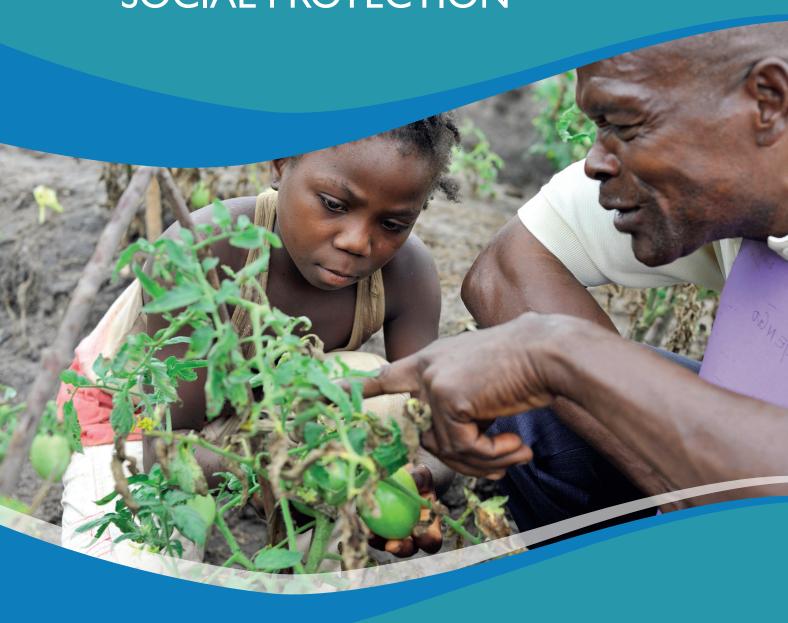


NUTRITION AND SOCIAL PROTECTION



THE MANY DIMENSIONS OF NUTRITION





Nutrition and Social Protection

The designations employed and the presentation of material in this information product do not imply the expression of any opinion whatsoever on the part of the Food and Agriculture Organization of the United Nations (FAO) concerning the legal or development status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The mention of specific companies or products of manufacturers, whether or not these have been patented, does not imply that these have been endorsed or recommended by FAO in preference to others of a similar nature that are not mentioned.

The views expressed in this information product are those of the author(s) and do not necessarily reflect the views or policies of FAO.

ISBN 978-92-5-108831-9

© FAO, 2015

FAO encourages the use, reproduction and dissemination of material in this information product. Except where otherwise indicated, material may be copied, downloaded and printed for private study, research and teaching purposes, or for use in non-commercial products or services, provided that appropriate acknowledgement of FAO as the source and copyright holder is given and that FAO's endorsement of users' views, products or services is not implied in any way.

All requests for translation and adaptation rights, and for resale and other commercial use rights should be made via www.fao.org/contact-us/licence-request or addressed to copyright@fao.org.

FAO information products are available on the FAO website (www.fao.org/publications) and can be purchased through publications-sales@fao.org.

Contents

FOREWORDvii
ACKNOWLEDGEMENTSix
ABSTRACTxi
1. BACKGROUND AND OBJECTIVES
2. UNDERSTANDING THE CONCEPTS OF NUTRITION AND SOCIAL PROTECTION IN THE FOOD AND AGRICULTURE SECTOR
2.1. The multiple causes of malnutrition and the role of agriculture 3
2.2. Social protection and the food and agriculture sector
2.3. Nutrition and social protection: the common ground9
3. USING SOCIAL PROTECTION INSTRUMENTS TO IMPROVE NUTRITION
3.1. Key principles for making social protection more nutrition-sensitive 11
3.2. Social protection instruments and their linkages to diets, income, health and care
3.2.1. How social protection instruments can help to improve people's diets 15
Food transfers
Productive asset transfers
Nutrition education16
- What to keep in mind for social protection interventions to contribute to improved diets
3.2.2. How social protection instruments can help to increase and/or stabilize household income20
Cash transfers
Public works programmes21
Input subsidies and rural services
Livelihood-related insurance
- What to keep in mind so that the increase or stabilization of household income leads to better nutrition23

NUTRITION AND SOCIAL PROTECTION

3.2.3. How social protection instruments can help to improve people's health	26
Link to health and sanitation services	26
 What to keep in mind so that social protection interventions can contribute to improving people's health 	27
3.2.4. How social protection instruments can help to improve maternal and child care practices2	28
Maternity protection	28
Labour regulations	28
 What to keep in mind so that social protection interventions can contribute to improved maternal and child care practices 	29
3.3. Integrated approach to maximize the impact of social protection on nutrition	30
4. CONCLUSION: REMAINING CHALLENGES TO BRINGING A NUTRITION LENS TO SOCIAL PROTECTION	31
REFERENCES 3	33

Figures

$\overline{\mathbf{V}}$	Figure 1. Conceptual framework of nutrition	. 5
\checkmark	Figure 2: Conceptual framework of malnutrition (adapted from "Strategy	
	for Improved Nutrition of Children and Women in Developing Countries:	
	A UNICEF Policy Review. New York: United Nations Children's Fund; 1990"	
	(7)) and possible entry points for social protection interventions	14

Boxes

V	Box 1. What is malnutrition?4
V	Box 2. What is social protection?
V	Box 3: Production to Protection: Impacts of cash transfer programmes in Sub-Saharan Africa
V	Box 4: Cabo Verde School Nutrition Programme
V	Box 5: Timely implementation: Bangladesh Cash-for-Work Programme21
V	Box 6: Republic of Djibouti Nutrition-Sensitive Social Safety Net Program 22
V	Box 7: Integrated support: Zimbabwe Protracted Relief Programme (PRP) 30

Foreword

Over the decades and worldwide, social protection has provided support to vulnerable and disadvantaged population groups. In effect, social protection has cushioned and, in many instances, prevented vulnerable people from falling into states of abject poverty and malnutrition, while at the same time improving nutrition, productivity and food self-sufficiency.

