







BRIEFING PAPER

Conditional Cash Transfers in South West Bangladesh: Nutrition **Outcomes for Target Populations**

> Nobo Jatra - New Beginning USAID's Development Food Security Activity

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Introduction

Till date, Nobo Jatra has reached 21, 857 pregnant and lactating women in south west Bangladesh, living below the lower poverty threshold, with a 15 month consecutive cash transfer of BDT 2,200 (\$USD 27.5). The overall Theory of Change for the Conditional Cash Transfers is that increased purchasing power and prioritization of nutritious foods will lead to increased food consumption and diversity in the household thus improving nutrition outcomes in women and children. By design, the Conditional Cash Transfers take a nuanced approach involving multiple stakeholders within the Nobo Jatra consortia (World Vision Bangladesh, World Food Programme), a local partner NGO and external service providers (financial service provider bKash and mobile phone operator Bangla Link). The actual cash transfers are transferred digitally to an e wallet linked to a mobile phone SIM – thus increasing women's longer term financial inclusion beyond the project. A unique aspect of the cash transfers is that they are supplemented with rigorous and innovative forms of Social Behavior Change (SBC) such as audio COEL bangles¹, mobile phone based health messages², courtyard sessions, household visits and integrated WASH and nutrition messaging. Post Distribution Monitoring (PDM) data shows that 90% of recipients use the cash to purchase nutritious foods, 87% are able to decide how to utilize the cash and 78% are receiving ante natal services four times during their pregnancy. Equally, a 2019 qualitative study³ conducted by Action Against Hunger UK, found that:

- Cash transfers result in better nutrition in the short term: Increased spending power supplements key food security needs for vulnerable mothers and children. The conditional cash transfers resulted in increased food consumption and increased dietary diversity during the key stages of a child's early development.
- Integration of social and behavioral change communication is key: Staff and participants attributed the training and awareness-raising sessions to many of the changes to their diet, as well as to improved hygiene practices. At the same time, cash incentivizes attendance at SBC sessions and also ensures that participants have the money to put advice into practice (such as buying protein-rich foods, which are expensive).

Context of south west Bangladesh

One third of adolescent girls in Bangladesh suffer from anemia and micronutrient deficiency, 36% are underweight, leading to a low birth weight in 22% new born children⁴. The 2012-2013 Multiple Indicator Cluster Survey (MICS) highlights, 34.4% of children under 5 in Khulna are moderately stunted, while 11.3% are severely stunted.⁵ Health and nutrition indicators in this region are reflective of these challenges, with data from the Nobo Jatra baseline also confirming this reality. Further compounding the scenario are social and cultural norms, particularly in the rural south west coastal region of Bangladesh, that dictate household food distribution, with women including pregnant women eating less and last⁶. Given this harsh reality, women's ability to seek healthcare for themselves and their children is further compromised⁷.

Prevalence of stunted Cu5: 26.8%

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Prevalence of exclusive breastfeed children under 6 month sof age: 29.2%

Figure 1: Nobo Jatra baseline data

¹ http://www.tsi.com.bd/products/coel/

² http://www.aponjon.com.bd/mama_inner

³ How cash based approaches affect nutrition outcomes for target populations: Lessons Learned from World Vision in Bangladesh and South Sudan, May 2019, Against Hunger UK

⁴ USAID Bangladesh Food Security Country Framework, 2015-2019

⁵ Progotir Pathey, Multiple Indicator Cluster Survey 2012-2013, Key Findings. Bangladesh Bureau of Statistics and UNICEF Bangladesh, 2014.

