

Graduation
Programs for
Improved
Nutrition:

How to Maximize Impacts on Children?

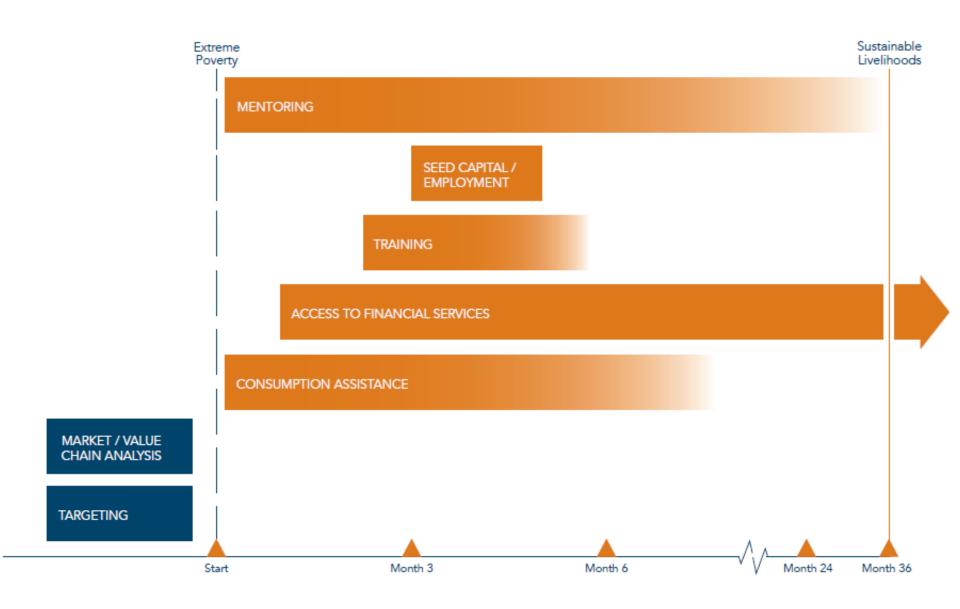
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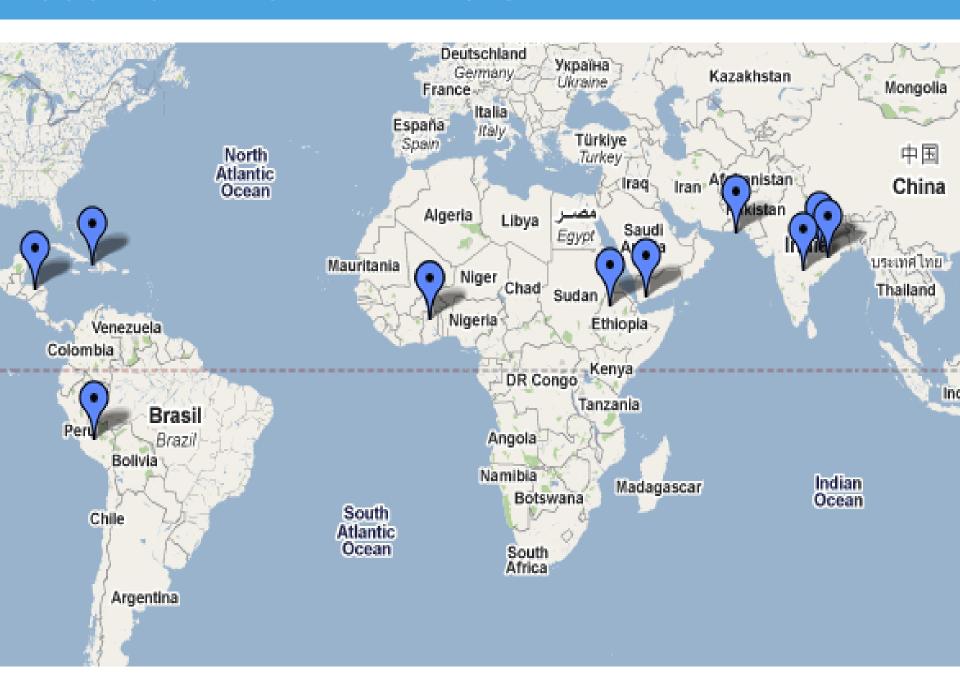
Graduation Programs for Improved Nutrition: How to Maximize Impacts on Children?

