



Impacts of the Malawi social cash transfer program on household food and nutrition security

Kristen Brugh^{a,*}, Gustavo Angeles^b, Peter Mvula^c, Maxton Tsoka^c, Sudhanshu Handa^{d,e}

^a Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Campus Box 7445, UNC-Chapel Hill, NC 27599, United States

^b Department of Maternal and Child Health and Carolina Population Center, University of North Carolina at Chapel Hill, MEASURE Evaluation - Carolina Population Center, 400 Meadowmont Village Circle, 3rd floor, Chapel Hill, NC 27517, United States

^c Center for Social Research, University of Malawi, Zomba, Malawi

^d UNICEF Office of Research, Piazza SS Annunziata 12, Florence 50122, Italy

^e Department of Public Policy and Carolina Population Center, University of North Carolina at Chapel Hill, Campus Box 3435, UNC-Chapel Hill, NC 27599, United States

A B S T R A C T

This study uses panel data for 3290 households to analyze the effect of an unconditional cash transfer on food and nutrition security among ultra-poor and vulnerable households. Study data are from an impact evaluation of the Government of Malawi's Social Cash Transfer Program, a cluster-randomized control trial that employs both random selection and random assignment. We use the difference-in-differences specification to estimate average treatment effects of the program on three components of food and nutrition security – current economic vulnerability, diet quantity, and diet quality. Results show protective program impacts during the lean season on diet quantity as beneficiary households are 11 percentage points more likely to consume multiple meals per day than control households ($p < .001$), have a higher level of apparent caloric availability (267.49 kcal, $p < .05$), are 10 percentage points less likely to be food-energy deficient ($p < .05$), and have a reduced hunger depth (111.11 kcal, $p < .05$). However, study findings indicate that after one year of program exposure beneficiary households have experienced little improvement in diet quality or current economic vulnerability to food insecurity. Clear policy and program implications emerge related to the purchasing power of the cash transfer, particularly during the lean season, and the importance of integrated social protection initiatives.

1. Introduction

While substantial progress has been made in reducing poverty and hunger in recent decades, substantial problems persist. Globally, nearly one billion people continue to live in extreme poverty and 11 percent of the global population is undernourished. Two billion people experience “hidden hunger”, or micronutrient deficiency (Fan and Brzeska, 2014; World Health Organization, 2015), and 749 are estimated to be calorie deficient (FAO, 2015). As most of the world's regions have experienced declining poverty and undernutrition rates, sub-Saharan Africa (SSA) has seen little progress. Half of the population in SSA is extremely poor, and just under one in four people is undernourished. Sub-Saharan Africa has the highest regional prevalence of undernourishment, and the number of undernourished actually increased by 44 million between 1990 and 2015 (FAO, IFAD, WFP, 2015). The poor are particularly vulnerable to hunger and food insecurity because they often live

just above or at subsistence levels, where even small shocks will move them closer toward destitution (HLPE, 2012). When confronted with difficulties in purchasing food, poor households result to coping strategies which can be harmful and further exacerbate the cycle of poverty and poor nutrition (FAO, 2015).

Social protection strategies are increasingly being employed to reduce household vulnerability to extreme poverty and to strengthen food and nutrition security (FNS). This paper focuses on the case of a social transfer in Malawi, a country plagued by persistent poverty and undernutrition. This study describes the impact of the Government of Malawi's Social Cash Transfer Program (SCTP) on household FNS among ultra-poor and vulnerable households. Using experimental panel data, we add to the emerging social transfer evidence base by investigating protective effects of an unconditional cash transfer on three critical components of FNS – current economic vulnerability, diet quantity, and diet quality. We provide current, actionable evidence

* Corresponding author.

E-mail addresses: knbrugh@gmail.com (K. Brugh), gustavo_angeles@unc.edu (G. Angeles), petermvula58@yahoo.com (P. Mvula), tsokamax@gmail.com (M. Tsoka), shanda@email.unc.edu (S. Handa).

<https://doi.org/10.1016/j.foodpol.2017.11.002>

Received 3 November 2016; Received in revised form 24 October 2017; Accepted 8 November 2017
0306-9192/ © 2017 Published by Elsevier Ltd.

about a government-run program as it goes to scale and use multi-dimensional FNS indicators to fill the evidence gap around cash transfers and comprehensive FNS. The Malawi SCTP has common targeting and benefit designs similar to other cash transfer programs in SSA, which is important for the external validity of our results.

2. Background and theoretical framework

We employ a comprehensive definition of FNS in this paper. The food security terminology currently in use was adopted from the 1996 World Food Summit to highlight the multiple facets of food security and to establish the four pillars of food security: availability, accessibility, utilization, and stability (WFS, 1997). The FAO defines *food security* as existing when “... all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (WFS, 1997). Since that time, the concept has evolved from the recognition that nutrition is an intrinsic component of food security and that a nutritionally adequate diet is required for *nutrition security* (Pangaribowo et al., 2013; Frankenberger et al., 1997). Accordingly, the combined term *food and nutrition security* has become the common language used by prominent international agencies, including the United Nations High Level Task Force on Global Food Security, FAO, and UNICEF.

Given the complexity and multidimensionality of the concept, a range of indicators are typically employed to characterize FNS (Pangaribowo et al., 2013; Pieters et al., 2012). Food security indicators reflect diet quantity, whereas nutrition security indicators tend to describe diet quality. Examples of diet quantity indicators include the number of meals eaten per day and household daily food energy available per capita, and the percent of total household expenditures dedicated to food represents a measure of current economic vulnerability to food insecurity. Quality metrics include household diet diversity of the major food groups and the percent of household food energy derived from staple foods (FAO, IFAD, WFP, 2015; Pieters et al., 2012; Smith and Subandoro, 2007).