⁶ Understanding Nutrition: A participatory film from Satkhira District, Bangladesh, REACH Partnership, 2014

⁷ 2011 BDHS, January 2013

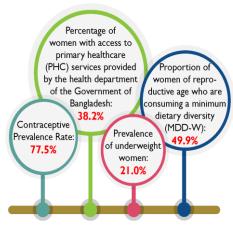


Figure 2: Nobo Jatra baseline data

Women and children in southwest Bangladesh are particularly vulnerable, where issues in maternal and child health and nutrition are exacerbated by poor Water, Sanitation and Hygiene (WASH) conditions and climatic adversity. Compounded by frequent natural disasters and rising salinity, the consequences of climate change diminish productive capacity in agriculture, limit alternative livelihood opportunities and restrict the affordability of nutritious diets, leading to a high incidence of diarrheal diseases and dehydration. Mean age of marriage in south west Bangladesh for women aged 15-49 stands at 15.2 - lower than the national average of 16.1 years – with the mean age at first pregnancy standing at 16.9.8

Nobo Jatra Conditional Cash Transfers

In response to ground realities and as part of interventions designed to increase equitable nutritious food intake, Nobo Jatra addresses chronic malnutrition through

increasing access to food by targeting pregnant and lactating women with Conditional Cash Transfers (CCTs). Designed as a nutrition safety net to meet immediate nutritional needs, the CCTs are also intended to improve nutritional intake and access, in the long term. More specifically, Nobo Jatra provides a 15 month consecutive cash transfer of BDT 2,200 (\$USD 27.5) to 23,600 poor and extreme poor pregnant and lactating women with chronic food insecurity living under the lower poverty threshold.

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Figure 3: Nutritional safety net Conditional Cash Transfers Overview

The Nobo Jatra CCTs function as a nutrition safety net and have been designed to complement and build on; i) existing Government of Bangladesh policies and programs, and ii) the success of previous USAID gains through the Transfer Modality Research Initiative (TMRI)⁹ in Bangladesh.

Clear requisites, as articulated at the project design stage, to be enrolled in the cash transfers and receive a project sponsored SIM, include a viable pregnancy as attested by a local Government health facility (community clinic, Union Health and Family Planning Centre, Upazila Health Complex) with actual cash transfers contingent upon participation in nutrition education (SBC, receiving mobile phone health messages, audio COEL bangles), attendance at Growth Monitoring Promotion visits and Ante Natal Care visits. The mobile messaging aims to provide similar communication without further overburdening health workers on a platform that could be accessed after the project ends and is linked to the projects overall sustainability and exit strategy.

To effectively influence the nutritional status of the most vulnerable pregnant women and children, the CCT aligns with the I,000 day approach and covers the period from the second trimester of the pregnancy until the child is 9 months of age. This I5 month window for the cash transfers coincides with the second and third trimester of pregnancy till the child is of 9 months of age to cover the most critical transition period from exclusive breast feeding to the intake of a combination of breast milk and complementary foods.

SBC **Growth Monitoring Sessions**

⁸ Nobo Jatra Baseline

⁹ Creating an Evidence Base for Safety Net policy Reform; Implementing the Transfer Modality Research, WFP

To reduce maternal and child under nutrition, Nobo Jatra strategically prioritizes the provision of community-based nutrition services through existing Government structures such as community clinics and services such as Growth Monitoring and Promotion. In order to achieve this objective, community clinics and Expanded Program on Immunization (EPI) centers are the main service delivery points for integrated nutrition services such as Growth Monitoring and Promotion (GMP), a key prerogative for both the Government of Bangladesh and Nobo Jatra.



Mobile Phone Health Messages

To supplement the cash transfers and support wide scale behavior change through innovative forms of SBC, Nobo Jatra uses mobile messages as an important channel to disseminate health messages to pregnant and lactating women and influential gatekeepers such as husbands/mothers-in-law.

Audio Bangles

Parallel to mobile messages, Nobo Jatra also initiated a pilot with 1,000 COEL bangles – an alternative, low cost wearable device for pregnant and lactating women that disseminates

audible maternal health messages tailored to the gestation cycle of the pregnancy or age of the child.

Household Visits

Nobo Jatra front line staff (Community Nutrition Facilitator and Community WASH Promoters) make household visits to consistently follow up and counsel households, including influential gate keepers such as husbands, mothers and mother in laws, on health and nutrition behaviors aligned to the 1,000 day approach. A number of tools are used including preinstalled videos on Tablets, counselling cards, flipcharts, food measurement bowls and plates and Infant and Young Child Feeding brochures. Household counselling are also a mechanism to follow up on child development through Growth Monitoring and Promotion (GMP) cards that chart child growth, alert households to the next date of GMP sessions, courtyard sessions, monitor if pregnant and lactating women are receiving mobile phone based Mama messages and receiving messages and following the advice transmitted through the COEL bangle.