M. Victor, A. de Montesquiou and Syed M. Hashemi

A Holistic Approach

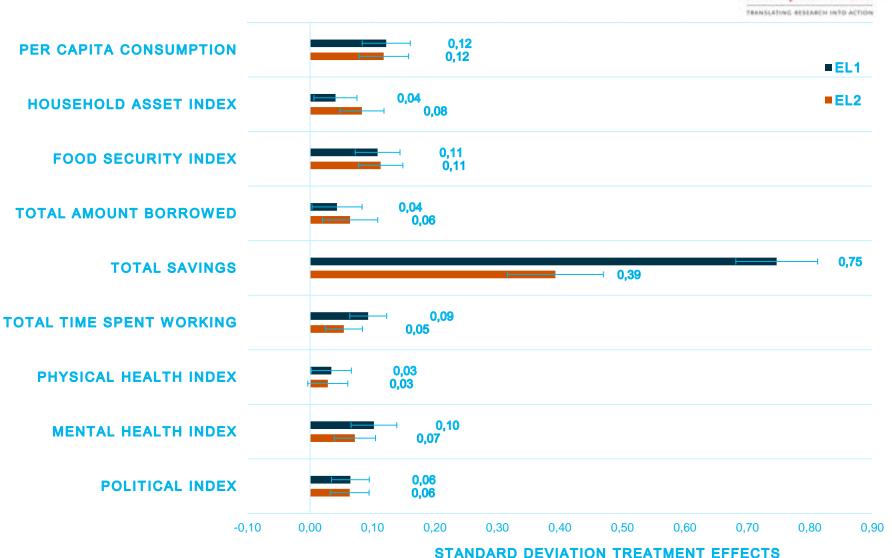


2006-2014: 10 Pilots in 8 Countries

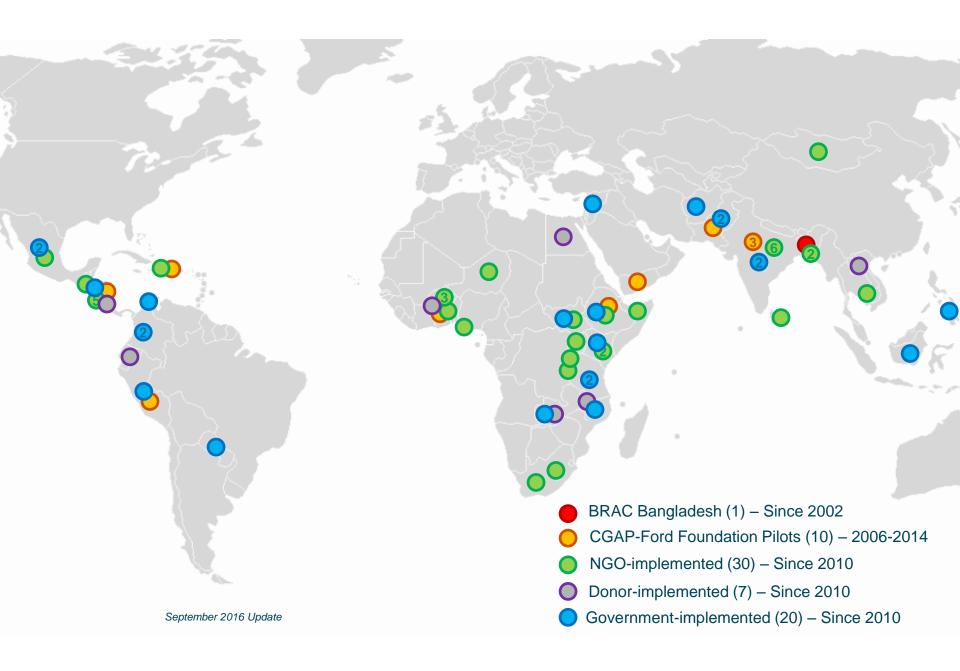


Pooled Average Results Overview from the Multi-site Experiment





Graduation Programming Growing Rapidly to 58 projects ongoing in 37 countries



Questions:

- How can Graduation increase child nutritional outcomes?
- How can Graduation + health interventions (care and/or e-messaging increase child health outcomes?





