

Technical Assistance to Strengthen Capabilities (TASC) Project

How to promote better nutrition through social assistance

A guidance note

9 November 2021

SUBMITTED BY DAI IN ASSOCIATION WITH



About TASC

Technical Assistance to Strengthen Capabilities (TASC) is part of the broader Technical Assistance for Nutrition (TAN) Programme, funded by UK Aid, which is a mechanism to provide technical assistance to Scaling Up Nutrition (SUN) country governments and build capacities towards advancing multi-sector nutrition agendas, in line with the SUN Movement principles and roadmap.

The objective of the TASC Project is to provide:

- 1 Technical assistance to Governments in the SUN Movement and to the SUN Movement secretariat (SMS) to catalyse country efforts to scale up nutrition impact (Component 1) in 60+ SUN Movement countries.
- 2 Technical assistance to the Foreign, Commonwealth and Development Office (FCDO) to maximise the quality and effectiveness of its nutrition-related policy and programmes, to support evidence generation and lesson learning and to develop nutrition capacity (Component 2).

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About This Publication

This document was produced by the TASC project to provide guidance on how social assistance programmes can improve nutrition by increasing the uptake of and access to nutrition relevant services and improving diet quality.

It was developed in partnership with SPACE - Social Protection Approaches to COVID-19: Expert advice service, funded by UK Aid, the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Australian Government represented by the Department of Foreign Affairs and Trade (DFAT). It does not necessarily represent FCDO, GIZ or DFAT's own views or policies, or commit FCDO, GIZ or DFAT to any particular course of action.



The initial version dates from July 2021; this updated version was prepared in September-November 2021 in response to a request from FCDO to include more emphasis on the need for greater beneficiary engagement and inclusion of people with disabilities in the design, implementation and monitoring of nutrition programmes.

This document was produced through support provided by UK aid and the UK Government; however, the views expressed do not necessarily reflect the UK Government's official policies.



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Abbreviations

| | |
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| ASP | Adaptive Social Protection Programme (Sahel) |
| CaLP | Cash Learning Partnership |
| CoD | Cost of the Diet |
| CCT | Conditional Cash Transfer |
| CSI | Coping Strategies Index |
| DHS | Demographic Health Survey |
| FAO | Food and Agriculture Organisation |
| FCAS | Fragile and Conflict-Affected Settings |
| FCDO | Foreign, Commonwealth and Development Office (UK) |
| FCS | Food Consumption Score |
| GBV | Gender Based Violence |
| HAZ | Height-for-Age z-score |
| HDDS | Household Dietary Diversity Score |
| HIES | Household Income and Expenditures Survey |
| HSNP | Hunger Safety Net Programme (Kenya) |
| IDP | Internally Displaced Person |
| IPC | Integrated Food Security Phase Classification |
| KII | Key informant interview |
| KYC | Know Your Customer |
| LMICs | Low- and middle-income countries |
| MAD | Minimum Acceptable Diet |
| MAM | Moderate Acute Malnutrition |
| MDD | Minimum Dietary Diversity |
| MDD-W | Minimum Dietary Diversity for Women |
| MEAL | Monitoring, Evaluation and Learning |
| MEB | Minimum Expenditure Basket |
| MEIS | Monitoring, evaluation, and information system |
| MFB | Minimum Food Basket |
| MICS | Multiple Indicator Cluster Survey |
| MMF | Minimum Meal Frequency |
| MNSSP | Malawi National Social Support Programme |
| MoF | Ministry of Finance |
| MoH | Ministry of Health |
| MoU | Memorandum of Understanding |
| MUAC | Mid Upper Arm Circumference |
| MVAC | Malawi Vulnerability Assessment Committee |
| NDMA | National Drought Management Agency (Kenya) |
| NGO | Non-Governmental Organisation |
| NSDS | Nutrition Sensitive Direct Support scheme (Rwanda) |
| PLW | Pregnant and Lactating Women |
| PMT | Proxy Means Test |
| PSNP | Productive Safety Net Programme (Ethiopia) |
| SAM | Severe Acute Malnutrition |
| SBCC | Social Behaviour Change Communication |
| SPACE | Social Protection Approaches to COVID-19: Expert advice service |
| TASC | Technical Assistance to Strengthen Capacities |
| ToC | Theory of Change |
| TOR | Terms of Reference |

| | |
|-------------|--|
| UBR | Unique Beneficiary Registration (Malawi) |
| UN | United Nations |
| WASH | Water, Sanitation and Hygiene |
| WAZ | Weight-for-Age z-score |
| WFP | World Food Programme |
| WHZ | Weight-for-Height z-score |

Nutrition-sensitive social protection – A summary checklist

Who is nutritionally most at-risk?

Broadly, the groups most at-risk are children under five, children, adolescents and women and girls with disabilities, pregnant and lactating women, and adolescents aged 10-19 years. Within these, certain groups are typically more vulnerable to malnutrition and least likely to access a nutritious diet, including children living in remote settings and slums. (see box 3 for full list). However, **context-specific and gendered analysis to understand who is at risk, the drivers of malnutrition, and how social assistance can support improved outcomes, is essential.**

How can social assistance contribute to improving diet quality and access to nutrition services?

Cash transfers, food transfers, cash plus / complementary interventions, and public works programmes can achieve impacts on income and expenditure on food, women's empowerment, support and participation for people with disabilities, livelihood diversification, which can lead to increased consumption of nutritious foods, diversified diets, use of health and nutrition services, nutrition knowledge, and improved health and nutrition-related behaviours and caregiving practices. (See: **Theory of change – Figure 2; Summary of the evidence review informing this guidance document: Annex 1**).

What are key considerations for programme design?

- Are the most nutritionally at-risk being reached (**coverage**) and what support do they need to enhance nutritional outcomes (**adequacy** and **comprehensiveness**)? (see 2.2, 3.2, 3.3, 3.5)
- Are you designing a **new programme** or **adapting** an existing programme? There may be more scope to be nutrition-sensitive if designing something new, or with certain types of programmes which include nutrition-focused objectives. Ensure beneficiary/citizen engagement is well integrated. (see 3) Beneficiary/citizen engagement should ideally include inputs from people with disabilities and their representative organisations.
- What opportunities exist to promote **linkages and referrals** from/to the social assistance programme to other sectoral programmes and services to enhance nutrition outcomes? Consider different programming options according to context and need, such as social and behaviour change communication (SBCC) interventions, preferential linkages or referrals from/to nutrition, health, agricultural and water, hygiene and sanitation (WASH) programmes and/or services. (see 3.2.3, 4.6)
- Would attaching **conditions** to the programme be cost-effective and improve nutrition outcomes for the most nutritionally at-risk? Consider costs and benefits of conditional versus unconditional transfers and 'labelling' of transfers (very effective if designed well), including gender, age and disability considerations. (see 3.4)
- How can social assistance meet nutrition needs in the **context of a shock**? Consider including nutrition causal analysis in preparedness and emergency response, targeting nutritionally at-risk individuals/groups in resilience building and social assistance scale ups. (see 3.6)

What are key considerations for programme implementation?

- How can social assistance **information systems** be utilised to inform programme design and implementation decisions to improve nutrition? Consider the type of nutrition-relevant data required, inter-operability of systems between sectors, and inclusion of beneficiary/citizen feedback, including vulnerable groups . (see 4.1)
- Are nutrition objectives and beneficiary engagement and feedback clearly sought, **communicated and accessible** to intended target groups? (see 4.2)
- Are **enrolment and registration** processes flexible, accessible and regular enough to target and reach at-risk population groups? What else is needed to reduce access barriers and ensure nutritionally at-risk groups are not excluded through enrolment and **payment** delivery mechanisms? (see 4.3 and 4.4)
- How can **governance and accountability structures** be strengthened to ensure beneficiary/citizen engagement, prevent errors and risks, and support nutritionally at-risk recipients and communities to exercise their rights? (see 4.5)
- Does the **monitoring framework and any evaluation** have appropriate nutrition indicators, including on contributions to nutrition outcomes, beneficiary/citizen feedback into programme design / implementation? (see 4.7)

What are the key things to consider at policy level?

- Are there **financing** commitments (or how can they be fostered) to support nutrition-sensitive social assistance? Are they transparent, accountable to beneficiaries/citizens, offering long-term value for money and reflected in legal and policy frameworks? (see 5.1)
- Is there an **enabling legal and regulatory social protection framework** explicitly supporting health and nutrition outcomes? And what role can **advocacy** play in supporting an enabling environment and commitment to improving nutrition through social assistance? (see 5.2 and 5.5)
- How can the design and implementation of social assistance programmes be strengthened to address nutrition through increased **staff capacity and cross-sectoral coordination**? (see 5.3 and 5.4)

1 Introduction

1.1 What is the purpose of this guidance?

Box 1: Nutrition-Sensitive Approaches

Interventions, programmes, or policies in different sectors that address the underlying determinants of malnutrition and incorporate specific nutrition goals and actions.

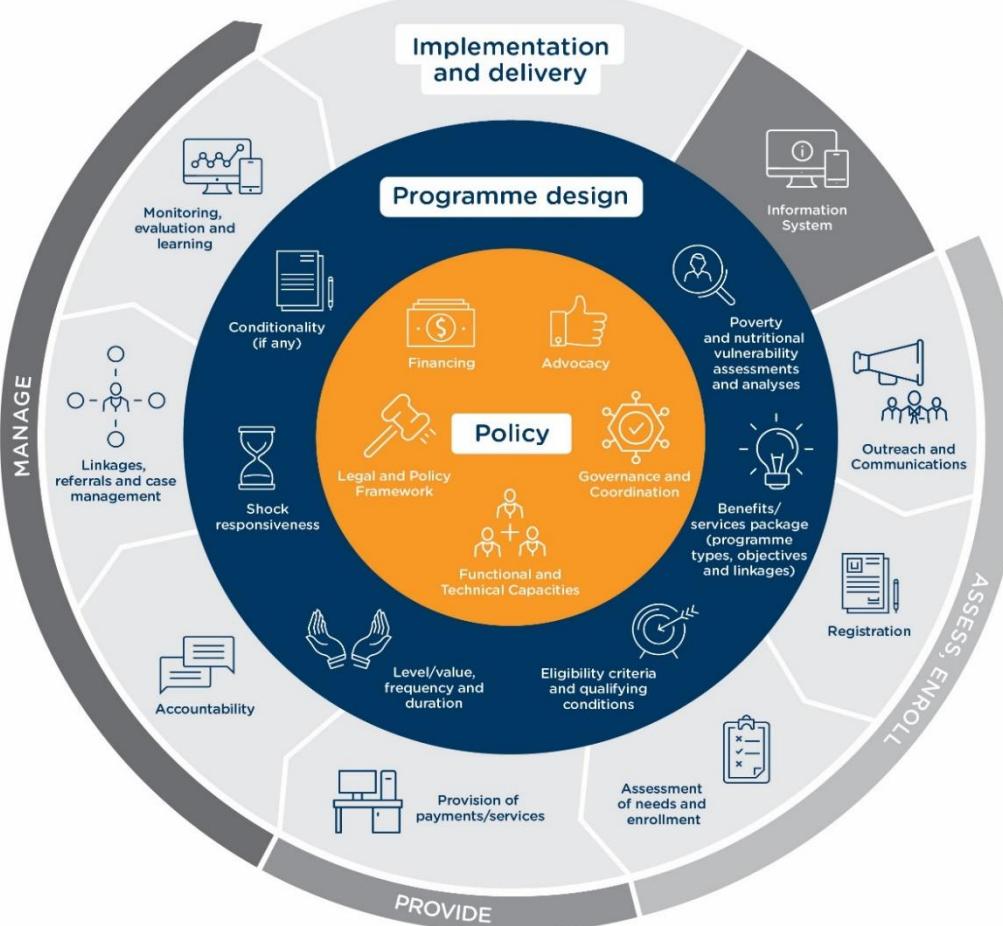
There are social and economic determinants that nutrition-sensitive actions can address, e.g., poverty, food insecurity, poor access to adequate care or resources, inadequate services for health or water and sanitation.

Social assistance is recognised as an important mechanism to support poor and vulnerable members of society and is increasingly being considered as a means of supporting nutritionally at-risk populations. The TASC evidence review ‘Maximising Nutrition Outcomes through Social Protection Policy and Programming’ (see Annex 1 for the main findings) found that social assistance mechanisms can play a positive role in increased uptake of and access to nutrition services and improved diet quality. This guidance is intended to inform the design or adaptation of the following social assistance interventions to make them more nutrition-sensitive (see Box 1): cash transfers, cash-plus, in-kind transfers, school feeding,¹ and public works programmes.

1.2 Who is this guidance for and what does it include?

The primary audience for this guidance is FCDO teams working on social protection and nutrition. It focuses on strengthening nutrition outcomes through social assistance policies and programming across the nexus. Specifically, it highlights good practices and key considerations for better achieving nutritional outcomes at three levels: policy, programme design and implementation (see Figure 1):

Figure 1: Social Protection System (Source: SPACE, 2021)



¹ FCDO does not prioritise school feeding as there are other far more cost-effective approaches to averting malnutrition and supporting the poorest to improve their quality of education.

- **Policy:** How to effectively strengthen social assistance policy and governance, while financing linkages to nutrition.
- **Programme design:** How to effectively strengthen social assistance programme design to improve nutrition outcomes.
- **Implementation and delivery:** How to effectively strengthen social assistance delivery to consider nutritionally at-risk individuals and groups and improve nutrition outcomes.

The guidance is based on: **a) evidence** emerging from a literature review by TASC²; **b) expert advice** provided by FCDO and external key informants; and **c) existing guidance** (in particular ISPA, 2020) **and operational documents** (see Annex 2 resource matrix) on social protection programming.

1.3 How to use this guidance

The guidance focuses on the nutrition sensitivity of social assistance and is intended as a resource that can support practitioners at any point in the programme cycle, rather than being read from cover to cover (Box 2). The guidance identifies optimal good practice and key considerations which will need to be contextualised according to the maturity of the social assistance mechanism (i.e. a new programme or an existing programme). Analysis of the relevant country context using assessment tools such as the ISPA 2020³ will inform the entry point or opportunities for intervention. As the guidance is concise it cannot adequately cover every eventuality and does not offer comprehensive ‘how to steps’. References to more detailed guidance can be found in Annex 3 (nutrition tools to support analysis), and Annex 4 (sources of guidance on different steps outlined in the programme cycle).

Box 2: Top tip

Use this guidance to tackle specific aspects in the SPACE diagram (Figure 1) on social protection systems rather than the whole policy and programme cycle.

² This primarily refers to evidence on the impact of social protection on access to and uptake of nutrition-relevant services and access to nutritious diets. The evidence base on policy, design and implementation features mediating nutritional impacts was found to be rather limited (Bastagli et al., 2016).

³ <https://ispatools.org/wp-content/uploads/2020/12/FSN.pdf>

2 How social assistance programming can improve nutrition

There are numerous pathways through which social assistance programming can reach nutritionally vulnerable populations and address underlying determinants of malnutrition (see Figure 2). They include food security (food access, availability, utilization, and stability); caregiving resources at the maternal, household and community levels; access to health and nutrition services, as well as a safe and hygienic environment. Social assistance programming can also be a platform to address the immediate determinants of malnutrition (good diets and good care), and support access to and uptake of direct health-care sector nutrition interventions. These include multiple micronutrient supplementation in pregnancy, breastfeeding promotion and counselling, promotion of age-appropriate complementary feeding (with or without food provision), promotion of a healthy diet during childhood and adolescence (including in relation to the prevention and treatment of acute malnutrition) (Keats et al., 2021). Regular, predictable benefits over an extended duration can improve household resilience, reduce negative coping strategies, have a stronger role in consumption smoothing and in the promotion of long-term nutritional and health outcomes. The overview below highlights key findings from the evidence review.