Courtyard Sessions

Courtyard sessions are a critical entry point at the community level to continuously reaffirm health and nutrition messages to pregnant and lactating women (including but not limited to Conditional Cash Transfer participants and lead mothers) and influential gatekeepers such as husbands and mother in laws. Led by Nobo Jatra's frontline extension volunteers known as Community Nutrition Facilitators, sessions are designed to focus on a number of themes including Ante Natal Care, WASH messaging, breast feeding and complementary feeding through cooking and feeding demonstrations.

Integrated WASH and Nutrition Messaging

To better affect nutrition outcomes, Nobo Jatra implements an integrated WASH and Nutrition Social Behavior Change module covering I) baby WASH, 2) hand washing with a cost effective liquid soap solution, 3) safe drinking water, 4) water treatment 5) waste and fecal management, 5) maintenance and cleaning of sanitary latrines, and 6) targeted messaging on exclusive breastfeeding, pre and post-natal care and positive nutrition practices.

Nutrition Awareness Events

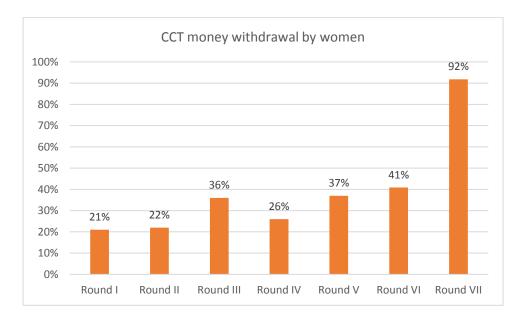
To further reinforce SBCC messages to a wider audience and promote secondary adoption of positive hygiene practices, a number of international days (Global Hand Washing Day, National Sanitation Month, World Toilet Day, and World Water Day) were celebrated in partnership with local administration, local government institutions, Department of Public Health Engineering and local stakeholders including the private sector.

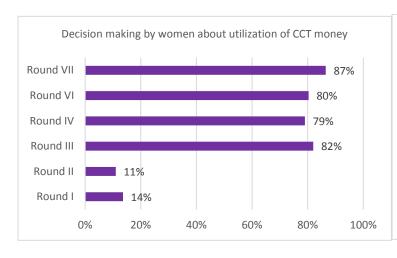


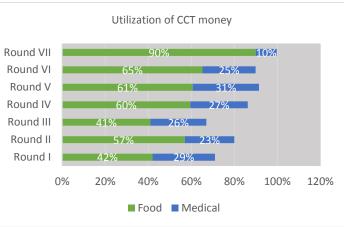
Post Distribution Monitoring

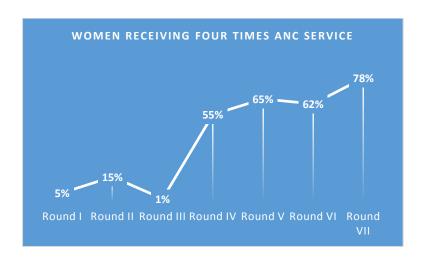
A number of affirmative results were captured through quarterly Post Distribution Monitoring (PDM) surveys namely highlighting that:

- An increased trend of women withdrawing cash transfers from local bKash agents indicating greater mobility and access to resources.
- Steady increase in the utilization of cash transfers to purchase nutritious foods and medicines.
- Increased decision making of women when it comes to cash utilization.
- Accessing Ante Natal care services during pregnancy.









The results related to accessing Primary Health Care Services through ANC and PNC visits were also a positive indicator of improved health seeking behavior given that Nobo Jatra baseline data indicated that approximately 5% of women sought these services. In summary, early results reaffirm that e money CCTs offer tremendous potential to enable cash transfers at scale and foster longer term financial inclusion for women.

Website: http://www.wvb-nobojatra.org/