Advancing financial inclusion to improve the lives of the poor





























































































Overview of Webinar

Part I
Graduation Approach

Part II Bangladesh

Impact of Graduation on Nutrition and Children

Part III South Sudan

 Impact of Graduation on Nutrition and Children





What is Graduation?



In 2002, BRAC pioneered the TUP program in Bangladesh to **improve** the **resilience** of the **ultra poor** and effectively address the worst forms of poverty.

Since then, enrolling 100,000 new participants each year, BRAC has scaled the Graduation approach, as it is now known, graduating 1.7 million households (6.8 million people) with a projected reach of 2 million households by 2020.

BRAC TUP **pilots** have been conducted in Afghanistan, Pakistan, Sri Lanka, and South Sudan, and will expand to Uganda and Tanzania.

What are common misconceptions?

COMMON MISCONCEPTIONS:

- 1. Not exogenous exit event after which all support is withdrawn
- 2. Not entail crossing an automatic income threshold, such as World Bank poverty line \$1.90
- 3. Not a silver bullet and singular approach to eradicating poverty
- 4. Not an alternative to social protection
- 5. Not a contradiction to a rightsbased tradition

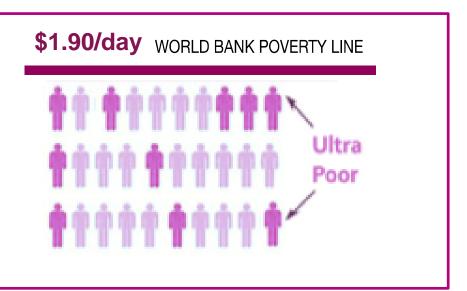
GRADUATION DEFINED BY:

- 1. Time-bound intervention
- Comprehensive set of holistic programs
- **3. Multifaceted response** to the multidimensional needs of the most vulnerable
- 4. Strategic complement to social protection programs
- 5. Progressive realization of rights

Who are the Ultra Poor?

The World Bank estimates 902 million people live in extreme poverty (2015).

The ultra poor are the poorest subset of the extreme poor, living on significantly less than \$1.90/day.



MULTI-DIMENSIONAL CONSTRAINTS FACING THE ULTRA POOR

Chronically food insecure, eating less than 1,800 calories where the minimum is 2,000-2,500 based on gender, despite spending 80% or more income on food

Disconnected from mainstream government services— such as school feeding and public works programs

Most vulnerable to health shocks and natural disasters

Live in geographically isolated, hardto-reach areas

Underserved by markets and unaffected by economic policies

Lack community acceptance, confidence, support systems

Predominantly a female-headed household in community with restrictive social norms

Targeting the Ultra Poor







Use poverty maps to identify areas with severe poverty and deprivation.

Wealth Ranking



BRAC helps the community draw a map of all the households, ranking each one from poorest to wealthiest based on their own criteria.

House Surveys



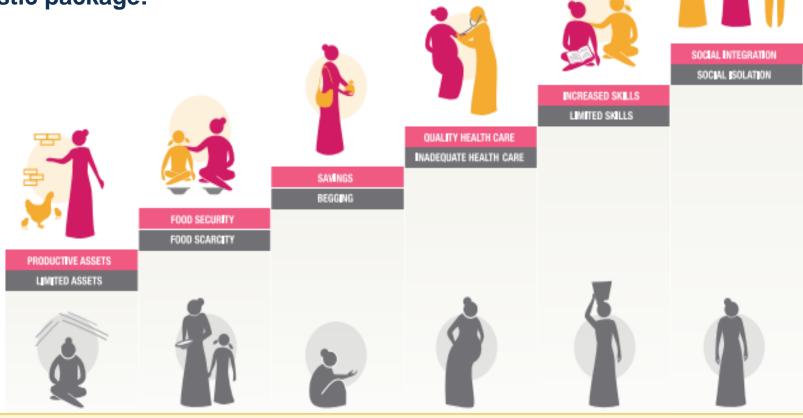
BRAC visits the lowest ranks of the poorest households to verify the data collected from the community.

