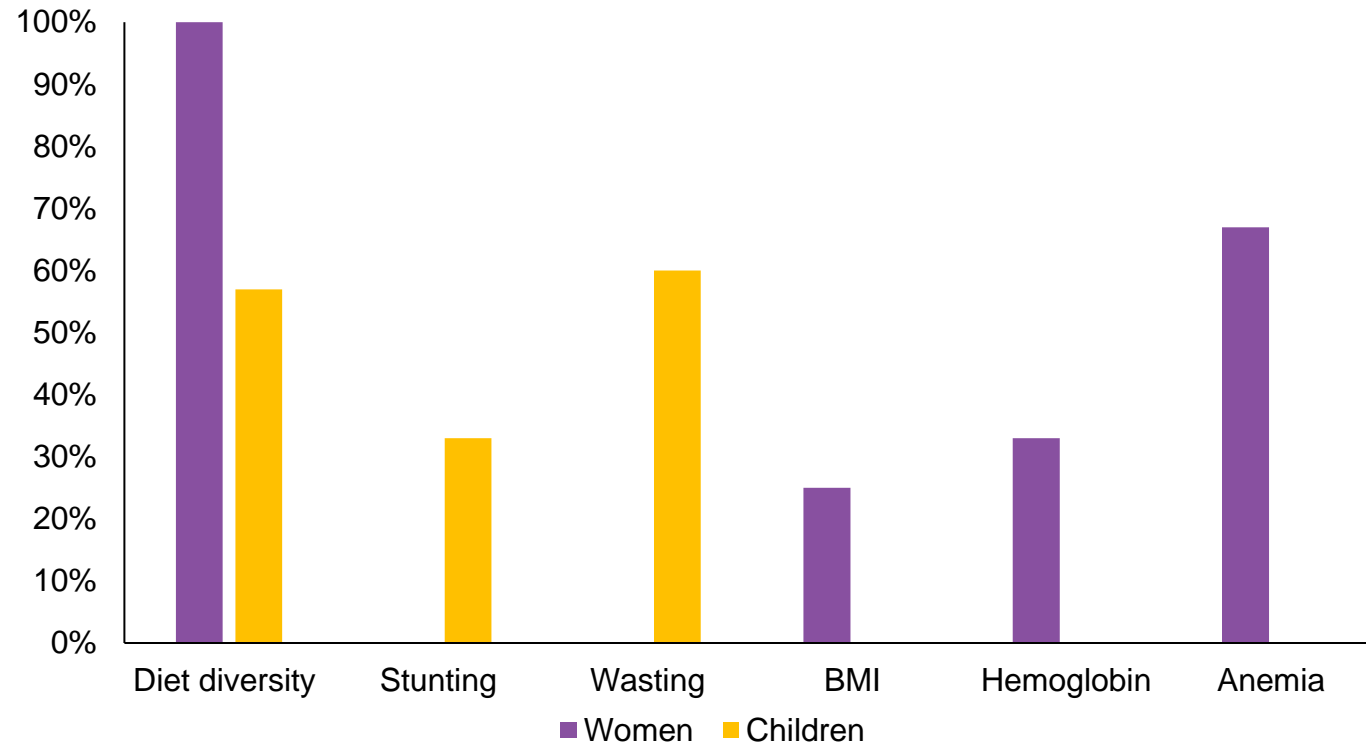
# Review of the effectiveness of SAPs for improving diet and nutrition outcomes among women and children<sup>9</sup>

- Assessed outcomes for men, women and children
- Diet-related outcomes:
  - Dietary diversity
  - Micronutrient intake
  - Intake of micronutrient-rich foods
- Nutritional status outcomes:
  - Anthropometry (HAZ, stunting, WHZ, wasting, BMI, underweight (among adults), overweight, MUAC)
  - Anemia
  - Micronutrient status
- To summarize impacts we pooled results by program and outcome type and considered the impacts for each individual treatment arm as the unit of analysis



# Summary results: Cash transfers

Proportion of study arms that included a cash transfer with a positive impact on diet and nutrition outcomes