Key findings from the TASC evidence review on social protection and nutrition

How social assistance can improve the uptake of / access to nutrition services for the most at risk of malnutrition

- **Cash transfer programmes have been shown to increase preventative health practices and health care seeking at household level** (de Groot et al., 2015), and cash transfer programmes with conditions on attending health services have been shown to lead to a higher number of health facility visits compared to cash transfers with no conditions (Le Port et al., 2019; Durr, 2020; de Groot et al., 2015; Pega et al., 2017). Conditional cash transfers have also been shown to successfully increase the uptake of ante-natal care visits and access to nutritional information for pregnant and lactating women (de Groot et al., 2015, Le Port et al., 2019; Labrecque et al., 2018).
- **The evidence is mixed and context specific, with inconsistent findings when comparing the impact of conditional and unconditional transfers** (Attanasio et al., 2005; Macours et al., 2012; Lagarde et al., 2009; Leroy et al., 2013). While the impact on the uptake of preventive health services for children (growth monitoring, regular check-ups, vaccination) has been shown to be higher among conditional than unconditional transfer programmes, evidence remains inconsistent (de Groot et al., 2015, Le Port et al., 2019; Attanasio et al., 2005; Macours et al., 2012; Lagarde et al., 2009).
- **Cash linked to Social Behaviour Change Communication (SBCC), health and social services has been shown to yield more impact on the reduction of stunting than cash alone**, but the intensity, quality, and duration of the SBCC intervention matters (Ahmed et al., 2019; Field et al., 2020). Cash with SBCC has been associated with increases in preventive health-seeking behaviour of women and children in both development and fragile and conflict affected settings (FCAS) (Murthy et al., 2019; Maffioli et al., 2019; Carneiro et al., 2019), especially when the size of the transfer is significant (Bliss et al., 2018; Kurdi et al., 2019; Carneiro et al., 2019).
- **Cash-Plus programmes which specifically aim to link beneficiaries to social services have seen some promising results related to the uptake of health services** including antenatal care, maternal and child health services (Murthy et al., 2019; Palermo et al., 2018). Additionally, in FCAS, the provision of cash transfers to households who have a child in treatment for severe acute malnutrition has been shown to speed up the child's recovery – noting that programmes need to be designed in a way that avoids perverse incentives (Grellety et al., 2017).
- **Social assistance programmes can lead to increases in food expenditures and quantity of food consumed at the household level** (Hidrobo et al., 2017; de Groot et al., 2015; Fenn, 2017; Manley et al., 2013; Bastagli et al., 2016; Garcia 2012; Kusuma 2017). Cash transfers, especially when targeted towards women, have shown to increase food expenditure (Armand, 2020) and contribute to improving diet quality at the household and individual level (Hidrobo et al., 2017; Manley et al., 2020). Promising impacts of cash transfer programmes on women's and girls' dietary diversity have been documented in both development and humanitarian contexts (Peterman et al., 2019; Owusu-Addo et al., 2018; Olney et al., 2020). Very little is known about the impact of cash transfers on adolescent diets.
- **Restricted commodity vouchers (which provide a pre-determined food basket with no choice in the types or quantities of food) have been shown to have a higher impact on consumption and dietary diversity, compared to in-kind food transfers** (Bailey et al., 2013). – In FCAS, vouchers and mixed transfers have been shown to contribute to increased dietary diversity and reduction in acute

malnutrition prevalence contributing to improve linear growth among children (Doocy et al., 2020; Hoddinott et al., 2020; Fenn et al., 2017).

- **Targeted distribution of fortified foods and specialised nutrition products** for complementary feeding of young children or for pregnant and lactating women have been shown to yield some positive impacts on increasing birthweight (Imdad & Bhutta, 2012), and on increasing height for age and reducing anaemia for children between the ages of three and five years (Kristjansson et al., 2015). There is evidence in FCAS (especially where there is limited access to and availability of fresh foods), that a combination of cash and supplementary foods may be beneficial to prevent acute malnutrition (Langendorf et al., 2014; Adubra et al., 2019; Little et al., 2021).
- **Evidence is still lacking on the impact of school feeding programmes on dietary diversity of school-going children** (Dapo-Famodu, 2021). However, home grown school feeding, where food is locally produced, procured, and tends to give more consideration to local food preferences, is thought to have the potential to increase dietary diversity by boosting the production of locally nutritious foods (GCNF 2021; FAO & WFP, 2018). In humanitarian settings or among pastoral populations, take-home rations have been shown to have a spill-over effect within the household benefiting siblings / mothers (Dapo-Famodu, 2021).

2.1 Coverage of the most nutritionally at-risk

FCDO's position when it comes to reducing malnutrition and its wider impacts is to prioritise support to children under 5 years, pregnant and lactating women, and adolescents (10-19 years).

Within these groups, socio-economic factors further impact how they access and utilise goods and services (including health, nutrition, and WASH) and can increase their risk of vulnerability. These factors include residence (e.g., urban/rural), gender, ethnicity, economic status (wealth), disability, and education. A review commissioned by FCDO found that certain groups (see Box 3) were typically more vulnerable to malnutrition, and least likely to be accessing a nutritious diet. Further contextualised analysis is always required to identify and engage the country-specific priority groups who are most nutritionally at-risk.

Nutritionally at-risk individuals/groups have life cycle-specific dietary and nutrition service requirements (with cost, access, and availability implications) and may face specific challenges in accessing social assistance programmes (registration, enrolment, payments etc.) due to physical and other barriers (including disability, remoteness, displacement, stigma), lack of identification, socio-cultural restrictions, and gender. As these individuals and groups face barriers to accessing social assistance (e.g., not attending school to receive school feeding), it is important to explicitly engage with them to better understand their context-specific constraints at every stage of adapting, designing, and implementing nutrition-sensitive social assistance policy and programmes. This can help inform targeting and ensure coverage of the most nutritionally at-risk in social assistance programming.

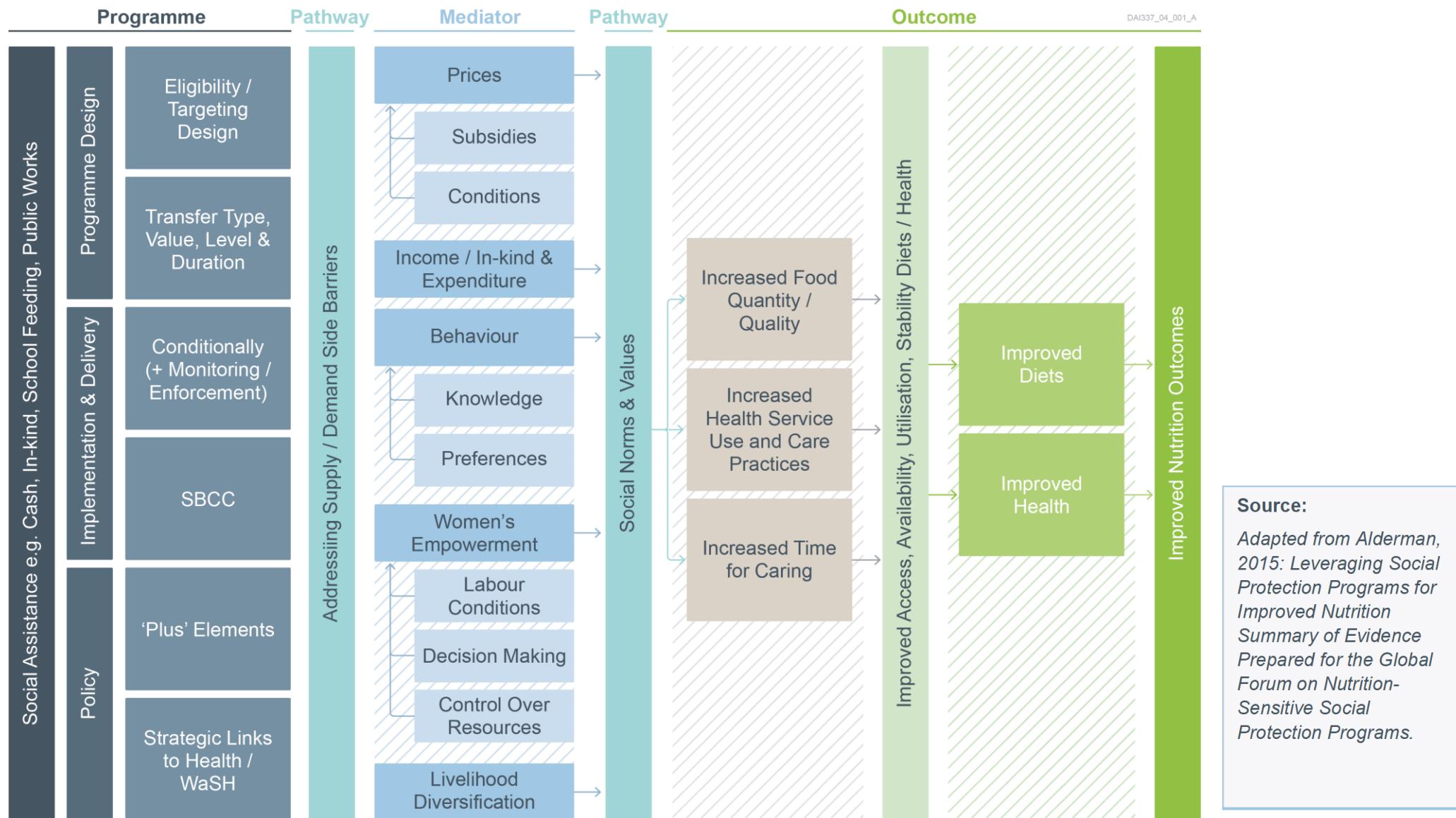
Box 3: Nutritionally at-risk groups to consider

1. Children, adolescents, and women in deeply rural/remote/physically isolated settings
2. Children in urban/peri-urban slums/informal settlements
3. Children, women, and adolescents with a disability
4. Children under five and women from pastoralist/agro-pastoralist/nomadic groups
5. Children under five and women from marginalised ethnic groups (e.g., tribal groups [India], indigenous groups [Central America])
6. Internally Displaced People (IDPs), refugees, and returnees

Box 4: Key questions to consider when designing / adapting social assistance to become nutrition sensitive

- Who are the most nutritionally at-risk groups and are accessible two-way channels in place that ensure these groups will be reached by social assistance programmes (i.e., **coverage**)?
- What are the specific nutritional needs of the at-risk groups, and how can social assistance programmes respond to them (i.e., **adequacy and comprehensiveness** of the support)?
- What are the best ways to **engage nutritionally at-risk groups in designing** how programme goals can be closely aligned with their needs and are formulated in such a way that they are achievable.

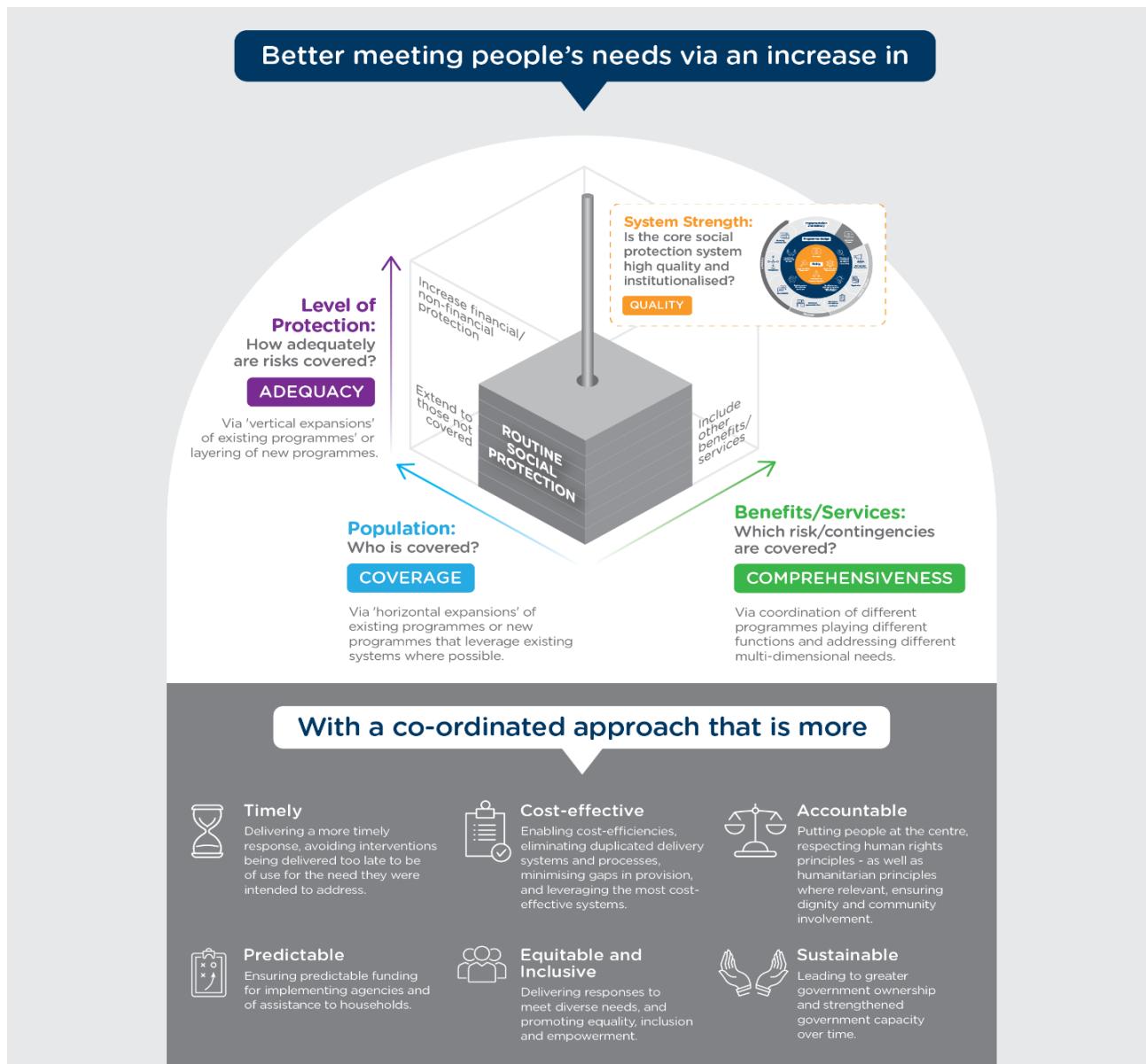
Figure 2: Nutrition sensitive social assistance theory of change



2.2. Adequacy and comprehensiveness of social assistance policy and programmes to meet the needs of the nutritionally at-risk

The pathways through which social assistance can result in improved nutrition outcomes are not linear nor automatic or immediate. Social assistance policy, programme design and implementation need to consider aspects of coverage, adequacy and comprehensiveness across the programme cycle that centre around the basic questions of whom to target (the nutritionally at-risk), how best to engage with them and ensure their needs are being met, what to provide, and how to deliver (see Box 4 and Figure 2 which present indicative pathways from social assistance to improved nutrition). Programme and policy purposefully designed and resourced to be based on a thorough analysis of beneficiary needs and feedback through appropriate engagement and participation from intended beneficiary groups and others at community level, from civil society and staff from service providers, and more nutrition sensitive (including tailoring benefit levels for improved nutrition, providing linkages or referrals to nutrition-relevant interventions and services etc.) have the potential to be more nutrition responsive and transformative.

Figure 3: Social Protection Systems Strengthening (Source: SPACE, 2021)



3 How to effectively strengthen programme design to maximise nutrition outcomes for those most nutritionally at-risk

Social assistance programmes vary between and within countries and are designed according to the context. They include cash / in-kind transfers, and public works programmes. This section sets out emerging good practices and other key considerations for each of the key 'Programme Design Level' dimensions (illustrated in Figure 1). These include 1) **poverty and nutritional vulnerability assessments/analyses** providing the evidence base for design decisions; 2) setting **programme objectives, types, and linkages**; 3) setting **eligibility criteria** and targeting design; 4) **conditionality** (if any); 5) setting **transfer value, frequency and duration**; and 6) the crosscutting dimension of '**shock responsiveness**'.