Participation Selection



Graduation Components

Participants are directly targeted to receive a sequenced, time-bound holistic package:



- Productive Asset Transfer to Start a Small Enterprise
- Consumption Stipend (Cash Transfer)
- Hands-on Training in Technical Skills
- Home Visits for Life Skills Development
- Savings and Financial Education
- Health Care Services
- Social Integration

Graduation Criteria

Bangladesh Graduation Criteria:

- ✓ Food Security and Nutrition
 - ✓ Access to nutritious meals (2/day)
- ✓ Economic Resilience
 - ✓ Multiple sources of income (3)
 - ✓ Increased value of assets (doubled)
 - ✓ Improvement in home condition
- ✓ Improved Hygeine Practices
 - Use of sanitary latrine and clean drinking water
- ✓ Social Inclusion and Empowerment
 - Engagement in household decisionmaking
 - Attends community events
- ✓ Positive Behavior Change
 - ✓ School enrollment for children
 - ✓ Absence of under-age marriage
 - ✓ Use of family planning

Graduation occurs when households achieve economic and social advancement over the course of 24 months.



BRAC Bangladesh Graduation Programme

(2002-present)

1.7 MILLION HOUSEHOLDS

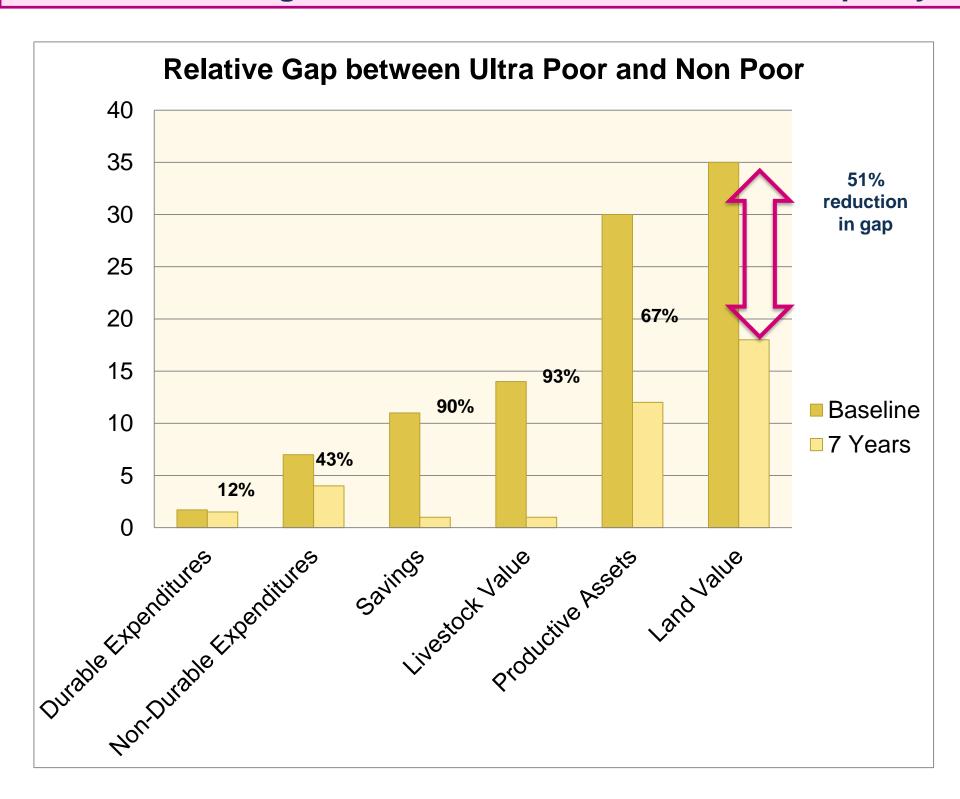
AS OF 2016

OVER 95% GRADUATION RATE

PAKISTAN INDIA In Bangladesh, roughly 95% of participants achieve graduation at the end of the two year period with the majority maintaining those improved conditions 7+ years later.