The primary focus of this study is on the FNS pillars of accessibility and stability as households attempt to smooth food consumption during the lean season. The availability and stability pillars are critical components of the FNS environment in our study population, which is comprised of ultra-poor and vulnerable rural households. Poor rural smallholder households are vulnerable to shocks including spikes in prices for agricultural inputs, declining prices of agricultural production, and adverse weather events such as floods or droughts that cause harvest failure (de Janvry and Sadoulet, 2011). Food prices follow a predictable seasonal pattern, starting low after the April–May harvest and peaking during the “hungry season” months of January–March (Devereux, 2007). Strong seasonal variation in food prices have been found to be a major determinant of child malnutrition in Malawi and Niger (Cornia et al., 2012). Vulnerability can increase over time if these households face repeated or multiple shocks. Inflation, high food prices, and price volatility also pose significant threats to FNS. When confronted with difficulties in purchasing food, poor households resort to coping strategies which can be harmful to their FNS status and further exacerbate the cycle of poverty. These adverse coping strategies include reducing diet quantity, compromising diet quality by substituting toward cheaper calorie sources, or selling productive assets and taking children out of school to buy food (FAO, 2015). Social safety nets act to prevent poor households from resorting to these detrimental coping mechanisms and seek to improve household accessibility to nutritious foods and the stability of this access.

2.1. The cash transfer response

The prominence of social safety net programs in government welfare strategies grew largely in response to the negatively reinforcing relationship between poverty and low levels of human capital accumulation. As of

2015, every country in the world has at least one social assistance program; 130 countries are currently providing unconditional cash transfers and 63 countries are providing conditional cash transfers that include a focus on promoting FNS (FAO, IFAD, WFP, 2015).

Social cash transfers have rapidly become a cornerstone of African development programs and government policies. The African Union adopted the Social Policy Framework for Africa in 2008, which promotes the codification of social protection coverage into national development agendas (HLPE, 2012). Unlike their Latin American counterparts, cash transfers in sub-Saharan Africa tend to be unconditional (some programs have ‘soft’ conditions), beneficiary targeting is at the community-level, and targeting is usually linked to geographic or vulnerability-based eligibility criteria. In 2010, unconditional cash transfer programs were operating in about half of the countries on the African continent. As of 2015, 40 out of 48 African countries are implementing some form of unconditional cash transfer (UCT) as a component of social safety net programming (FAO, IFAD, WFP, 2015).

Despite the short time in which they have been operating, several SSA UCT programs have achieved positive impacts on consumption, food security, and health. A 24-month impact evaluation of Zambia’s Child Grant Program – which is one of the largest governmental social protection programs in the country – attributed improved household consumption, food security, and diet diversity to the program. The study found that three-fourths of the increase in consumption among beneficiary households was for food, and households were substituting away from inferior foods toward protein (Seidenfeld et al., 2013). Similar results were found in a 24-month evaluation of the Zambia Multiple Transfer Category Grant program (MCTG), which also found positive program impacts on household diet diversity (American Institutes for Research, 2014). The Kenya CT-OVC Evaluation Team found that, as a result of the cash transfer program, beneficiary households had higher expenditures for food, health, and clothing, and allocated more of their food budget to meat, fish, and dairy (The Kenya CT-OVC Evaluation Team, 2012a,b). A recent evaluation of Zimbabwe’s Harmonized Social Cash Transfer discovered one year impacts on diet diversity and increased per capita food expenditures, although food expenditure impacts were not significant after controlling for fixed-effects (Bhalla et al., 2016).

2.2. The Malawi context

Poverty and undernutrition are widespread throughout Malawi as evidenced by high poverty headcount ratios, high poverty gaps, and a large prevalence of undernutrition. In 2010, 62 percent of Malawians lived below the international benchmark of \$1.25 per day, with an associated gap of 26 percent. The percentage of people living below the national poverty line decreased between 2004 and 2010, but the national poverty gap increased (The World Bank Group, 2015); thus, while relatively fewer people are living in poverty, the poor are getting poorer. From 1990 to 1992, 33 percent of the population was undernourished (4.3 million people), compared to 21 percent (3.6 million) in 2014–2015 (FAO, IFAD, WFP, 2015).

Food security problems among the poor in Malawi can largely be attributed to high lean season food prices, especially for maize, which is a dominant food staple (Audsley et al., 2010). Most Malawians earn their livelihood via agriculture; over 85 percent of the population resides in a rural area, and 89 percent of the labor force works on smallholder farms or commercial estates (Devereux, 2007). The HIV/AIDS epidemic in Malawi has also been a key driver of poverty and associated food insecurity. A high prevalence of HIV/AIDS increased household vulnerability and reduced coping capacities, particularly after the death of a household head or main income earner. Although Malawi still has a generalized HIV epidemic, the prevalence is declining. Among people 15–49 years of age, the prevalence has decreased from 16 percent in 1999 to 11 percent in 2010 (Malawi National AIDS Commission, 2015).

Download English Version:

<https://daneshyari.com/en/article/7352406>

Download Persian Version:

<https://daneshyari.com/article/7352406>

[Daneshyari.com](https://daneshyari.com)