ESSENTIAL ACTIONS for poverty and nutritional vulnerability assessments and analyses

- **Use primary/secondary data to inform planning, design, and implementation of nutrition sensitive social assistance.** Nutrition data can be sought and extracted from National Nutrition Surveys and other household/population-based surveys such as Demographic Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Household Income and Expenditure Surveys (HIES), Household Budget Surveys and Population and Housing Surveys (see Annex 3). Analysis should include the incidence and prevalence of nutritional indicators disaggregated by sex, age, disability and geographical location, and wealth markers. If data on disability is not routinely collected through surveys, data should be obtained otherwise using Census Questions on Disability endorsed by the Washington Group
 - E.g. (Gendered) poverty and nutritional vulnerability assessments can determine who the most nutritionally at-risk individuals/groups are (based on common trends as outlined in Section 2.1) as well as their needs and barriers to access/utilise social protection services
- **Apply a nutrition causal analysis to identify clear and realistic pathways to improve nutrition outcomes** (see annex 3 for tool) including uptake/access to nutrition services, dietary quality, access/availability of a balanced diet, agricultural production, WASH, health services, care and feeding practices, and gender roles and responsibilities
- Engage beneficiaries and programme constituents in the design of programmes, including how their perspective will be included. Ensure that mechanisms for beneficiary engagement, including for programme monitoring and evaluation, is planned for and adequately resourced (staff time and money). It is important that programme design builds in enough flexibility to respond to beneficiary input or feedback by shifting resources or modifying the social protection approach

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3.1 Poverty and nutritional vulnerability assessments and analyses

Key objective: Poverty and nutritional vulnerability assessments and analysis inform nutrition-sensitive social assistance policy, programme design, and adaptation.

- ➔ **Why it is important?** Social assistance programme planning, and design decisions are often informed by poverty data and political preference, but this does not always allow for nutrition-informed design.



ESSENTIAL ACTIONS for poverty and nutritional vulnerability assessments and analyses

- **Use primary/secondary data to inform planning, design, and implementation of nutrition sensitive social assistance.** Nutrition data can be sought and extracted from National Nutrition Surveys and other household/population-based surveys such as Demographic Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Household Income and Expenditure Surveys (HIES), Household Budget Surveys and Population and Housing Surveys (see Annex 3). Analysis should include the incidence and prevalence of nutritional indicators disaggregated by sex, age, disability and geographical location, and wealth markers. If data on disability is not routinely collected through surveys, data should be obtained otherwise using Census Questions on Disability endorsed by the Washington Group
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- Engage beneficiaries and programme constituents in the design of programmes, including how their perspective will be included. Ensure that mechanisms for beneficiary engagement, including for programme monitoring and evaluation, is planned for and adequately resourced (staff time and money). It is important that programme design builds in enough flexibility to respond to beneficiary input or feedback by shifting resources or modifying the social protection approach

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KEY CONSIDERATIONS for development and humanitarian partners

- Consider undertaking a **context analysis** to understand the driving causes of malnutrition, including barriers related to uptake of and access to nutrition services and consumption of quality diets. This should include identifying at-risk groups that may not be sufficiently documented in existing data sources (e.g., children with disabilities, IDPs and refugees, pastoralists/nomadic groups, indigenous groups, and ethnic minorities, adolescents), and linkages with gender inequality and disability. Ultimately, a context analysis can help identify the pathways through which the social assistance programme can help address the causes of malnutrition
- Conduct a **market assessment** to assess access, availability (including seasonal variations) and prices of nutritious foods
- Based on assessments, consider developing analysis that accounts for the political economy context and the potential trade-offs between addressing needs and political buy-in for nutrition sensitive adjustments. For example, conduct stakeholder mapping and analysis
- Conduct regular or intermittent **data collection and analysis related to adequacy/coverage of routine social assistance** to identify unmet needs of individuals/groups. Use data and analysis to inform action towards increasing routine adequacy/coverage or for scaling up in the event of a crisis

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3.2 Setting programme objectives, types, and linkages

3.2.1 Programme objectives

Key objective: Nutrition concerns, informed by (gendered) poverty and nutritional vulnerability analysis, are reflected in the objectives and logical framework indicators for social assistance programmes

- **Why it is important?** Unless nutrition outcomes are explicitly included in programme objectives, Theories of Change (ToC) and logical frameworks, it is unlikely they will be factored into programming and key performance indicators.



ESSENTIAL ACTIONS for setting programme objectives, types, and linkages

- **Social assistance programmes include explicit nutrition objectives** that are developed and grounded in the context (scale, duration, severity of nutritionally at-risk in certain geographical areas) and embedded in ToCs, log frames, etc. (See Annex 5)
- **Targets for the nutrition objectives are clear, achievable, and relevant for the planned social assistance activities** (e.g., addressing stunting would require a longer-term, multi-sector engagement) through clear and realistic pathways to improve nutrition outcomes (e.g., uptake of and access to nutrition services and improved quality of diets). This may include different objectives/length of engagement relating to specific lifecycle risks, with varying nutritional implications (e.g., first 1000 days, adolescents 10-19 years)
- **Objectives explicitly address context-specific risks** (e.g., explicit inclusion of the most nutritionally at-risk individuals groups in social assistance mechanisms)



The **Rwandan Nutrition Sensitive Direct Support scheme (NSDS)** has dual objectives “*to provide income to poor and vulnerable pregnant women, new mothers and young children, allowing for adequate consumption and improved diet; and to incentivise uptake of key health and nutrition services and behavioural change*”.



KEY CONSIDERATIONS for development and humanitarian partners

- Where major discrepancies arise between programme design and implementation, consider how they affect nutritionally at-risk individuals/groups (e.g., if the programme objective is not achievable with the proposed transfer value)
- Capture potential shock responsive/humanitarian settings in programme objectives (e.g., in the event of an emergency the social assistance programme will be scaled up to meet immediate needs)

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3.2.2 Programme modality and types

Key objective: Choice of the most appropriate programme type is informed by nutrition sensitive considerations and comprehensively reflects the needs and preferences of the most nutritionally at-risk individuals/groups.

- **Why it is important?** Different social assistance programme modality (e.g., cash vs. food transfer) and programme type (child grant, grants for those with disabilities, pension, unconditional or conditional cash transfer etc.) affect nutrition outcomes in different ways. While other considerations (e.g., poverty reduction) will inform the main choices on social protection programmes, nutrition considerations should be strategically factored in as well.



ESSENTIAL ACTIONS for programme modality and types

- **The modality and types of social assistance are based on needs** (dietary, productive or income) and informed by a nutritional causal analysis (see 3.1). The choice of modality and types of social assistance will also be influenced by:
 - The context (prevalence and causes of malnutrition)
 - Local economy and markets (availability and access to nutritious food, food prices)
 - Seasonality and risk of predictable recurrent shocks
 - Preferences/limitations of nutritionally at-risk individuals/groups (e.g., public works programmes may not be appropriate for the most nutritionally at-risk groups due to the high labour demand)
- **Consider and aim to reduce the opportunity costs of the recipients collecting the benefit** (opportunity, transport, stigma)
- **Maximise the access/uptake of nutrition services and dietary quality** (e.g., through access to regular predictable income over an extended duration, access to financial services, access to information, greater gender equity, etc.)
- **Assess different programme modalities (e.g., cash, in-kind, public works, etc.) and types (child grant, disability grant, pension, conditional cash transfer etc.) with the following considerations** (alongside routine considerations):
 - What is the preference of nutritionally at-risk individuals?
 - Which modality/programme type is likely to achieve better nutrition outcomes for the intended nutritionally at-risk groups?
 - Which modality reaches the largest proportion of nutritionally at-risk individuals most cost effectively?
 - Which modality is better adapted to local market conditions and availability of local (health, nutrition, transport) services?



In **Nigeria, the Child Development Grant (2013-19)** aimed to address widespread poverty, hunger, and malnutrition (see point 3.4) through a monthly unconditional cash transfer of Nigerian Naira 3,500 per month (around \$20) to over 90,000 pregnant women. The transfers began during pregnancy and lasted until the child turned two years old and were accompanied by SBCC. The programme contributed to increased uptake of antenatal care (ANC), a higher proportion of births occurring in a health facility and attended by skilled health personnel, increased uptake of positive infant and young child feeding practices, and a reduction on the proportion of stunting among children age four to eight.

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Public Works:

Public works may not be the most effective modality to address nutrition outcomes as it requires a significant physical effort/Kcal expenditure (for already nutritionally at-risk groups). However, where governments are committed to this modality consider:

- If selection of the public infrastructure or service investment project accounts for/is modified according to the nutritionally at-risk individuals/group's needs (e.g., lighter/flexible work is available for pregnant and lactating women, childcare is available, lunch is available, work does not clash with planting/harvesting commitments)
- Monitoring/tracking for potential unintended negative impacts on nutrition (e.g., reduced quality of care to children, impacting on breastfeeding practices, child labour)
- Alternative programme types are available for nutritionally at-risk individuals



In the **Ethiopia Productive Safety Net Programme (PSNP)** pregnant women are moved from the public works programme to unconditional cash transfers from 6 months pregnancy and up to 23 months breastfeeding.



KEY CONSIDERATIONS for development and humanitarian partners

- When adapting existing modalities/types to be more nutrition sensitive, carefully analyse where the greatest added value can be made
- When designing a nutrition sensitive humanitarian cash transfer, consider the suitability of the modality and programme type for longer term integration into government systems (political will, systems to support, sustainability etc.)

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3.2.3 Linkages and complementary programming

Key objective: To ensure there are explicit and strategic linkages across social assistance programmes and other sectoral programmes / services in order to enhance nutrition outcomes and address the needs and preferences of the most nutritionally at-risk individuals/groups.

- **Why it is important?** Evidence from studies of cash combined with complementary services⁴ (also referred to as 'cash plus') suggests this approach could have higher impacts on nutrition, however, there is not yet sufficient evidence on the best design or intensity of complementary programmes

⁴ This term refers to programming where different modalities and/or activities are combined to achieve objectives. Complementary interventions may be implemented by one ministry / agency or by more than one ministry agency working collaboratively. This approach can enable identification of effective combinations of activities to address needs and achieve programme objectives. Ideally this will be facilitated by a coordinated, multisectoral approach to needs assessment and programming.



ESSENTIAL ACTIONS for linkages and complementary programming

- Layer and sequence different programmes (by government and other actors) to intentionally enhance nutritional outcomes. This applies alongside assistance, for example:
 - Consider complementary approaches which are delivered separately such as social assistance linked to a vaccination programme
 - In humanitarian cash plus programmes where households with malnourished children are targeted for the cash transfer, ensure referral systems are in place for treatment of malnutrition
 - Sectoral approaches are linked (e.g., health, WASH, education, agriculture) to meet multidimensional nutrition needs → see also policy and governance and coordination sections
- Address both supply and demand side factors
 -  In the **Bihar Child Support Programme in India**, the final evaluation showed that barriers to nutrition service uptake were mainly attributed to factors beyond the programme's control: restrictions on mobility, poor road connectivity/distances, migration, and low educational levels of the beneficiaries. However, the evaluation also found that the cash transfer improved women's status within the household and positively influenced decision-making power/control over resources/time used. This led to increases in health seeking behaviour demand for health service providers to improve service quality/accessibility.
- Integrate specific components into routine programmes. For example, there is growing evidence of the benefits of linking social assistance programmes with nutrition Social Behavioural Change Communication (SBCC). Impact assessments in Bangladesh and Myanmar found a reduction in stunting and other favourable behaviour changes when the cash transfer was sufficient to meet needs and the SBCC sessions were regular (Ahmed et al., 2019, Field et al., 2020). Base nutrition education messaging and SBCC on determinants of diet and nutrition practices and health behaviours/service uptake that can support or hinder nutrition outcomes. The SBCC design should be context specific but emerging good practice suggests that SBCC should:
 - Aim to achieve behavioural impacts, supported by knowledge, skills, and practices – with a clear focus on what behaviours the SBCC intervention aims to change (e.g., infant, and young child feeding practices, WASH practices, preventative care, hygiene practices, WASH, etc.) and how the change in practices/behaviours will be measured
 - Programme using internationally recognised best practices (e.g., featuring real-life learning by doing and skills development), defining the starting point, targeting all factors that influence food practices, empowering communities to own and drive their own change, fostering bottom up and sideways communication, supporting feasible change
 - Consider duration, intensity, and quality of the SBCC required to make an impact and achieve the objectives
 - Address capacity gaps of front-line educators/facilitators and do not assume they have the time to deliver SBCC without adequate resourcing
 - SBCC sessions should be sufficiently regular to ensure behaviour change whilst not overburdening workload of target audiences



KEY CONSIDERATIONS for development and humanitarian partners

- Consider operational simplicity so that linkages/complementarity is politically desirable and logically/financially scalable
- Consider if SBCC is adequately resourced (e.g., budget for SBCC, capacity building for teams, workload for teams delivering SBCC)
- Consider designing nutrition-sensitive humanitarian cash transfers to act as pilots for routine social assistance

3.3 Setting of eligibility criteria (targeting design)

Key objective: Nutrition-sensitive social assistance programmes are designed and implemented to benefit nutritionally at-risk individuals/groups, consider their needs and constraints while actively integrating their perspectives and regular feedback.

- ➔ **Why it is important?** Routine social assistance programmes primarily target poor individuals/households or those belonging to certain vulnerable categories (and may not include the most nutritionally at-risk) – integrating nutrition considerations may require changes in eligibility criteria or targeting approaches.



ESSENTIAL ACTIONS for setting of eligibility criteria (targeting design)

- Use the poverty and nutritional vulnerability assessments to identify who is excluded from existing programmes and inform new/adapted programme's eligibility criteria. Identify nutritionally at-risk groups and prioritise high nutrition impact groups. These will vary by context (see Box 3 on nutritionally at-risk groups to consider), and FCDO's policy to prioritise under 5-year-olds, pregnant and lactating women, and adolescents 10-19 years
- Ensure eligibility criteria captures nutritionally at-risk individuals and groups. Learning suggests that a combination of targeting approaches (categorical, geographical and individual) informed by context analysis may be the optimal approach. For example, consider:
 - Individual or household level indicators: poor access to services, no access to safe drinking water, poor sanitary conditions, low number of meals per day, dietary diversity scores
 - Categorical criteria: e.g., first 1000 days, pregnant or lactating women, adolescent girls (10-19 years). Applying categorical criteria may be more straightforward to implement and more accurate at capturing nutritionally at-risk individuals/groups than Proxy Means Tests (PMT) which have proved complex, costly, and associated with high exclusion error
 - Geographical and external indicators: differences in food prices and availability of food in different geographical areas (e.g., urban vs rural, remote areas, subsistence or mixed production areas, levels of informality); communities/areas prone to natural disasters; areas with high rates of malnutrition
 - > The humanitarian Integrated Food Security Phase Classification (IPC) methods could be used to identify geographical critical areas affected by acute food insecurity and malnutrition, and then individuals/ households can then be targeted within this area
 - > Following a natural disaster where the majority of households may be affected, a narrow targeting approach may be unsuitable due to the risk of exclusion



In the **Sahel Adaptive Social Protection Programme (ASP) in Burkina Faso, Chad, Mali, Mauritania, Niger, and Senegal** basic social protection targeting is informed by PMTs in attempt to ensure cash and support reaches the poorest. For shock-response and households interventions supported by the ASP programme, the PMT and a lighter (more rapid) targeting methodology is used to target the most vulnerable (where poverty is an assumed proxy for vulnerability) and adjusted for seasonality for each country.

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- **Review existing targeting approaches and ensure they identify and reach nutritionally at-risk individuals/groups:**
 - **Combine targeting methods:** consider combining categorical, geographical, and community participation to identify the eligible population. Ensure that community targeting, is gendered and verified by information on groups vulnerable to food and nutrition insecurity, and the identification of nutritionally at-risk groups
 - **Regular registration/enrolment exercises:** registration/enrolment processes need to be regular to capture groups that may become nutritionally at-risk (e.g., first 1000 days) (see 5.3 below)



KEY CONSIDERATIONS for development and humanitarian partners

- Consider the pros and cons of methods that rely on income (such as PMT) and are expensive to conduct regularly. These may fail to reflect social exclusion issues (e.g., of disabled persons, ethnic minorities), high volatility in poverty status, the differences in prices and availability of food baskets in different geographical and administrative areas (e.g., urban, and rural), and the challenges of measuring income in informal sectors - which can result in a high risk of targeting errors
- Consider financial forecasting for cost implications of eligibility criteria changes to nutrition sensitive social assistance

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3.4 Conditionality (if any)

Key objective: Assess whether attaching conditions to the social assistance programme, where services are available/functioning, would be appropriate, cost-effective and add value to nutrition outcomes for nutritionally at-risk individuals/groups.