International pilots by CGAP and the Ford Foundation demonstrate similarly high graduation rates for participants meeting country specific criteria.

7 Year Results: Significant Reduction in Economic Inequality



TUP Program 7 Years Post Intervention Results

Key Research Conclusions and Implications

- ✓ Significant increases in work productivity and household assets
- Access to more stable and secure employment leading to positive expansion of occupation choice
- ✓ Reduction in economic inequality vis à vis the non poor
- Builds resilience and enables faster recovery from shocks
- Promotes social cohesion and gender empowerment
- ✓ For the bottom-most on the economic spectrum, a 'big push' intervention is required. This needs to be a high value kick and over a long enough term to generate sustainable change



When viewed from a long-term perspective, costs are not necessarily prohibitive if impacts grow and are sustainable.

7 years later, ultra poor continue to escape poverty at a steady rate.

How can Graduation contribute to childsensitive and nutritional outcomes?

- Of the 767 million people living under \$1.90 per day, 385 million are children (under the age of 18).
- Children make up around one third of the population in developing countries but 50% of those living in extreme poverty.
- The rate of children living in extreme poverty (19.5%) is about twice that of adults (9.2%)



Source: World Bank and UNICEF

BRAC Bangladesh— Reducing malnutrition through Graduation



Benefits of Graduation for mothers and children



Benefits to mothers:

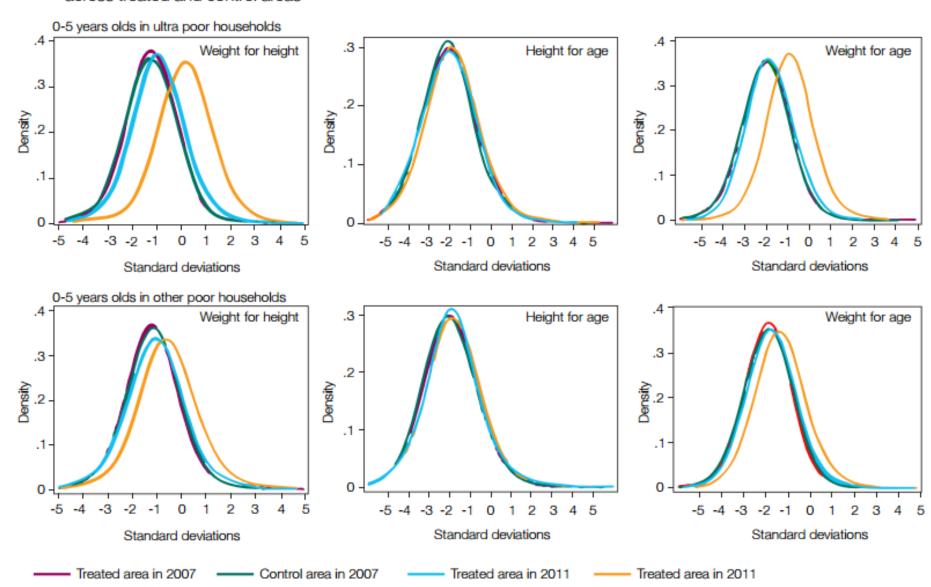
- Consumption stipend including food assistance
- Access to tube-wells & sanitary latrine
- Training on basic nutrition, sanitation, and prevention of communicable diseases
- Skilled attendants at birth at health facility or home (urban program)

Benefits to children:

- Benefit from micronutrient supplements
- Access to government immunization services
- Treatment for diarrhea
- School enrollment
- Additional hours of post-school tutoring from community members

Research shows positive reduction in child malnutrition

Fig 1. Trends in anthropometric indicators for children under-5 years in ultra poor and other poor households across treated and control areas



Research shows positive reduction in child malnutrition

Evidence and spillover effects from Bangladesh

- 1. Children under 5: reduction of wasting by 8% and likelihood of being underweight by 19%.
- 2. Children 6-19: reduction of likelihood of thinness by 4%, and likelihood of being underweight by 10%.
- 3. Increase in duration of exclusive **breastfeeding** by 73 days (75% over baseline), while spill over effect to otherpoor is 52 days (49% over baseline).
- 4. Probability of a child receiving a **vitamin A supplement** increases more by 26% by ultra poor and 20% by other-poor
- 5. Greater food security (at least two meals/day) increases by 145 for ultra poor and 6% for other-poor

Key Conclusions

- Participation in the program positively impacts nutritional status of household members
- Impact most notable in children, in treatment and spillover
- **3. Resource reallocation** from health shocks to education, better nutrition etc.
- 4. Exposure to Graduation results in **lasting behavior change**.