## ■ Women

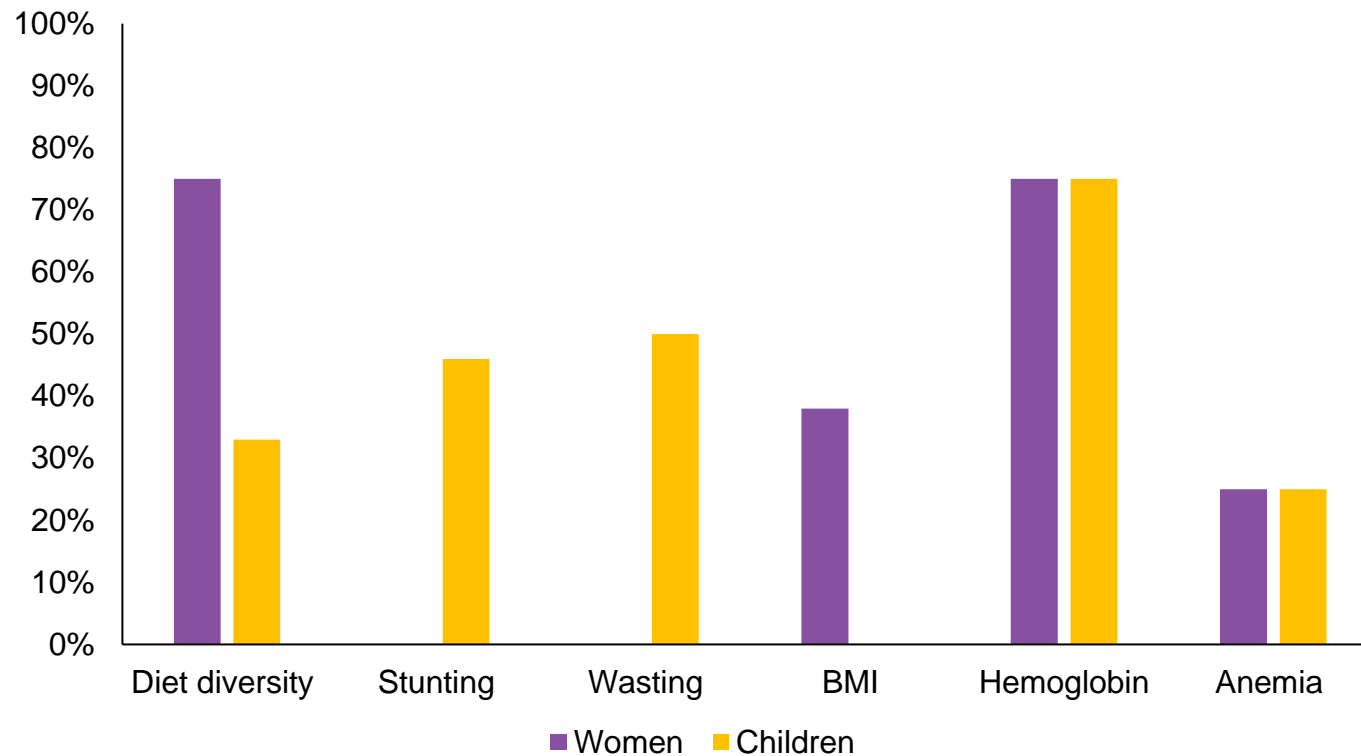
- Impacts on diets and anemia assessed in 3 study arms, and BMI in 4 study arms

## ■ Children

- Impacts on diet diversity assessed in 7 study arms, anemia in 4, stunting in 15 and wasting in 5
- Only 1 study assessed impact on micronutrient status and found no impact

# Summary results: In-kind transfers

Proportion of study arms that included an in-kind transfer with a positive impact on diet and nutrition outcomes



## ■ Women

- Impacts on diet diversity in 5 study arms, anemia assessed in 3 study arms and BMI in 8 study arms

## ■ Children

- Impacts on diet diversity assessed in 12 study arms, anemia in 4, stunting in 11 and wasting in 4

# Summary results: Vouchers

## ▪ Women (n=2)

- Positive impact in one study each on:
  - Vitamin A
  - Anemia
  - BMI
- Negative impact on anemia in one study

## ▪ Children (n=3)

- Positive impacts on:
  - Stunting in one of two studies
  - Vitamin A, B-12 and folate status in one study
- No impacts on:
  - Wasting (n=2)
  - Anemia (n=2)

# Summary results: School meals

## ▪ Children

- Positive impacts on:
  - Anemia
  - Micronutrient status
  - Cognitive outcomes
- Negative impacts:
  - Increased prevalence of hookworm infection with the provision of fortified rice (with all 3 levels of iron and zinc) where hookworm infection prevalence was  $> 15\%$ . Where prevalence was  $< 15\%$  only the highest level of fortification resulted in an increase in hookworm infections.

# What does it take to make SAPs work for nutrition?

- **Targeting women and children** increases likelihood of positive impacts on an array of diet and nutrition outcomes.
- **Ensuring adequate quantity, quality and duration of transfers** (all kinds)
  - However, depending on context, **need to consider addressing all forms of malnutrition.**
- **High quality nutrition, health and hygiene BCC** activities may increase impacts, but findings are inconsistent, likely due to variability in quality, frequency, duration, etc.
  - Recent evidence suggests multichannel strategies are needed.
- **School meals can be effective for supporting the education, health and nutrition of school-age children** – particularly for more disadvantaged children.
- Improvements in nutrition, health and cognitive outcomes, especially among girls, can also have intergenerational effects
- However, to achieve impacts, programs need to be well designed, implemented, targeted and taken up

# What more do we need to know to better leverage SAPs for achieving diet and nutrition outcomes?

- **Target groups**

- Effectiveness of programs targeting pre-schoolers and adolescents

- **Outcomes**

- Impact of SAPs on MN status and overweight
- Effectiveness of HGSF programs for increasing the income of smallholder farmers.

- **Program types**

- Effectiveness of public works, resilience and graduation programs to improve nutrition outcomes.

- **Program components**

- Understanding the “effective dose” of BCC and whether it requires periodic reinforcements and/or multiple channels
- How to design SAPs to address undernutrition and overweight/obesity simultaneously (trade-offs in transfer type and size)

# Conclusions

- Malnutrition is pervasive in Asia and the Pacific and gains in the last decade are threatened by the impacts of COVID-19
- Multisectoral strategies, including nutrition-sensitive SAPs are needed to combat all forms of malnutrition
- Yet, there is still much to learn about how to best design, target and scale SAPs for achieving the necessary improvements in diet and nutrition outcomes
- Program-research partnerships should be leveraged to fill key evidence gaps to expand the impact of SAPs beyond food security and short-term income gaps and ultimately to increase their cost-effectiveness



Thank you!



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