- **Why it is important?** Conditionalities have been demonstrated to improve uptake of health services such as antenatal care for pregnant women, vaccinations, and growth monitoring, but there is a risk that they can be too onerous for the recipient (e.g., women's workload), overwhelm under resourced services (e.g., health clinics) and cost inefficient to enforce. Evidence also shows that 'labelling' cash transfers (e.g., providing information or "soft" conditions) can also achieve positive outcomes. Pros and cons should be weighed up to decide if an unconditional transfer could be as efficient/more cost-effective in meeting nutrition outcomes for nutritionally at-risk individuals/groups.



ESSENTIAL ACTIONS for conditionality (if any)

- **Costs of implementing, monitoring, and enforcing conditionalities** (including any unintended negative consequences) are factored in, particularly when aiming to extend programme reach to under-served nutritionally at-risk groups. Additional costs associated with monitoring and enforcing the conditionalities would need to remain lower than the expected incremental gains. Nutrition services linked to conditions would need to be in place and functioning
- **Conditionalities are based on nutrition context analysis**, requiring recipients to comply with nutrition-relevant conditions in order to receive the transfer (e.g., utilisation of health services such as vaccination campaigns etc.)
- **Focus on simple conditions** that are easy for beneficiaries to understand and for service providers to enforce. Nutrition behaviour change conditions, if any, must be complemented by strong counselling and communication services – or these could backfire (triggering exclusion for those most in need)
- Where ‘hard’ conditionality is not appropriate, consider **‘soft’ conditions or ‘labelled’ transfers to promote nutritional behaviour change** (without the administrative burden and costs of monitoring programme conditions) e.g., name of the benefit mentions nutrition or nutritionally vulnerable groups



The midline and end line evaluation of **India's Bihar Child Support Programme** (a nutrition sensitive cash transfer) indicates that beneficiaries used unconditional cash in a strongly ‘pro-nutrition’ manner, driven by the labelling and promotive messages attached to the transfer. Weakly enforced conditions worked to increase uptake of services at the Village Health Sanitation and Nutrition Day, but not uptake of (more complex) incentivised nutrition-sensitive behavioural practices such as appropriate treatment of diarrhoea with oral rehydration salts. In general, only simple conditions were recalled and implemented by beneficiaries.



KEY CONSIDERATIONS for development and humanitarian partners

- Systematic reviews of cash transfers in low- and middle-income countries demonstrate that cash has a positive impact on monetary poverty (ODI, 2016), and studies confirm that people on low incomes generally use cash transfers wisely to meet immediate food needs and access essential services (CaLP, 2011). The burden of proof should be to demonstrate that there is genuinely no better way than the conditions to meet needs or raise nutritionally at-risk individuals/groups awareness of and access to health, education, and nutrition (e.g., through incentives or supply side interventions)
- Consider soft/unconditional transfers for humanitarian response to reduce the burden on the carer/programme verification process

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3.5 Setting transfer value, frequency, and duration

Key objective: Nutrition-sensitive social assistance provides benefits that are adequate to meet the needs of nutritionally at-risk recipients whilst avoiding unintended harmful impacts.

- ➔ **Why it is important?** There is variation within and across different social assistance mechanisms (cash, in-kind, public works) transfer values, as well as variation in their frequency (e.g., monthly, quarterly), duration, and target groups (first 1000 days, under 5 years, adolescents 10-19 years, children with disabilities, etc.). It is important to set the value, frequency, and duration to best meet the nutrition outcomes intended, informed by gendered poverty and vulnerability analysis, within the resources and capacity available accepting that there will be inevitable trade-offs for adequacy, coverage, and comprehensiveness.



ESSENTIAL ACTIONS for setting transfer value, frequency, and duration

- **Nutrition-informed setting of transfer value:**

- Consider if the cash-/kind transfer (including public works, but not school feeding) is adequate to meet nutritional needs. Based on recent analysis (ISPA 2019) the transfer should cover 20-30% of household consumption costs
- The calculation of the transfer value considers the cost of a nutritious diet/minimum expenditure basket (MEB) and food prices in relation to dietary diversity and access/utilisation of nutrition services
- The transfer value is adapted, where possible, to meet the specific needs of nutritionally at-risk household size and composition e.g., number of household dependants; gender (e.g., top-ups for pregnant women); age of household members (e.g., infants, working age or elderly); seasonality (e.g., linked to agricultural calendar or seeding period); external circumstances (e.g., inflation, food prices, crises); physical access (e.g., to service delivery sites, markets and related expenses for travel); but it is acknowledged that in many cases improvements in transfer value are incremental over time
- Where adjustment for inflation is not automatic, review transfer values regularly (through a consultation process) with relevant stakeholders to assess periodic changes in household structure, food price spikes or inflation, etc.

- **Nutrition-informed setting of frequency:**

- The transfer is regular enough to meet the programme objectives for nutritionally at-risk individuals/groups, whilst minimising any collection costs borne by the recipients
- The frequency of the transfer is aligned, where possible, with predictable seasonal changes (e.g., 'hunger season'), temporary absences from the registered address/location for social assistance (e.g., labour migration, pastoral migration)

- **Nutrition-informed setting of duration:** The duration of the transfer reflects the needs and conditions of the nutritionally at-risk (e.g., when there are predictable and reoccurring lean seasons which have a cumulative effect on nutritionally at-risk individuals/groups, ensure the duration of the transfer is sufficient to meet needs, especially for vulnerable groups in deeply rural/physically remote areas or other isolated groups



In **Malawi**, the lean season (between August to February) is caused by food shortage and price fluctuations affecting around 1.9 million people. Efforts are underway to adapt the national social assistance mechanism to tackle seasonal food insecurity in a predictable/timely manner rather than reacting with annual humanitarian responses. Ideally this would involve scaling up the **National Social Support Programme (MNSSP II)** between August to February for regular and newly vulnerable households to reduce the cumulative impacts on nutritionally at-risk individuals/groups.

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KEY CONSIDERATIONS for development and humanitarian partners

Value:

- Consider conducting a forecasting analysis and an increase in the transfer value and/or coverage incrementally over a set period of time where the transfer value is not adapted to the specific needs of the nutritionally at-risk household's composition and size (i.e., one set value regardless of the number of children under 5 years) and cannot meet the suggested 20-30% of proportional needs of the nutritionally at-risk individuals/groups
- Consider calculating the cost of a minimally nutritious diet (or MEB in most humanitarian contexts) for nutritionally at-risk individuals to assess what proportion of needs the transfer meets on a monthly basis. Where the transfer is made through in-kind mechanisms, specify the type of food, nutritional value of the transfer, quality of food and estimated monetary value. If the transfer is cash, identify if it is targeted to individuals or households and determine the amount required. Note that most MEBs are calculated based on average household composition and do not usually factor in the needs of household members in relation to age/sex/health status. This data can inform programme design adjustments
- Consider monitoring the prices of goods and review transfer values to ensure that they are adequate to meet consumption objectives/requirements
- The transfer value for humanitarian responses are likely to be higher than regular social assistance as the goal is to meet a higher proportion of minimum expenditure needs
- **Public works programming:** The transfer value is either the same as the market wage or casual unskilled labour or marginally lower, does not equate to less than the Kcal's expended on the casual unskilled labour for the public works programme, and is regularly adjusted for inflation

Frequency and timing:

- Consider the regularity of payments. Shorter intervals can support households (especially in a humanitarian response) in meeting their daily basic consumption needs, however where recipients (particularly those in remote and isolated places) have to travel long distances to receive their payment, opportunity costs may arise (potentially interfering with caring responsibilities or income generating activities). For example, bi-monthly transfers may minimise time and financial costs of obtaining the benefits compared to monthly transfers.
- Consider the most appropriate timing of transfers
 - Payments related to school year/school fee due dates, lean season, humanitarian needs etc. For example, cash and inputs transfers during planting season should, consider groups' migration patterns, while regular/timely delivery will be important during the lean/hungry season
 - For public works programmes, consider implementation during hungry season, avoiding adverse effects on own income generating or production, and seasonal work availability

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3.6 Shock responsiveness

Key objective: The programme is flexible to scale up, adapt, and evolve according to changes in nutritional needs due to covariate (slow- or rapid-onset shocks, one-off or cyclical shocks, natural, political, and economic crises) and idiosyncratic shocks (affecting individuals and households)

➔ **Why it is important?** Shocks can increase the proportion of the population that are nutritionally at-risk (or likely to become at-risk). By including nutrition causal analysis in preparedness and emergency response, nutritionally at-risk individuals/groups can be better targeted by any social assistance scale up and may subsequently be included in the routine social assistance response.



ESSENTIAL ACTIONS for shock responsiveness

- **Flexibly respond to changes in household income and/or food security and nutrition due to covariate shocks**
 - Both slow and rapid onset shocks can further reduce the access to nutrition services and diet quality for the most nutritionally at-risk individuals/groups groups (including pregnant and lactating women – PLW –, children under 5 and adolescents), and this can be further exacerbated for displaced, marginalised (socially, politically, religiously, ethnically) and very rural members of a community. This can be addressed through social assistance programming
 - Inclusion of/or extension to nutritionally at-risk individuals/groups via extension or revision of coverage, extension of value/duration to respond to heightened nutrition needs created by the crisis
 - Introduction of new interventions leveraging existing programme structures, modification of programme rules/requirements to facilitate programme participation
 - Linkages to other services to respond to the impacts of the crisis e.g., health, sanitation, medicine, emergency relief, etc.
 - Build in consideration for slow onset seasonal food and nutrition insecurity into the social assistance mechanism



In **Malawi**, the scale up of the **Social Cash Transfer Programme Mtukula Pakhomo** meets the needs of 10% of the population who require shock responsive social protection over the lean season when annual predictable and reoccurring food shortages and price fluctuations occur. The national system is leveraged with additional financial, systems and capacity support from humanitarian and development partners for this shock responsive social protection.

- **Preparedness and emergency response mechanisms are set up before a shock occurs and include nutritional considerations/indicators:** Preparedness analysis and monitoring includes (see Annex 4 for more detailed guidance)
 - Identifying most nutritionally at-risk and their geographical location
 - Identifying the proportion of the pre-shock social assistance recipients who are nutritionally at-risk, their geographical coverage and a calculation of the additional recipients who will need assistance post shock (based on previous shock responses)
 - Identifying the most cost-effective inclusion mechanisms for the most nutritionally at-risk individuals/groups
- Preparedness agreements are put in place for emergency response mechanisms including:



Coordination, financing, capacity, targeting mechanisms, management information systems, transfer mechanisms and monitoring to maximise outcomes for nutritionally at-risk individuals/groups post shock.

The Kenya Hunger Safety Net Programme (HSNP) started as an emergency response to seasonal food deficits, implemented primarily by international Non-Governmental Organisations (NGOs) and financed as part of the humanitarian assistance effort within the broader framework of national social protection efforts to respond to seasonal deficits. It is now part of the national social protection system.



KEY CONSIDERATIONS for development and humanitarian partners

- Consider carrying out preparedness assessments in contexts prone to shocks, including pre-registration and pre-enrolment of households who are food insecure and nutritionally at-risk. This ensures they are pre-identified for inclusion in the event of a scale up of the social assistance programme
- Where possible, national social assistance programme structures should be leveraged for scale up and response utilising a system strengthening approach. When parts of the system are not sufficiently robust, support from a parallel (but linked) system may be required

4 How to effectively strengthen *implementation and delivery systems* to maximise nutrition outcomes for those most nutritionally at-risk

Implementation and delivery modalities will vary by different social assistance interventions (cash transfers, school feeding, public works programmes etc.) and by context (existing institutional capacities, systems, and infrastructure). It is important to ensure that nutrition-sensitive design features are translated into practice through the successful delivery of the intervention and that the programme is implemented in a way that facilitates access to the programme for those who are most nutritionally at-risk (e.g., this population group may face particular barriers in terms of mobility or remoteness, literacy, language, documentation etc.). This section recommends emerging good practice and other key considerations for each of the key “Programme Implementation Level” dimensions illustrated in Figure 1: 1) **information systems**; 2) **outreach and communication**; 3) **registration and enrolment**; 4) **payment delivery**; 5) **programme governance, grievance, and accountability mechanisms**; 6) **linkages, referrals, and case management**; and 7) **monitoring, evaluation, and learning**.

4.1 Information systems

Key objective: Social assistance information systems contain relevant nutrition-related data, including beneficiary/citizen feedback, to inform programme design and coverage of at-risk groups and are interoperable across sectors to facilitate linkages between social assistance, health, WASH, education, agriculture, and nutrition to ensure a comprehensive package of support.

→ **Why is this important?** Unless high quality data on nutrition and at-risk groups is collected intentionally, it is unlikely that routine social assistance information systems (social registries, programme management information systems, etc.) will collect such data or enable relevant data sharing across nutrition-relevant sectors⁵.



ESSENTIAL ACTIONS for information systems

- Identify and include nutrition-relevant data including feedback from beneficiaries engaged in the programme into social assistance information systems and data-collection tools to inform programme design and implementation decisions
 - while also acknowledging limitations (not all data can be collected ex-ante or has long shelf-life)
- In **Zambia**, the social registry form (primarily used for targeting the flagship Social Cash Transfer) includes a section on food security. In **the Gambia** there is a section of the social registry form on food coping strategies.
- Think through how the information system can support:
 - **The Inclusion** (coverage) of nutritionally at-risk individuals/groups to inform targeting – (see eligibility discussion above), including prioritisation of routine registration (e.g., data on 100% of population) in geographical areas where the nutritionally at-risk reside. This includes collecting data on potential future recipients: assessed but currently classified as ineligible



Malawi's ‘breaking the cycle of food and nutrition insecurity’ agenda has focused on strengthening national capacities to address chronic and acute food and nutrition insecurity and poverty. A central question of the agenda was whether systems across the humanitarian and social protection sectors could be aligned or mutually leveraged for more effective/efficient delivery. In 2016, the Unique Beneficiary Registration (UBR) social registry data collection tools were expanded to include additional food-security based indicators. In 2017 a trial was conducted to test pre-targeting households for humanitarian purposes using the UBR rather than the year-on-year Malawi Vulnerability Assessment Committee (MVAC) data collection process. The trial showed this did not enable high-quality targeting of those nutritionally at-risk as data was out of date and nutrition status could not be determined. However, important recommendations were made to strengthen the UBR and increase coverage in nutritionally-at-risk geographic areas.

⁵ More information can be found in the Guidance note on monitoring and evaluation of nutrition-relevant FCDO programmes and the accompanying indicator tool, both also produced by TASC.

- **The Comprehensiveness** of programme design to respond to specific nutritional needs
 - e.g., the type of data stored relevant to nutrition, including household expenditure related to goods and services that contribute to nutrition outcomes, such as health/nutrition service use (including which household members are the decision-makers around the expenditures and if there are disparities by age, gender and disability – especially for service receipt), hygiene, sanitation; food security; household composition (dependency ratio)
- **Develop/adapt information systems to foster interoperability between sectors/areas**
 - e.g., social protection, nutrition, health WASH, education, and agriculture, for example, to enable a more comprehensive approach to targeting, cross-sectoral programme linkages and referrals to support better access to nutrition-relevant services, monitoring and scaling up



KEY CONSIDERATIONS for development and humanitarian partners

- Consider the type of data and the frequency of data uploaded into information systems from a nutrition perspective – e.g., regular updates to include pregnancy, antenatal care, births, child anthropometry, micronutrient uptake (iron folic acid), etc. (see also registration and enrolment below)
- Consider the 'shelf-life' of different variables. For example, information on dietary diversity and food security may change too quickly to be of use except at the moment of collection – if required, this will always need to be collected at the time of the shock, ideally complementing existing data

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4.2 Outreach and communication

Key objective: Nutrition objectives are clearly communicated and accessible to the intended target group, paying close attention to the barriers people with disabilities may face in participating in outreach and communication, especially for people with intellectual impairments, sensory impairments and people with psychosocial disabilities.