Graduation can have large positive long-term health effects, and lead to positive externalities on communities.

WFP TUP Nutrition Pilot

Joint WFP and BRAC initiative targeting pregnant/lactating ultra-poor women with children (0-36 mos

In addition to typical program components, the package includes

1. Fortified supplementary food for undernourished households

- Fortified rice kernels enhanced with essential micronutrients (vitamin A, iron, zinc, iodine, vitamin B12 and folate).
- Premix of oil and Super Cereal through pregnancy until children reach 6 months

2. Nutrition Behavior Change Communication (BCC) for entire community

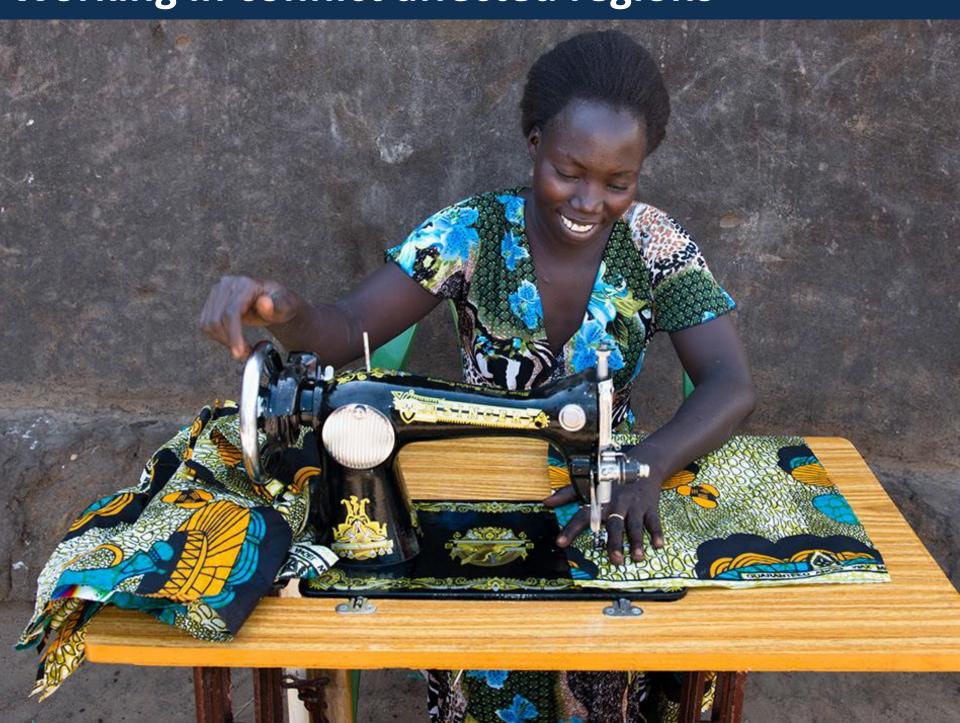
- Training on health and nutrition, maternal & child health, hygiene and sanitation
- Screening, detection and referral to government health service for the acute and moderately acute undernourished



Aims to:

- Prevent under-nutrition (measured through stunting) in child's first 1,000 days
- Improve health of children & pregnant/lactating women suffering from moderate acute malnutrition
- Break intergenerational cycle of under-nutrition

BRAC South Sudan – Working in conflict affected regions



Key Implementation Issues

Due to renewed conflict

- 1. Increased security risks resulting in hyperinflation: First six months into pilot participants began paying more for commodities in the market (high inflation rates rose from 23.1% in April 2015 to 91.3% Sept 2015).
- **2. Displacement**: Clashes forced participants to move to more remote villages with or without their assets, causing approx. 7% asset loss.
- **3. Access to Markets**: Access to Juba, which is a main market, was heavily disrupted, marked by random armed thefts and killings which deterred commercial activity.

In spite of these challenges the pilot not only continued, but produced tangible impact for ultra-poor women who were among the hardest hit by ethnic conflict



Ancillary benefits of South Sudan TUP Pilot

Evidence and spillover effects from a Pilot in South Sudan covering 250 ultra-poor households over two years.

- 53.3% children less likely to be underweight compared to control group
- 2. 97% increase in TUP annual household consumption (food and non-food)
- 3. 1,337 jackfruit and avocado trees were provided to participants, instead of food subsidies increasing food consumption a more sustainable solution as participants can consume the fruit they produce and expand food supply in the community.
- 4. 61% of women became community peer trainers in their communities with increased knowledge, skills and resources to improve the health and nutritional status for themselves and their families.

Key Conclusions

- 1. Pilot intervention contributed to more productive and secure livelihoods and positive nutritional outcomes
- 2. After harvesting, participants often gave their fruit and seeds to the other community members increasing sustainable agriculture production and higher nutritional intake.
- 3. Based on a rapid assessment survey, community peer trainers and influencers reported assisting at least 2 other female community members each.

 Resulting in a total project reach of 385 households strengthening the sustainability of the program and outcomes.

FAO estimates that 795 million people, or one in nine, were suffering from chronic undernourishment in 2014-2016.



BRAC's Graduation Approach has produced significant positive impacts on nutritional outcomes for extremely vulnerable populations and more specifically on critical indicators of child health and nutrition. But BRAC is not alone in this.

Other organizations implementing the Graduation Approach recognize the critical needs of children and are committed to finding solutions to end extreme poverty and hunger through this multidimensional and holistic approach.



Join us in the movement to end ultra poverty.

Visit www.ultrapoorgraduation.com.

Contact ultrapoorgraduation@bracusa.org

BRAC USA

110 William Street, 29th Floor New York, NY 10038 USA

Reflecting on Evidence of Child-level Nutritional Outcomes and Thoughts for Child-sensitive Programming by Save the Children

Munshi Sulaiman
Save the Children
Somalia/Somaliland

What We do to Improve Child Nutrition?

- Direct programming
 - Nutrition education
 - Complementary feeding
- Indirect programs (spill over effects)
 - Food security and livelihood
 - Cash transfers
 - Agriculture
 - WASH

What Evidence is Available? (Nutrition)

- Nutrition programs are generally successful in reducing malnutrition (Imdad et al, 2011)
 - Synthesis of evidence from 17 studies
 - Both complementary feeding and mothers education increase weight and length of 6-24 months old children
 - Both types of interventions can have positive effects without the other
 - Complementary feeding has greater effect in high food insecurity context

What Evidence is Available? (Livelihood)

- Impacts of food security and livelihoods (FSL) are not conclusive
 - Berti et al (2004) consistent effects on agriculture, but no robust result in nutrition
 - Masset et al (2011) little or no evidence on impact on children
 - Ruel and Alderman (2013) inconclusive evidence of agriculture affecting child nutrition, except biofortification
- Theory of change:

FSL→ Increased income or production → Ability to access food → HH food consumption → Improved child feeding → Child health

Inability to measure the impacts

What Does the Graduation Evidence Tell Us?

- It is not generalizable yet
 - Previous evidence from Bangladesh
 - Evidence from other initiatives
- It is possible, but not automatic
- What may have made it happen?
 - Greater impacts on livelihood?
 - Increased focus on nutrition in interventions?
 - Mechanical aspect of measurement?

Maximizing Impacts on Child Nutrition?

- Integrating nutrition and livelihood programs
 - Area based programming
 - Include nutritional components in FSL e.g. IYCF
 - Include agriculture in nutrition programs e.g. home gardening
 - Conditional transfers
 - Labelled transfers
- Monitoring child level outcomes for greater focus on the added components
- Design evaluation to measure marginal impacts on child nutrition



Thank You!