→ **Why is this important?** Ensuring recipients are aware of the nutrition-related objectives of the programme can help to achieve better nutrition-related outcomes, for example supporting purchasing decisions on type of food or access to health and nutrition services. Nutritionally at-risk groups may also face challenges in accessing programme information, which needs to be considered in the way outreach and communication is delivered (e.g., due to geographical remoteness, language, communication or literacy barriers, mobility restrictions, sensory and intellectual impairments, and learning disabilities).



ESSENTIAL ACTIONS for outreach and communication

Content of outreach and communication

- Include information related to programme expectations on nutrition in the programme's outreach and communication, for example:
 - Nutrition objectives of the programme and specific programme components related to gender, especially as this may trigger 'labelling' or 'signalling' effects and augment improved effects on nutrition
 - Rationale for the programme and its objectives – e.g., explaining decisions around the choice of main recipients (especially important if women are the main recipients)
 - Identify opportunities to provide messages to recipients and communities on improving nutrition, e.g., promoting good practices in diet and nutrition, gender equality and care practices
 - State how the programme will solicit beneficiary feedback and communicate how feedback will be used (such as on effectiveness and appropriateness of the social protection approach)

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Delivery of outreach and communication tailored to reach nutritionally at-risk groups

- Deliver outreach and communication in a way that ensures the most nutritionally at-risk individuals/groups receive the information in a dignified, respectful, and accessible way. For example:
 - Use multiple communications channels to ensure a wide reach and accessibility amongst the intended population, especially those living in geographically remote areas and those with low mobility. Consider the age of recipients (e.g., communication through schools or youth groups for children) and the role of gender on information uptake and receipt.
 - Use accessible and clear language, providing options for persons with disabilities, and those with low levels of literacy
 - Consider informal communication methods and the timing of messages (considering women and men's care and paid work responsibilities)
 - Ensure that programme staff have the skills they need to successfully engage beneficiaries, such as ability to promote dialogue, to understand community dynamics and social norms, and to respectfully receive negative input or feedback



KEY CONSIDERATIONS for development and humanitarian partners

- Conduct an assessment to understand the ways in which nutritionally at-risk individuals/groups access information and the barriers they face, to inform the communications and outreach strategy
- Develop a communication strategy which supports people to understand the concept of human rights and how social protection contributes to the right to food
- Develop information on programme recipients' rights and safety – raise awareness amongst recipients about the expected standards of programme delivery (e.g., what constitutes abuse, neglect, exploitation, and violence) and how they can report violations in behaviour through complaints and grievance mechanisms
- Encourage the programme to provide messages and community dialogue on nutrition outcomes (e.g., through improved WASH, diet quality, women, and girls' empowerment the involvement of men, caring practices, access to nutrition-relevant services etc.)

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4.3 Registration and enrolment

Key objective: The inclusion of nutritionally at-risk individuals is facilitated by on-demand and flexible registration and enrolment systems, and processes are designed to reduce the barriers faced to programme participation.

- **Why is this important?** Nutrition needs and risks change across the life course. On-demand and flexible registration and enrolment processes allow recipients to access social assistance programmes when they need it most, enabling a time-sensitive response to nutritional needs (e.g., the first 1000-days of life).



ESSENTIAL ACTIONS for registration and enrolment

- **Where possible, provide on-demand and flexible registration and enrolment processes which facilitate nutritionally at-risk population groups' inclusion into social assistance programmes when needed across their life course.** This is in contrast to static registration systems e.g., informed by periodic census surveys conducted every 3+ years. For example, on-demand and flexible systems (linked to civil registration efforts) can facilitate rapid registration of newly pregnant women or new-born children to reach the first 1,000 days, as well as migrant populations and IDPs

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- **Identify and remove the barriers which may prevent nutritionally at-risk individuals registering and enrolling in the social assistance programme.** For example, reduce travel distances and costs (including for women with care and domestic responsibilities), simplify documentation requirements, adapt to socio-cultural norms (e.g., ensure culturally sensitive adaptations of questionnaires or interview styles, language translation, adaptations for persons with disabilities) and ensure safety
 - **Work across sectors to enhance registration of nutritionally at-risk individuals:**
 - Automatize registration across programmes/initiatives with similar/complementary objectives to facilitate enrolment in social assistance where feasible, and to reduce the time and costs associated with separate processes of registration and enrolment. For example, automatic links can be made when new births are registered at health centres or alongside civil registration
-  In the **Rwanda Nutrition Sensitive Direct Support social assistance scheme**, the monitoring, evaluation, and information system (MEIS) automatically identifies eligible nutritionally at-risk individuals receiving fortified blended food for registration on the direct support scheme.
- Involve local health and education services in the identification of new beneficiaries, specifically those within the first 1,000 days



KEY CONSIDERATIONS for development and humanitarian partners

- Consider assessing financial/physical barriers to registration/verification and opportunity costs related to enrolment and registration processes for the most nutritionally at-risk

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4.4 Payment delivery

Key objective: Delivery mechanisms are suited to the nutritionally at-risk target groups (considering ease of access, protection, and safety) and support nutrition objectives.

➔ **Why is this important?** The delivery of timely and regular social assistance benefits, implemented according to the planned schedule, is necessary to support improved nutrition outcomes. Tailored delivery mechanisms to ensure that nutritionally at-risk groups can access benefits (e.g., because of mobility constraints, geographical remoteness, safety, access to banking and technology) may be needed. Mobile transfers and e-banking are increasingly preferred modalities, but programmes need to ensure intended recipients can use these.



ESSENTIAL ACTIONS for payment delivery

- Ensure that there is sufficient staff capacity and infrastructure to make payments according to the planned schedule, as regular, timely and predictable payments that support nutrition outcomes. In cases where implementation challenges occur regularly, adapt the programme delivery to overcome them (e.g., simplify procedures, reduce the payment regularity (e.g., double payments where there is a predicted gap) etc.
 -  In **Mozambique**, for example, transfers were most likely to be delayed during food shortage periods as that coincided with the end of the government financial year (Kardan et al, 2017).
- Ensure that the delivery of benefits suits the needs of nutritionally at-risk individuals and does not burden them with excess time and cost associated with benefit receipt. For example, consider:
 - Providing recipients with the option of different payment modalities depending on their preferences and ease of access to benefits
 - The accessibility of new technology (Does the intended target group have access to mobile phones or e-banking? Are there transactional costs involved which can be reduced/removed? Does the target group have knowledge on how the technology works?). Consider providing mobile phones or SIM cards, working with service providers to reduce fees, and providing financial literacy support
 - The appropriateness of the location of payments or distribution sites (e.g., accessible infrastructure for people with mobility constraints, close proximity to reduce travel time and costs and reduce safety risks)
- Build the knowledge skills and capacity of implementing staff to deliver gender-sensitive, disability inclusive and nutrition-related components/design features as planned (e.g., awareness of staff on key gender and nutrition-related programme design features)



KEY CONSIDERATIONS for development and humanitarian partners

- Assess the accessibility and preferences of different delivery mechanisms amongst the intended population to inform delivery choices (including consulting the community on these issues). Considerations should also include safety and protection concerns in accessing payment/delivery points
- Consider the option of providing transfers via mobile money transfers where feasible, particularly for population groups contending with physical accessibility issues. This can reduce travel time and costs and safety risks, leading to improved nutrition outcomes. Incorporate considerations related to access, ownership, and knowledge of mobile phones by gender, age, disability, etc.
 -  The **Zap Mobile Cash Transfer Programme in Niger** found that transferring money through mobile phones led to better improvements in dietary diversity compared to manual cash payments (Aker et al., 2011; 2016).
- Consider issues of equity and fairness across implementation activities. For example, ensure that the effects of delivering cash transfers that rely on women's voluntary work do not exacerbate or exploit women's unpaid work
- Work with the network of contracted traders/vendors/payment providers to support the programme's objectives on gender and nutrition (e.g., through post-distribution monitoring, employing women mobile money agents, supporting nutrition-relevant messaging)

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4.5 Programme governance, grievance, and accountability mechanisms

Key objective: Participatory governance and accountability mechanisms that seek and include beneficiary/citizen feedback are in place to prevent error, fraud, corruption, risks, and abuse, and to enable nutritionally at-risk recipients and communities to exercise their rights.

- **Why is this important?** The participation of nutritionally at-risk individuals / groups in programme governance structures can help to ensure that the diversity of their needs are represented in programme planning and implementation. Functional grievance mechanisms are needed to ensure accountability to the population.



ESSENTIAL ACTIONS for programme governance, grievance, and accountability mechanisms

Programme governance

- Include a fair representation of women and diverse groups and use of beneficiary feedback in programme governance mechanisms, such as local committees, while ensuring that local committee members understand the needs of nutritionally at-risk groups

Grievance mechanisms

- Grievance, appeals from beneficiary feedback, and accountability mechanisms are sufficiently resourced and functioning effectively, including anonymous mechanisms and multiple ways to complain (written, verbal etc.) while serving the needs of marginalised nutritionally at-risk individuals/groups

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4.6 Linkages, referrals, and case management

Key objective: Recipients can access quality nutrition-relevant goods and services, and additional components of case management, referrals and SBCC are delivered effectively to improve nutrition outcomes.

- **Why is this important?** Investments in the supply of services and the implementation of linkages to nutrition-relevant complementary programmes are critical to ensuring improved outcomes in nutrition and addressing the multiple and non-financial constraints to improved nutrition



ESSENTIAL ACTIONS for linkages, referrals, and case management

- Ensure staff are trained and knowledgeable about locally available complementary nutrition-relevant services to provide information and refer recipients (e.g., participants in treatment programmes for moderate or severe malnutrition are automatically referred for nutrition sensitive social assistance programmes)
- Ensure that implementing staff have skills and resources to identify and refer violence and protection violations when encountered
- Ensure staff have adequate time and resources to dedicate to case management/cash plus/ SBCC activities



Ethiopia's PSNP 4 found that overburdened health extension workers reduced the effectiveness of nutrition focused SBCC, ultimately failing to improve maternal knowledge of infant and young child nutrition (Berhane et al., 2020).

- Work with service providers to allow preferential access to nutrition-relevant services for social assistance recipients, including sharing administrative tools, interoperable systems, and institutionalised programme linkages
- Work with, and build the capacity of, local actors to provide quality services responding to context-specific needs
- Enable sustained engagement of trained volunteers within communities which help to strengthen the visibility and impact of SBCC messages
- Combine a multidisciplinary team to support cash plus activities, for example, engaging with nutrition practitioners, working with Gender-Based Violence (GBV) actors



KEY CONSIDERATIONS for development and humanitarian partners

- Map and assess whether relevant health, nutrition and transportation services for the prevention and treatment of malnutrition are available, accessible and of acceptable quality
- Work with the health sector to assess and map household health financing – e.g., what are the other household expenditures for both direct and indirect costs related to accessing health services, and how can social assistance programmes support this
- Include quality SBCC components and ensure trainers/facilitators encourage the participation of men, especially around certain components, e.g., care giving practices, nutrition etc. (e.g., not just financial or economic/income generating focused components)
- Support the capacity building of local organisations to deliver social assistance and nutrition-related/gender-responsive services
- Support the development of case management approaches (including coordination and operationalisation) to ensure effective linkages between sectoral interventions at community level

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4.7 Monitoring, evaluation, and learning

Key objective: The identification of appropriate nutrition indicators to include in the monitoring and evaluation of social assistance programmes are used to understand the contribution of the programme to nutrition outcomes

→ **Why is this important?** Monitoring the effects and impacts of a programme on nutrition determinants (including age, gender equality and disability inclusion) is essential for understanding how the programme is contributing to nutrition outcomes for different at-risk groups and what programme design and implementation changes may be needed to enhance outcomes. In addition to the outcomes, it is essential to identify and learn from the programme design and implementation features that contribute to these outcomes.



ESSENTIAL ACTIONS for monitoring, evaluation, and learning

Monitoring

- Include nutrition-relevant and gender-sensitive indicators in the programme monitoring plan. This requires disaggregating indicators at individual level (sex and age at a minimum), and asking gender-specific questions
- **Incorporate beneficiary engagement indicators in programme monitoring and evaluation.** The indicators will likely focus on the perceptions, opinions and/or feelings of beneficiaries related to programme progress, and can be integrated in the results framework. Identify how will beneficiaries be included in programme evaluation and what beneficiary engagement tell us for results tracking
- Ensure indicators are appropriate to the programme design and objectives, and track intended and unintended results. See Annex 6 for examples of nutrition monitoring indicators. Some key indicators to consider include:
 - The prevalence of acute or chronic malnutrition of individuals. These include weight-for-height z-score (WHZ), height-for-age z-score (HAZ), middle upper arm circumference (MUAC), weight-for-age z-score (WAZ), and micronutrient status (such as iron). However, it is important to use these anthropometric measurements with caution given the levels of investment and resources needed to address them. Dietary diversity and food and nutrition insecurity may be more appropriate indicators
 - Food consumption and dietary diversity at the household level. These include Household Dietary Diversity Score (HDDS) or Food Consumption Score (FCS)
 - Food consumption and dietary diversity at the individual level, including Minimum Dietary Diversity for Women (MDD-W), Minimum Acceptable Diet (MAD), Minimum Dietary Diversity (MDD) and Minimum Meal Frequency (MMF)
 - Extent to which households use harmful coping strategies when they do not have enough food (Coping Strategy Index – CSI)
 - Women's empowerment
 - Adequacy of the transfer rates in relation to the proportion of needs met for at-risk groups (taking into consideration household composition and characteristics)
 - Expenditure of the cash/voucher on food, composition of purchased food, expenditure on health and nutrition-related services
 - Use of health and nutrition-related services (including vaccination/growth monitoring rates)
 - Disability inclusive indicators using questions from the Washington Group

Evaluation

- Include nutrition-relevant indicators into impact assessments. Ensure that indicators are aligned with programme objectives on nutrition (e.g., do not be overambitious in the expectations of programmes to achieve nutrition outcomes if they have not been designed and implemented to achieve these impacts)

Learning

- Document and disseminate lessons learned on social assistance for nutrition outcomes are promoted and disseminated with key policy and programme stakeholders across all relevant sectors



KEY CONSIDERATIONS for development and humanitarian partners

- Evaluate nutrition-sensitive social assistance programmes against criteria of adequacy, coverage, comprehensiveness, timeliness, cost effectiveness, predictability, cost efficiency, accountability, scalability, and long-term implications
- Consider/monitoring outcomes that were not originally anticipated to inform future programme design and implementation adaptations (e.g., social cohesion/tension, environmental impacts, economic impacts, improved productivity, negative impacts on women's time)
- Assess the effects/impacts of the programme on the local economy (including agricultural production and productivity)

5 How to effectively strengthen *policy* to maximise nutrition outcomes for those most nutritionally at-risk

This section sets out emerging good practice and other key considerations for each of the key 'Policy Level' dimensions illustrated in Figure 1. These include 1) **financing**; 2) **policy, strategy, and legislation**; 3) **governance and coordination**, and 4) **capacity**, as well as one last relevant dimension, 5) **advocacy**. This section explicitly focuses on the following question: what is different from 'business as usual' for each of these dimensions, if the objective is to better integrate nutrition? Many of these dimensions may feel beyond the direct sphere of influence for FCDO teams, yet they are essential to consider.

5.1 Financing

Key objective: Financing commitments to support nutrition-sensitive social assistance are transparent, accountable, value for money long term and reflected in legal and policy frameworks.


ESSENTIAL ACTIONS for financing

- Explicitly and adequately budget for all nutrition-related components within the social protection system ensuring:
 - A strong nutrition-focused communication strategy
 - In humanitarian programmes the value of the transfer is based on calculations of MEB and indexed to maintain their nutritional value over time, etc. – see more in Sections below)
 - In development programmes calculate the costs of a nutritious diet/MEB and use the evidence to advocate for a sufficient transfer where it does not provide a nutritious diet (whilst keeping in mind trade-offs on sustainability/coverage)
 - Full implementation of the programme, including its sustainability and predictability over time (no nutrition-sensitive feature can be implemented if the base is not solid)
 - Adequate financial resources for nutrition capacity development and system strengthening
 - Adequate financial resources for monitoring delivery of services to nutritionally at-risk individuals and groups
- **Adequate/full funds are released in a timely way** to support routine and humanitarian scale up of nutrition sensitive social assistance
- **Earmark a proportion of the social assistance budget** for nutrition sensitive adaptations and interventions
 -  In **Ethiopia's Productive Safety Net Programme (PSNP)** 3% of the budget is earmarked for nutrition-sensitive interventions.
- **Demonstrate the affordability and Value for Money of social assistance** schemes to better support nutrition outcomes (preparation of clear costing overviews, planning and monitoring of cost-efficiency and effectiveness)
- Where possible put financial agreements in place (with Ministry of Finance – MoF) for funding frameworks for humanitarian response/scale up of social assistance mechanisms
- Joint programmes are financed across sectors to offer a package of support with inter-sectoral nutrition linkages
 -  **Malawi's national agriculture investment plan** includes a focus on nutrition through the use of the social registry to ensure inclusion of the poorest households.

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KEY CONSIDERATIONS for development and humanitarian partners

- Consider investing in robust research into value for money nutrition sensitive social assistance adaptations to help determine what is achievable now and in the future
- Consider tackling non-financial constraints that hinder the sustainability of nutrition-sensitive social assistance over the longer term (e.g., political economy)
- Consider working across sectors, organisations, and networks (e.g., government led social protection and nutrition sector working groups, nutrition task forces, humanitarian cash working groups, organisations of persons with disabilities (OPDs) and WFP/FAO/UNICEF) to align/discuss common objectives in terms of nutritional impacts – and find creative ways to ensure sufficient financing to jointly achieve nutrition outcomes

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5.2 Policy, strategy, and legislation

Key objective: Legal and regulatory social protection frameworks integrates the voice of beneficiaries and reflect human rights principles, specifically the rights to social security and adequate standards of living, including the right to food and healthcare; and ensure social protection and nutrition policies and strategies are cohesive.



ESSENTIAL ACTIONS for policy, strategy, and legislation

- The right to social protection and an adequate standard of living, including the right to food and healthcare, are reflected in the country's legal, policy and regulatory frameworks
- Policies and strategies for social protection and for nutrition are cohesive:
 - The national social protection policy/strategy includes nutrition objectives and identifies funded activities to achieve these objectives, with the goal of enabling households to improve their quality of diet and increase uptake of/access to nutrition services in a way which is non-discriminatory, promotes gender equality, and is responsive to specific needs
 - In **Nigeria's social protection policy** states that the government is committed to addressing malnutrition.
 - The *national nutrition policy/strategy* reflects the needs and perspectives of citizens and includes social protection objectives, and funded activities to achieve these objectives (as above). The policy/strategy considers inequalities, promotes practices that support gender equality and social inclusion, and is responsive to specific requirements (e.g., disability) of neglected or marginalised groups
 - Policies include provision for shock responsive scale up of social assistance mechanisms



KEY CONSIDERATIONS for development and humanitarian partners

- Consider conducting a political economy analysis of institutional roles, responsibilities and dynamics for social protection and nutrition to support policy and programme adaptation/development/advocacy
- Where there are discrepancies between the national policy, the legal framing, the design of programmes and their implementation (in terms of enhancing nutrition-sensitive social assistance) consider advocating to update the policy, legal framing and/or operational guidance and support the process technically, over time

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5.3 Governance and coordination

Key objective: Clear governance and coordination between social assistance and other nutrition-relevant sectors and development actors, focused on achieving common outcomes, enhancing nutrition-sensitive social assistance.



ESSENTIAL ACTIONS for governance and coordination

Ensure governance that is conducive to joint (nutrition-sensitive) outcomes:

- Mandates for social protection and nutrition relevant sector bodies (e.g., ministries, agencies) are embedded in social protection and nutrition policy/strategy and this is reflected in governance/political leadership. Institutional mechanisms are in place at the national, federal, regional, and local levels, reflecting the national level policy and nutrition-sensitive social assistance vision
- Roles and responsibilities of the social protection and nutrition sector bodies are specified in regulations/guidance/Memoranda of Understanding (MoUs) and social assistance operating procedures manual



In Kenya, the Nutrition Improvements through Cash and Health Programme (NICHE) has a coordination and governance plan which clearly articulates the roles and responsibilities of key actors - Ministry of Health (MoH), National Drought Management Agency (NDMA), County Governments, National Council of Persons with Disabilities, UNICEF, other technical agencies, as well as targeted communities.

Coordination structures enhance joint (nutrition-sensitive) outcomes:

- Formal coordination (e.g., joint committees, working groups, task forces, etc.) includes both social protection and nutrition-relevant sector bodies (health, WASH, agriculture, education) to promote intersectoral functions and learning
- Coordination mechanisms are in place between the government and other stakeholders (e.g., the community, interest groups, donors etc.), from social protection and nutrition-relevant sectors (including health, education, WASH, agriculture) for implementation and/or monitoring at national and local levels
- Terms of Reference (TOR) for social protection coordination group/s explicitly set out mandate, objectives, core activities, roles, and responsibilities in relation to nutrition, while thematic 'task' teams address specific issues in relation to nutrition. Ensure that gender-specific actors are included and participate in governance and coordination functions, including local organisations representing women and diverse groups
- Operational agreements between social protection and other key sectors (e.g., health sector) to enhance system interoperability for referrals (e.g., between government health and nutrition information systems and social assistance referrals or management information systems used for targeting)



KEY CONSIDERATIONS for development and humanitarian partners

- Consider adapting the coordination body's TOR's objectives and frequency of meetings according to the phases of the agricultural food security cycle
- Consider a political economy analysis where governance/coordination does not function and develop or strengthen operations manuals to improve coordination between social assistance and nutrition-relevant sectors and actors
- Consider agreeing preparedness coordination functions and roles to be fulfilled in the event of a shock response

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5.4 Capacity

Key objective: Capacity to design, adapt and strengthen nutrition-sensitive social assistance policy, programme, and implementation.



ESSENTIAL ACTIONS for capacity

Externally, alongside government counterparts:

- Base capacity building plans on a **capacity assessment** that identifies existing nutrition and social assistance capacity gaps, challenges, limitations, and opportunities – within Government development and humanitarian teams (e.g., NGOs, United Nations – UN-agencies, etc.)
- **Ensure decision makers** in the ministry responsible for social protection, and sector leads for health, education, WASH, agriculture, and women's affairs **have a good understanding of the importance of the windows of opportunity** for nutrition improvement (i.e., the first 1000 days and adolescence 10-19 years), **and how social assistance can help protect those nutritionally at-risk**
- All **implementation staff**, including at local level, have a minimum level of skills and knowledge on nutrition, gender, and inclusion aspects, and have the capacity and resources to implement nutrition and gender-specific components according to programme design
- **Multi-disciplinary teams are involved in social assistance planning, design, and implementation, including members who are skilled and experienced in nutrition, gender, and inclusion.** Capacity constraints are recognised at the design/adaptation phase, and allocation of responsibilities between institutions is based on comparative advantages and capacity – to maximise common outcomes
- **Where needed, adequate incentives are provided for frontline workers burdened by additional tasks** due to the complexity of delivering nutrition-sensitive social assistance programmes



Bihar's Child Support Grant provided frontline Anganwadi health workers with incentives: Rs 100 for filling out a form after each 'nutrition day', and Rs 5 for each beneficiary weighed per month. However, workers suggested that the incentives were not enough to deal with the increased workload under the programme.

Internally:

- **Build internal and partner capacity for nutrition-sensitive approaches strategically:**
 - Commit to upgrading of the capacity of technical teams e.g., social protection leads
 - Commit to strengthening of the capacity of finance, compliance, and management teams to support learning on how nutrition-sensitive approaches can help strengthen nutrition outcomes from social assistance programmes



KEY CONSIDERATIONS for development and humanitarian partners

- Consider financing, or piggybacking on capacity assessments of the social assistance system to identify opportunities/barriers to strengthening nutrition-sensitive social assistance (alongside other objectives)
- Consider education/ training/ capacity building/ mentoring if government staff/ local actors on nutrition-sensitive social assistance at the national/local level
- Broker relationships between actors to maximise capacity transfer (e.g., leverage UNICEF and FAO capacities to strengthen social assistance with a focus on nutritional outcomes)

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5.5 Advocacy

Key objective: Evidence-based advocacy promotes the commitment and resourcing of social assistance programmes to improve nutrition.



ESSENTIAL ACTIONS for Advocacy

Externally:

- **Rally potential allies**

- Undertake a multi stakeholder mapping exercise for nutrition and social protection to identify actors, organisations, projects and/or programmes interested in (or with potential and interest in) supporting nutrition-sensitive social assistance
- Form a multisectoral working group for social protection and nutrition within existing coordination structures and conduct stakeholder meetings advocating for the inclusion of nutrition-related objectives, actions, and/or goals into national social assistance programmes

- **Build up the evidence base and present it effectively**

- Calculate the costs of a nutritious diet/MEB and use the evidence to advocate for a sufficient transfer where the existing transfer does not support financial access to a nutritious diet
- Utilise country nutrition profiles to identify evidence on national/regional gaps and progress on nutrition to strengthen nutrition-sensitive advocacy
- Develop evidence-based advocacy messages with other advocates of nutrition-sensitive social assistance to put forward to national policymakers and beyond
- When convening and engaging stakeholders, present the existing evidence base and highlight the current and emerging practices of using social assistance that has been designed/adapted to meet the needs of nutritionally at-risk groups in various settings, including sudden-onset crisis, protracted crisis, and conflict settings
- **Advocate across different stakeholder groups** on the benefits of social assistance that has been designed/adapted to meet the needs of nutritionally at-risk individuals/groups e.g., technical staff, finance staff and policymakers in other donor organisations and social protection and nutrition platforms; government counterparts across different Ministries (etc.)

Internally:

- **Get buy-in**

- Engage senior management to ensure nutrition-sensitive approaches are considered at strategic levels, e.g., mainstream nutrition-sensitive approaches as part of the organisational strategy; present main findings from 'Maximising nutrition outcomes through social protection policy and programming' evidence review (Annex 1) to senior management to promote buy-in

- **Reaching vulnerable groups**

- Always ensure that feedback is regularly sought and integrated among those who are entitled to social assistance, that they are advocated for and reached, especially for the most vulnerable to malnutrition, including people with disabilities

- **Pilot** nutrition sensitive social assistance at a smaller scale to help facilitate first-hand experience and building up of evidence that can be used to advocate for scaling-up

- **Document and learn**

- Engage colleagues (or external teams) in designing process and impact studies, learning reviews, and evaluations to capture learning from social assistance programmes that include nutrition-sensitive approaches
- Capture evidence on processes, risk management, cost-effectiveness, and accountability structures, to present alongside the impact of nutrition-sensitive approaches
- Share learning and evidence internally and externally (for example, via national social protection coordination and governance mechanisms and through global social protection platforms such as SPIAC-B, socialprotection.org)

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KEY CONSIDERATIONS for development and humanitarian partners

- Consider **organising/joining meetings** with other relevant donors' technical staff/other inter-agency platforms to emphasise FCDO's strategic-level support for nutrition-sensitive social assistance
- Highlight that nutrition-sensitive approaches for social assistance are intended to be **complementary** to nutrition specific approaches and other intervention modalities, and not a replacement
- Consider **cost benefit analysis** of nutrition-sensitive social assistance and nutrition outcomes to support advocacy
- Consider **using PROFILES** (see Annex 4) to calculate consequences if malnutrition does not improve over a defined period of time, and the benefits of improved nutrition over the same time period, including lives saved, disabilities averted, human capital gains, and economic productivity gains

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Annex 1: Summary of findings from the literature review

| Indicator | Main Finding |
|--|---|
| Dietary quality | <ul style="list-style-type: none"> Households receiving cash and food transfers tend to increase food security, food expenditure / consumption and diet quality in both humanitarian and development contexts. However, a number of factors affect the success including intra household distribution of resources, adequacy and coverage of the cash transfers, access to SBCC to strengthen knowledge and care practices, and the availability and accessibility of nutritious foods. Cash transfers can have positive impacts on women and children's dietary diversity. |
| Nutrition relevant services | <ul style="list-style-type: none"> Households receiving a cash transfer tend to spend more on preventative healthcare and are more likely to seek and receive care when sick compared to non-beneficiary households, especially when transfers are conditional. Several conditional cash transfer programmes have resulted in increased use of antenatal health visits. However, this remains context specific and does not necessarily lead to improved uptake of nutrition relevant services and dietary quality if other demand and supply side barriers to availability / access of nutritious foods are not addressed, or where quality health care is not available or accessible. Evidence of the uptake of post-natal check-ups and institutional birth delivery remain mixed. Among women and their children in FCAS, conditional and unconditional cash transfers (sometimes complimented with social behaviour change communication) has yielded positive results in health seeking behaviour, including increases in institutional deliveries, attendance to antenatal care and post-natal care services, and treatment of severe acute malnutrition (SAM). There is little evidence of the effects of social assistance programmes on access to water, sanitation, and hygiene (WASH) services. The evidence on the impact of social assistance programmes on access to nutrition-sensitive agriculture interventions remains context specific. |
| Impact on the outcomes for different nutritionally at-risk groups | <ul style="list-style-type: none"> Social assistance programmes have shown to be able to lead to improvements in the nutrition status of children under five (or under two in case of programmes targeting the first 1,000 days of life) in relation to anthropometric status (wasting and stunting), but not in all contexts. For this age group, social assistance has not been found to be consistently effective however in relation to anaemia and micronutrient status, even when the programme is distributing micronutrient-fortified food for children. Various country-level evidence shows that positive impacts for young children this age group in particular can be achieved through social assistance in the form of conditional cash transfers linked to attending nutrition education sessions (SBCC). For school-age children and adolescents (5-18 years of age), small effects have been found on anthropometry (linear growth for younger children and weight gain across the board). Besides school feeding, little evidence is available about the impact of social assistance on the nutritional status of adolescents. School feeding programme can have nutrition impacts, but these were found to be context-specific, depending on economic conditions, and design and implementation features of the programme. The current coverage for school feeding in LMIC is 20% of eligible children which reinforces the concern that the poorest children do not attend school due to the opportunity costs. Increasingly, school feeding programmes aim to address overweight and obesity. For women of reproductive age (WRA), there is limited evidence of cash transfers impacting on their nutritional status. However, there are examples of effective social assistance programmes specifically targeting pregnant women, especially when they are accompanied by an SBCC component. Some transfer programmes have also been found to increase women's empowerment (e.g., bargaining power and control over household budgets) and/or to reduce stress / workload related to poverty. Mixed results are found on how social assistance can impact on anaemia among WRA, mainly dependent on the form and size of the transfer, and other design and implementation characteristics. However, in-kind or cash transfer programs may contribute to overweight and obesity in adults, although this appears to be primarily in previously overweight and obese individuals. |
| FCAS | <ul style="list-style-type: none"> Cash transfers combined with SBCC can also benefit child and maternal diets and nutritional status in humanitarian or fragile contexts. Where there is limited access and availability to fresh foods that a combination of cash and supplementary foods might be beneficial to prevent acute malnutrition |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Cash transfers to households who have a child under treatment for severe acute malnutrition can speed up the child's recovery. • Cash transfer programmes have been shown to mitigate the impact of civil conflict on child dietary diversity and anthropometric status. • In-kind transfers can increase household food consumption, child dietary diversity and improve child anthropometric outcomes in households exposed to conflict. |
| Different social assistance mechanisms | <ul style="list-style-type: none"> • The strength of the evidence on how different social assistance mechanisms impact on uptake of /access to nutrition relevant services and diet quality is varied, and dependant on the adequacy, coverage, and comprehensiveness of the transfer, as well as good coverage of quality health, WASH, and education services. • Even though conditional transfers have shown positive results in some contexts, this is not consistent globally and here studies compare conditional and unconditional cash transfers under one programme, they find mixed results, highlighting the importance of contextualisation. • Cash may be more effective than food aid in increasing dietary diversity at household level in locations where markets were functioning, and nutritious foods were available. • Take home school feeding rations can improve anaemia and stunting, including in some cases for younger siblings / mothers in FCAS contexts, but this is dependent on the size of the ration and the opportunity costs faced. • Public works and SBCC programmes are less common but utilised in some context (e.g., Ethiopia) but with mixed or negative results due to implementation challenges and the quality of health care provisions. |
| 'Plus' approaches | <ul style="list-style-type: none"> • Cash transfer programmes including a 'plus' or complementary element of social behaviour change communication (SBCC) have been demonstrated to improve a number of nutritional indicators (e.g., dietary diversity, breastfeeding, vaccination uptake) in development and FCAS contexts, However the size of the cash transfer and the quality/ intensity of the SBCC is highly significant. • Cash plus supplementary foods may have a greater impact than cash alone in reducing acute malnutrition in emergency contexts. • However, SBCC needs to be properly resourced rather than a voluntary activity and where intensive approaches are effective, they may be challenging to scale up due to the resourcing needed. |
| Programme implementation considerations | <ul style="list-style-type: none"> • The strength of the evidence on how social assistance programme design and implementation features influence uptake / access to nutrition relevant services and diet quality is varied. Systematic reviews on the impacts of cash transfers have found positive impacts on child nutrition when cash transfers were targeted at younger children (under 5) and higher impacts among those with the highest nutrition deficiencies. • The links between the transfer size, household composition and individual requirements are rarely explicitly discussed in the calculation of transfer values. Rather, many transfers are calculated based on minimum poverty lines rather than the cost of a nutritious diet, and transfer sizes are often only loosely linked to energy needs. • Most evidence indicates that larger transfers (at least 20% of baseline household expenditures) result in greater outcomes in nutrition, although this is not consistent, and attention needs to be paid to context specificities. Evidence also points to longer programme duration, and consideration of the timing of the transfers to cyclical / seasonal food deficits, leading to enhanced nutritional outcomes, although there are some variations. • Moreover, combining cash transfers with complementary interventions, such as nutritional supplements show positive effects on nutrition. • However, the accessibility and quality of complementary services (whether linked directly to the programme or not) are also important factors influencing uptake of / access to nutrition relevant services and dietary quality. • The impacts of translating linkages between nutrition and social protection policy into practice are relatively unknown. |

Annex 2: Resources matrix

| Level | 'Building Block' | <u>ISPA FSN Assessment tool</u> | <u>Durr, A. Guidance Note on the use of CVA for nutrition outcomes in emergencies</u> | <u>SPaN operational note nutrition security</u> | Key Informant Interviews | Nutrition Sensitive Direct Support Rwanda Implementation Guidelines | Nutritional improvements through cash and health (NICHE) Kenya operations manual |
|-----------------------------------|---|---------------------------------|---|---|--------------------------|---|--|
| POLICY | Financing | x | | x | x | x | x |
| | Legal and policy frameworks | x | | x | x | | x |
| | Governance and coordination | x | x | x | x | | x |
| | Capacity | | x | x | x | x | x |
| | Advocacy | | x | | | | |
| 'Programme' DESIGN | Evidence base... | x | x | x | | | x |
| | Benefits/services package (programme types, objectives, and linkages e.g., cash+) | x | x | x | x | x | x |
| | Setting of eligibility criteria and qualifying conditions ('targeting' design) | x | x | x | x | x | x |
| | Setting, level, frequency duration | x | x | x | x | x | x |
| | Conditionality | x | x | x | x | x | x |
| | Shock responsive social protection | x | | | x | | x |
| ADMINISTRATION (delivery systems) | Information systems (MIS, social registry, etc.) | x | x | x | x | x | x |
| | Outreach and communications | x | x | x | x | x | |
| | Registration | x | | x | x | x | x |
| | Enrolment | x | x | x | x | x | x |
| | Payments/delivery | x | x | x | x | x | x |
| | Complaints and appeals (grievances) | x | | x | x | x | |
| | Case management, referrals, and linkages | x | x | | x | x | x |
| | Protection and gender | x | x | | x | | x |
| | M&E | x | x | x | x | | x |

Annex 3: Food security and nutrition tools to support analysis

(Adapted from Durr, 2020)

| | Assessment Tool | Purpose of the tool | Relevance |
|---------------------------------|---|--|--|
| Multi sectoral assessment tools | <u>Knowledge, Attitudes and Practices (KAP) survey</u> | The tool is used to evaluate current knowledge, attitudes, and practices of a community in order to measure the impact of interventions (pre and post survey). | KAP surveys and the Barrier Analysis tool can help to identify economic barriers to desirable WASH (e.g., water treatment), health and care practices. |
| | <u>Barrier Analysis tool</u> | The tool helps to identify barriers to behaviour change that, if adopted, can have a significant positive impact on the health, nutrition, or well-being of targeted groups. | They are further used to design SBCC interventions. |
| | <u>Basic Needs Assessment (BNA)</u> | The tool produces a ranking of priorities for assistance as perceived by the population. It provides information on the access, availability, and quality constraints people face in securing what they need from local service providers and markets, and the perceived severity of related humanitarian consequences. | It can help to identify and prioritize demand and supply-side barriers to adequate nutrition and how local communities think they should be met. |
| Nutrition Assessment Tools | <u>Standardized Monitoring and Assessment of Relief and Transitions (SMART)</u> | The tool is used to assess the prevalence of nutrition outcomes and mortality, while other relevant indicators like infant and young child feeding practices are often included. | It can help to assess relevant indicators focusing on economic barriers commonly faced at household-level. |
| | <u>Semi-Quantitative Evaluation of Access and Coverage (SQUEAC)</u> | The tool is used to evaluate the coverage of existing nutrition treatment services in order to improve nutrition service delivery. | It can help to identify economic barriers to accessing health and nutrition services. |
| | <u>IYCF assessment Link</u> | The tool is designed to assist in gathering and presenting relevant information; in determining the strengths and weaknesses of national policies and programmes to protect, promote and support appropriate feeding practices. | It can help to identify economic barriers to adequate feeding and care, e.g., affordability of nutritious complementary foods. |
| | <u>Nutrition Causal Analysis (NCA)</u> | A method for analysing the multicausality of under-nutrition, as a starting point for improving the relevance and effectiveness of multisectoral nutrition security programming in a given context. | The NCA can provide insight into how economic vulnerabilities and economic barriers impact malnutrition. |
| | <u>Capacity Assessment for Nutrition</u> | Tool for supporting national and local stakeholders to undertake a robust and comprehensive assessment. | Can support capacity development. |
| | <u>Minimum Dietary Diversity for Women (MDD-W)</u> | MDD-W is a dichotomous indicator of whether or not women 15–49 years of age have consumed at least five out of ten defined food groups the previous day or night. The proportion of women 15–49 years of age who reach this minimum in a population can be used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality. | The reference in the link includes a comprehensive section on nutrition in emergencies related resources along with a guide as to the most useful guidance and tools on other agencies websites. |
| Food security and | <u>Household Economy Analysis (HEA)</u> | The HEA is a livelihoods-based framework for analysing the way households obtain access to the things they need to survive and prosper. It further helps determine people's food and non-food needs and identifies appropriate means of assistance. | The HEA establishes the patterns of food production, income, and expenditure, thereby helping to identify vulnerabilities in relation |

| | Assessment Tool | Purpose of the tool | Relevance |
|--------------------------------|--|---|---|
| | <u>Cost of the Diet (CoD)</u> | <p>CoD largely builds on market and price data for local foods to estimate the amount, combination and cost of local foods needed to provide a typical family with a diet that meets their averaged needs for energy and recommended intakes of protein, fat, and micronutrients. It helps to answer the following questions:</p> <ol style="list-style-type: none"> 1. What is the minimum cost of foods that meet the nutrient needs of a typical household? 2. Can a nutritious diet be achieved using locally available foods? 3. Is this diet affordable? 4. If not, what could be done? | <p>to accessing a nutritious diet through own production or labour income.</p> <p>The CoD analysis determines how much a nutritious diet costs and whether people affected by a crisis can afford it. It can help to determine the gap of vulnerable groups in covering their basic needs and nutritional requirements.</p> |
| | <u>Household Consumption and Expenditure Surveys (HCES)</u> | <p>Household Consumption and Expenditure Surveys (HCES) are complex surveys conducted on a nationally representative sample to characterize important aspects of household socioeconomic conditions including food acquisition and/or consumption.</p> <p>HCES, while traditionally used for poverty monitoring among other things, are increasingly being used for food security and nutrition-related analyses.</p> | <p>Food consumption data from HCES are an important source of information on food security and nutrition</p> <p>Includes a wide range of data on determinants and outcomes (e.g., socioeconomic status, education), enabling various analytical options.</p> |
| Health Assessment Tools | <u>Health seeking behaviour survey</u> <u>Health expenditure surveys</u> | Health seeking behaviour and health expenditure surveys help understand barriers to access priority health services. | To identify remaining direct or indirect costs for priority health services and consider different supply and demand side options to address these. To understand when CCT may be effective to incentivise the use of free preventive services. |
| | <u>Availability, Accessibility, Acceptability, Quality (AAAQ) framework</u> | The framework helps to identify barriers women and girls may face in accessing humanitarian aid and services, including health and nutrition services. | The framework can assess the economic barriers (financial accessibility) to health and nutrition services. |
| Cash modality | <u>Cash and Learning Partnership (CaLP)</u> <u>Cash-Based Assistance Programme Quality Toolbox</u> . | Toolbox to support cash policy, programme, and implementation. | Guidance materials and field-based tools to support cash transfer mechanisms. |

Annex 4: Nutrition data and guidance related to the social assistance programme cycle

Food security and Nutrition data: (Adapted from ISPA 2019)

- UNICEF, WHO & World Bank Joint Child Malnutrition Estimates: <https://datatopics.worldbank.org/child-malnutrition/>
- Analysis of the FSN situation regarding availability, access, stability, and utilization: <http://www.fao.org/economic/ess/ess-fs/ess-fadata/en>
- Food Insecurity Experience Scale: <http://www.fao.org/in-action/voices-of-thehungry/fies/en/>
- The Global Nutrition Report: globalnutritionreport.org
- UNICEF Child Nutrition: <https://data.unicef.org/topic/nutrition/malnutrition/>
- FAO State of Food Security and Nutrition in the World: <http://www.fao.org/publications/sofi/en/>
- World Bank World Development Indicators: <http://data.worldbank.org>
- WHO Nutrition databases: www.who.int/nutrition/databases/en/index.html
- Demographic and Health Survey: <https://dhsprogram.com/>
- Demographic and Health Survey Stat Compiler: <https://www.statcompiler.com/en/>
- Food balance sheets: <http://www.fao.org/economic/ess/fbs/en/>
- FAO/WHO GIFT platform: <http://www.fao.org/gift-individual-food-consumption/en/>
- Scaling Up Nutrition (SUN) movement: www.scalingupnutrition.org

Related guidance:

- McLean, C., Carraro, L., Barca, V., Alfers, L. (2021) ‘Transfer Values: How Much Is Enough? Balancing social protection and humanitarian considerations’, Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom
- Barca, V. Inclusive Information Systems for Social Protection: Intentionally Integrating Gender and Disability. Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom
- Strengthening Gender Equality and Social Inclusion (GESI) During the Implementation of Social Protection Responses to COVID-19. Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom

Nutrition:

- The Scaling Up Nutrition movement (SUN) guidance on nutrition sensitive programming: <http://www.fao.org/3/a-i5107e.pdf>
- SCN (2017) Guidance Note on the Integration of Nutrition into The UN Development Assistance Framework: <https://www.unscn.org/uploads/web/news/document/UNDAFguidance-EN-WEB.pdf>
- The SPHERE Handbook (2018) The Humanitarian Charter and Minimum Standards in Humanitarian Response. www.spherehandbook.org/
- The Global Nutrition Report (2020): <https://globalnutritionreport.org/reports/2020-global-nutrition-report/>
- UN Network for SUN (2016) Compendium of Actions for Nutrition (CAN): www.unscn.org/en/unscn-publications?idnews=1384
- UN Standing Committee on Nutrition (SCN – 2017) Guidance Note for UN Humanitarian Coordinators on ‘Integrated multi-sectoral nutrition actions to achieve global and national nutrition-related SDG targets, particularly in fragile and conflict affected states (FCAS)’: www.unscn.org/uploads/web/news/HC-advocacy-document-on-NiE.pdf
- WHO (2018) Ten Steps to Successful Breastfeeding: <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>

Social Protection Assessment Tools (also useful for when implementing through social protection systems):

- OPM shock responsive social protection toolkit: <https://www.opml.co.uk/files/Publications/a0408-shock-responsive-social-protection-systems/srsp-toolkit.pdf?noredirect=1>
- CaLP CBA Appropriateness and feasibility: <https://www.calpnetwork.org/toolset/cva-appropriateness/>

Humanitarian cash and social protection:

- CaLP e-learning on linking humanitarian cash and social protection:
<https://www.calpnetwork.org/learning-tools/e-learning/>

Linking humanitarian cash and social protection

- Learnings on linking humanitarian cash with social protection:
https://socialprotection.org/system/files/GB%20Case%20Study%20Systhesis_0.pdf

Covid 19 adaptations:

- <https://socialprotection.org/connect/stakeholders/social-protection-approaches-covid-19-expert-advice-space>

Cash Plus:

- ODI Report and Video from High Level Panel on Humanitarian Cash Transfers:
<https://odi.org/en/publications/doing-cash-differently-how-cash-transfers-can-transform-humanitarian-aid/>
- FAO (2018) 'FAO and Cash Plus: How to Maximise the Impacts of Cash Transfers':
www.fao.org/3/I8739EN/i8739en.pdf
- Span Operational Note Health and Education: <https://europa.eu/capacity4dev/sp-nexus/documents/span-2019-operational-note-6-health-and-education>

Finance:

ELAN guidance on contracting mobile money providers: <https://www.calpnetwork.org/wp-content/uploads/2020/01/mobilemoneyassessmentcontractingguide.pdf>

Coordination:

- CaLP cash coordination tip sheet: <https://www.calpnetwork.org/publication/cash-coordination-tip-sheet/>
- OCHA Guidance on coordinating joint multi sectoral needs analysis and response analysis culminating in the HRP: [Refworld | Addendum on Data Sharing to the January 2011 Memorandum of Understanding between the Office of the United Nations High Commissioner for Refugees \(UNHCR\) and the World Food Programme \(WFP\)](https://refworld.org/docid/4d3f3a300.html)
- CaLP e learning on coordination of multipurpose cash: <https://www.calpnetwork.org/learning-tools/e-learning/>

Multi Sector Needs Assessment and Response Analysis:

- CaLP Programme Quality Toolbox:
 - Risk and opportunity assessment: <https://www.calpnetwork.org/toolset/risk-and-opportunity-assessment/>
 - Needs assessment: <https://www.calpnetwork.org/toolset/needs-assessment/>
 - Vulnerability analysis: <https://www.calpnetwork.org/toolset/vulnerability-analysis/>
- NRC Urban multi sector vulnerability assessment tool for displacement contexts:
<https://pubs.iied.org/10823iied>
- NRC Urban Response Analysis Framework: <https://pubs.iied.org/10824iied>
- WFP essential needs interim guidance: <https://www.wfp.org/publications/essential-needs-guidelines-july-2018>

Minimum Expenditure Basket (MEB) calculation:

- CaLP MEB tip sheet: https://www.calpnetwork.org/wp-content/uploads/2020/03/MEB_CALP.pdf

- WFP / UNHCR MEB harmonisation guidance: <https://www.calpnetwork.org/wp-content/uploads/2020/03/1558952437.190327meb-harmonization-guidance-v.1-1.pdf>
- CaLP Transfer, frequency, duration: <https://www.calpnetwork.org/fr/toolset/transfer-value-frequency-and-duration/>

Programme types:

- CaLP selection of delivery mechanisms: <https://www.calpnetwork.org/fr/toolset/selection-of-delivery-mechanism/>
- Inter-Agency Social Protection Assessments (ISPA). 2015. Public Works Assessment – what matters Tool: <https://ispatools.org/tools/Public-Works-What-Matters.pdf>
- School feeding | World Food Programme (wfp.org) and WFP corporate Home-Grown School Feeding Framework: <https://www.wfp.org/publications/home-grown-school-feeding-resource-framework>

Targeting tools:

- NRC Targeting in urban displacement contexts: <https://pubs.iied.org/sites/default/files/pdfs/migrate/10826IIED.pdf>

Transfer values:

- Transfer Values: How Much Is Enough? Balancing social protection and humanitarian considerations: https://socialprotection.org/sites/default/files/publications_files/Transfer%20Values_How%20Much%20Is%20Enough_Balancing%20social%20protection%20and%20humanitarian%20considerations%20%281%29.pdf

Information systems:

- Lindert, Kathy, Tina George Karippacheril, Inés Rodríguez Caillava, and Kenichi Nishikawa Chávez, eds. 2020. Sourcebook on the Foundations of Social Protection Delivery Systems. Washington, DC: World Bank:

Protection, AAP, Gender:

- WFP UNHCR data sharing protocols: <https://data2.unhcr.org/en/documents/download/56489>
- <https://openknowledge.worldbank.org/bitstream/handle/10986/34044/9781464815775.pdf?sequence=9&isAllowed=y>
- CaLP registration and data protection: <https://www.calpnetwork.org/fr/toolset/registration-and-data-protection/>
- Gender Action Plan 2016–2020 (GAP II): [https://www.europarl.europa.eu/ReqData/etudes/STUD/2017/603256/EPRS_STU\(2017\)603256_EN.pdf#:~:text=The%20EU%20Action%20Plan%202016-2020%20referred%20to,as%20it%20constitutes%20the%20manifestation%20of%20the%20principles](https://www.europarl.europa.eu/ReqData/etudes/STUD/2017/603256/EPRS_STU(2017)603256_EN.pdf#:~:text=The%20EU%20Action%20Plan%202016-2020%20referred%20to,as%20it%20constitutes%20the%20manifestation%20of%20the%20principles)
- FAO Technical Guides, [Gender-Sensitive Social Protection](#)

Monitoring:

- Grand Bargain common multipurpose cash indicators: <https://www.calpnetwork.org/wp-content/uploads/2020/03/multipurpose-cash-outcome-indicatorsfinal-draft-for-testingjuly-2019-1.pdf>
- CaLP selecting and developing project indicators: <https://www.calpnetwork.org/toolset/selecting-developing-project-indicators/>
- CaLP outcome monitoring: <https://www.calpnetwork.org/toolset/outcome-monitoring/>
- CGDEV, Measuring Women's Economic Empowerment: A Compendium of Selected Tools: <https://www.cgdev.org/sites/default/files/measuring-womens-economic-empowerment.pdf>

Annex 5: Indicators for social assistance programmes to measure nutrition outcomes

(Source ISPA 2019)

| | |
|-----------------------------|--|
| General nutritional status | <ul style="list-style-type: none">• Percentage of children under five affected by stunting• Percentage of children under five affected by wasting• Percentage of children under five who are underweight• Percentage of adults who are underweight (body mass index—BMI)• Prevalence of childhood overweight and obesity (BMI)• Prevalence of adult overweight and obesity (BMI)• Prevalence of vitamin A deficiency • Prevalence of iron-deficiency anaemia |
| Food intake (utilization) | <ul style="list-style-type: none">• Minimum acceptable diet for children aged 6–23 months• Minimum dietary diversity for children aged 6–23 months• Minimum meal frequency for children aged 6–23 months• Minimum dietary diversity for women of reproductive age (15–49 years)• Coverage of iron/folic acid supplementation for pregnant women• Percentage of households consuming adequately iodized salt• Prevalence of school-age children (6–12 years) with insufficient iodine intake• Prevalence of undernourishment |
| Health status (utilization) | <ul style="list-style-type: none">• Percentage of children aged 0–59 months with diarrhoea• Prevalence of respiratory infections • Prevalence of malaria• Percentage of infants born with low birth weight• Prevalence of anaemia in pregnant and non-pregnant women of reproductive age (15–49 years)• Prevalence of anaemia among children under five |
| Food availability | <ul style="list-style-type: none">• Per capita food production variability• Per capita food supply variability• Average dietary energy supply adequacy• Average protein supply• Average supply of protein of animal origin |

| | |
|--------------------------------------|---|
| Food access | <ul style="list-style-type: none"> • Food Insecurity Experience Scale • Household Dietary Diversity Score • Domestic food price volatility • Cereal import dependency ratio • Share of food expenditure of the poor • Depth of the food deficit |
| Care practices of women and children | <ul style="list-style-type: none"> • Early initiation of breastfeeding (first hour of life) • Rate of exclusive breastfeeding in the first six months • Percentage of client households with adequate knowledge, attitude and practices of nutrition-related behaviours disaggregated by sex • Infants and young children's feeding practices (complementary feeding for children aged 6-23 months) |
| Health services | <ul style="list-style-type: none"> • Number of health centres available • Distance from nearest health centre • Number of medical personnel in centres • Number of midwives per population • Frequency of use of antenatal care |
| WASH | <ul style="list-style-type: none"> • Access to improved water sources • Access to improved sanitation facilities • Hygiene practices (e.g., handwashing, open defecation) |
| Disability | <ul style="list-style-type: none"> • Prevalence of disability by age, gender, geography, ethnicity across all nutrition and nutrition-related indicators identified above |

Annex 6: Glossary

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|---|---|
| Basic needs | The concept of basic needs refers to the essential goods, utilities, services, or resources required on a regular or seasonal basis by households for ensuring long term survival AND minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity, and essential livelihood assets. Social protection assistance to address basic needs might feasibly be delivered through a range of modalities, including cash, vouchers, in-kind and services. |
| Cash for work | Cash payments provided on the condition of undertaking designated work. This is generally paid according to time worked (e.g., number of days, daily rate), but may also be quantified in terms of outputs (e.g., number of items produced, cubic metres dug). Cash for work (CFW) interventions are usually in public or community work programmes but can also include home-based and other forms of work. |
| Cash-Plus | Refers to complementary programming where cash transfers are combined with other modalities or activities. Complementary interventions may be implemented by the same agency/agencies or potentially by other agencies working in collaboration. Examples might include provision of training and/or livelihood inputs, or social behaviour change communication programmes. |
| Cash transfers | The provision of assistance in the form of money - either physical currency or e-cash - to recipients (individuals, households, or communities). Cash transfers are by definition unrestricted in terms of use and distinct from restricted modalities including vouchers and in-kind assistance. |
| Complementary | This term refers to programming where different modalities and/or activities are combined to achieve objectives. Complementary interventions may be implemented by one ministry / agency or by more than one ministry agency working collaboratively. This approach can enable identification of effective combinations of activities to address needs and achieve programme objectives. Ideally this will be facilitated by a coordinated, multisectoral approach to needs assessment and programming. |
| Conditionality | Conditionality i.e., conditional cash transfers (CCT) refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance. The most common conditionalities in nutrition programming are related to participation in social and behavioural change communication (SBCC) interventions or attendance to health services. |
| Dietary diversity | The number of food groups consumed over a given reference period. There are several ways to measure dietary diversity among individuals and/or households including the minimum dietary diversity for women (MDD-W), Minimum Acceptable Diet (MMD) and Minimum Dietary Diversity (MDD)H for children 6-23 months old, Household Dietary Diversity Score (HDDS), the Household Food Insecurity Access Scale (HFIAS). |
| Fragile and Conflict Affected States | Despite its contested and multidimensional nature, the term 'fragility' is usually attributed to those nations or areas where the state or main responsible governing body is unable (or unwilling) to carry out certain core functions to meet the needs and expectations of its citizens. The ILO fragility compass defines fragility as 'sudden and / or cyclical situations in which one or more exogenous (catastrophic events, health epidemics, global trade or financial crisis, weak democratic government) or endogenous (socio-political crisis, socio-economic inequalities and marginalisation, external / internal armed groups) risk factors exacerbate pre-existing or emerging political instability and socio-economic vulnerability. When these conditions persist over several years, they are likely to erode state legitimacy and public confidence.' |
| Markets system | Market System refers to all the players or actors, and their relationships with each other and with support or business services as well as the enabling environment – or rules and norms that govern the way that system works. Market systems are interconnected when they share the same set of enabling environment / rules / norms and business / support services, for instance when they operate within one country. |
| Minimum Expenditure Basket | Is defined as the cost of what a household requires to meet its essential needs – on a regular or seasonal basis – and its average cost over time. The MEB can be a critical component in the design of interventions including Multipurpose Cash Grants/Assistance with transfer amounts calculated to contribute to meeting the MEB. |
| Modality | Modality refers to the form of assistance – e.g., cash transfer, vouchers, in-kind, service delivery, or a combination (modalities). This can include both direct transfers to household level, and assistance provided at a more general or community level e.g., health services, WASH infrastructure. |

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|------------------------------------|---|
| Multi-sector | Describes a process, approach, response, programme, etc. which involves multiple (i.e., more than one) sectors (e.g., food security, shelter, protection, nutrition, education, etc.) |
| Nutritious and healthy diet | A nutritious and healthy diet is one that is diverse and balanced, and contains fruit, vegetables, legumes (e.g., lentils and beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat and brown rice). Eating at least 5 portions of fruit and vegetable a day is recommended. Free sugars, which are all sugars added to foods or drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates, should be limited to less than 50g per day. For a nutritious diet, consuming unsaturated fats (found in fish, avocado, and nuts, and in sunflower, soybean, canola, and olive oils) are preferable to saturated fats (found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) and trans-fats of all kinds. Trans fats include both industrially produced trans-fats (found in baked and fried foods, and pre-packaged snacks and foods, such as frozen pizza, pies, cookies, biscuits, wafers, and cooking oils and spreads) and ruminant trans-fats (found in meat and dairy foods from ruminant animals, such as cows, sheep, goats and camels). To avoid unhealthy weight gain, total fat should not exceed 30% of total energy (calories) intake. Intake of saturated fats should be less than 10% of total energy intake, and intake of trans-fats less than 1% of total energy intake. Salt intake should be less than 5 g per day (equivalent to sodium intake of less than 2 g per day). Source: WHO, 2020. |
| Nutrition-relevant services | These include services to prevent and treat malnutrition in children, adolescents and women are provided through facility and community-based delivery mechanisms. Examples of nutrition-specific services include maternal and child micronutrient supplementation, including home fortification, maternal and child food supplementation, support for early immediate breastfeeding initiation, promotion and support for exclusive and continued breastfeeding, promotion of age-appropriate complementary feeding practices, management of moderate acute malnutrition, treatment of severe acute malnutrition, anaemia prevention and treatment, promotion of healthy diet and physical activity during childhood and adolescence. Some examples of nutrition-sensitive services include family planning and reproductive health services, disease prevention and management strategies, especially for diarrhoea, maternal mental health support, WASH interventions, interventions and programmes in agriculture, social safety nets, early child development and education. |
| Nutrition-sensitive | Nutrition-sensitive actions are interventions, programmes, or policies in sectors other than nutrition that address the underlying determinants (referred to as social determinants in this report) of foetal and child nutrition and development and incorporate specific nutrition goals and actions. Sectors include agriculture, health, social protection, early child development, education, and water and sanitation. The social determinants that nutrition-sensitive actions can address include poverty, food insecurity, scarcity of access to adequate care resources, inadequate services for health or water and sanitation. |
| Nutrition-specific | Nutrition-specific actions are interventions, programmes or policies intended to have a direct impact on immediate determinants of nutrition. Nutrition-specific actions include promotion of adequate food and nutrient intake, feeding, caregiving and parenting practices, and prevention of infectious diseases. Examples are breastfeeding promotion, disease management and treatment of acute malnutrition in emergencies. |
| Nutrition outcomes | Nutrition outcomes shall be defined as improvement of the nutritional status typically measured through weight-for-height score (WHZ) - identifies wasting, height-for-age score (HAZ) - identifies stunting, Middle Upper Arm Circumference (MUAC) - identifies wasting or thinness, MUAC-for-age Z-score (MUACAZ) - also identifies wasting or thinness, but takes into account the age of the child, weight-for-age score (WAZ) - identifies underweight, and micronutrient status. Also, improvement in the dietary intake of individuals, typically measured through Minimum Dietary Diversity for Women (MDD-W), Minimum Acceptable Diet (MAD), Minimum Dietary Diversity (MDD) and Minimum Meal Frequency for children shall be considered as nutrition outcomes. |
| Public works programmes | Schemes providing transfers of cash or food on the condition that recipients participate in short term employment, usually on public infrastructure projects . |
| Proxy Means Test | Proxy means tests support targeting of individuals/households below a given threshold through a set scoring/ weighting of observable characteristics as proxies for given measures of well-being. |
| School feeding | School feeding transfers in kind food as meals or as take home rations and includes local purchase for home grown school feeding. There may be objectives to reduce child labour and gender inequities |

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| Social assistance | Regular, mostly unconditional, predictable transfers of cash, goods or services provided on a long-term basis to vulnerable or destitute households or specific individuals (e.g., the elderly, pregnant women), with the aim of allowing them to meet basic needs or build assets to protect themselves and increase resilience against shocks and vulnerable periods of the life cycle. Usually refers to government assistance provided in cash but can also refer to in-kind assistance. |
| Social Protection | <p>Social protection encompasses the policies and programmes that address economic, environmental, and social vulnerabilities to food insecurity and poverty by protecting and promoting livelihoods (World Bank Group, 2015).</p> <p>Social protection comprises three broad components:</p> <ul style="list-style-type: none"> • Social assistance: publicly provided non-contributory transfers that are given in kind (e.g., food) or in cash. This includes interventions such as cash transfers, school feeding, food transfers, fee waivers and public-works programmes. • Social insurance: contributory insurance to mitigate the effects of shocks. This includes measures such as health insurance, crop insurance and flood insurance. • Labour-market protection: protection for labour, such as unemployment benefits and skills development. <p>Social protection is integral to the 2030 Agenda for Sustainable Development and is recognized as instrumental in poverty eradication, inequality reduction and economic development. Poverty and hunger share many of the same structural drivers, meaning that social protection can provide an effective strategy to reduce poverty and also ensure food security and improved nutrition; this has been articulated increasingly in recent publications and initiatives. Sources: WB 2015; FAO, 2015a; FAO, 2016a.</p> |
| Undernutrition | <p>Undernutrition which is typically broken down into three types: stunting, wasting, and underweight. Each of these indicators is defined using the anthropometric measures of height or weight (or both), is specific to the child's age and sex, and results from various types of food deprivation (chronic, acute, or micronutrient specific). Each type of undernutrition has varying consequences for the health and well-being of the child, some of which pose greater risks for child survival.</p> <ul style="list-style-type: none"> • Stunting is defined as length- or height-for-age below -2 standard deviations from the median length- or height-for-age of the reference population (children of the same age and sex). Stunting often reflects a chronic deficiency of essential calories and nutrients, or sustained periods of illness that contribute to poor appetite and inadequate food consumption over extended periods of time. • Wasting is defined as weight-for-height or -length below -2 standard deviations from the median weight-for-height or -length of the reference population (children of the same age and sex). Wasting is categorized into two forms of severity: severe acute malnutrition (below -3 standard deviations from the median weight-for-height or -length of the reference population), and moderate acute malnutrition (between -3 and -2 standard deviations from the median weight-for-height -length, or MUACAZ of the reference population). Wasting often reflects an acute shock or acute absence of calories. • Underweight is defined as weight-for-age below -2 standard deviations from the weight-for-age of the reference population and low BMI (children of the same age and sex). • Micronutrient deficiency refers to an insufficiency of one or more micronutrients, with vitamin A, iron, iodine, and zinc the most often studied. Depending on the micronutrient, the severity of the deficiency, and the development stage during which the deficiency occurs, consequences range from impaired cognitive and physical development to severe mental retardation and death. |
| Vouchers | A paper, token or e-voucher that can be exchanged for a set quantity or value of goods or services, denominated either as a cash value (e.g., \$15) or predetermined commodities (e.g., 5 kg maize) or specific services (e.g., milling of 5 kg of maize), or a combination of value and commodities. Vouchers are restricted by default, although the degree of restriction will vary based on the programme design and type of voucher. They are redeemable with preselected vendors or in 'fairs' created by the implementing agency. The terms vouchers, stamps, or coupons might be used interchangeably |

Annex 7: Bibliography

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