Social protection can help address the multiple dimensions of malnutrition. If well-targeted, it can be the most effective means to reach marginalized, resource-poor and nutritionally vulnerable populations. By reducing poverty and improving food security, social protection can address the root causes of malnutrition. By stimulating economic activity, enhancing social inclusion and increasing access to sanitation, health, education it further promotes better nutritional outcomes. Social protection will be most effective when embedded in such a multi-sector approach.

In November 2014, FAO and WHO Member States adopted the Rome Declaration on Nutrition and its Framework for Action, during the Second International Conference on Nutrition (ICN2). In doing so, they reaffirmed their commitment to address all forms of malnutrition and place food and nutrition security at the top of their political agenda.

The ICN2 Framework for Action strongly emphasizes the importance of social protection. Recommendations 22 and 23 encourage Member States to "Incorporate nutrition objectives into social protection programmes and into humanitarian assistance safety net programmes" and "Use cash and food transfers, including school feeding programmes and other forms of social protection for vulnerable populations to improve diets through better access to food".

Given its importance for improving food and nutrition security, FAO has made social protection one of its corporate priorities. It is one of the pillars of its Strategic Objective "Reduce Rural Poverty." Furthermore, FAO is celebrating its 70th anniversary and World Food Day 2015 with the theme "Social Protection and Agriculture: Breaking the Cycle of Rural Poverty". It is also the focus of FAO's flagship report on the State of Food and Agriculture 2015.

The present paper, *Nutrition and Social Protection*, is the result of a collaborative effort between the Nutrition Division (ESN) and the Social Protection Division (ESP). It is part of FAO's broader efforts to mainstream nutrition in all key aspects of the Organization's programme of work. It is written for policy makers and project managers working on areas related to nutrition and social protection. Building on the conceptual framework of malnutrition and the broad definition of social protection, the paper aims to provide practical and operational suggestions to enhance the nutritional impact of social protection policies and programmes.

With full commitment of all stakeholders, we believe that a world free of malnutrition is possible. Robust social protection mechanisms should be an important part of the solution. The time is now.

Anna Lartey

Affairly h.

Director Nutrition Division, ESN Rob Vos

Coordinator Strategic
Programme on Rural
Poverty Reduction
(SO3) and Director
of Social Protection
Division (ESP)

Acknowledgements

This paper has been jointly produced by FAO's Nutrition Division and Social Protection Division. It has been a collaborative assignment involving contributions from the following FAO colleagues: Holly Sedutto, Martina Kress, Militezegga Abduk Mustafa, Charlotte Dufour, Ahmed Raza, Laouratou Dia, Johanna Jelensperger, Savina Tessitore and Florence Egal. This work was initiated with financial support from the French Ministry of Foreign Affairs and the Federal Republic of Germany. Thanks are extended to Harold Alderman (CGIAR) and John Hoddinott (Cornell University) for their expert review. Finally, the support of Jayne Beaney, copy editor, Davide Cascella, graphic designer, and Chiara Deligia, communication officer, is duly acknowledged.

Abstract

This document analyses linkages and complementarities between social protection and nutrition, laying out the common ground between the two. It identifies general principles which should guide the design and implementation of social protection interventions in order to maximize their positive impact on nutrition. Common social protection instruments are analysed for their specific linkages with nutrition and concrete suggestions are made on how to best use them in order to achieve improved nutrition.

1. BACKGROUND AND OBJECTIVES

In recent years, social protection has increasingly gained attention as a powerful tool in the battle against poverty and inequality. In the face of global threats – including economic challenges and climate change – social protection instruments are frequently adopted to enable populations to better adapt to the shocks and stresses these global changes bring. While social protection was absent in the formulation of the Millennium Development Goals, it was prominent in the debates of the post-2015 development agenda (1).

With malnutrition remaining one of the greatest and most urgent global challenges, maximizing the positive impact of policies, programmes and projects on nutrition outcomes becomes an imperative. A recent review of nutrition-specific interventions in The Lancet calculates that scaling up 10 of the most effective proven interventions would reduce stunting by only 20 percent (2). Within the same Lancet series, for this reason, Ruel and Alderman (3) argue that these nutrition-specific interventions will have to be supported by nutrition-sensitive interventions and programmes that tackle the root causes of malnutrition – namely poverty and social inequality – to accelerate progress in improving maternal and child nutrition.

The positive effects of agriculture and social protection policies on nutrition are unfortunately not automatic. The aim, therefore, must be to design and implement them in a nutrition-sensitive manner. Agriculture and social protection both need to contribute to addressing the underlying key determinants of malnutrition as well as apply principles that are specifically designed to improve nutrition outcomes.

This paper discusses the main linkages and synergies between social protection and nutrition within an agricultural context and identifies possible ways of using these synergies to ensure greater positive impact of social protection measures on nutritional outcomes. It highlights the principles in making social protection interventions nutrition-sensitive and identifies concrete actions that programme designers and implementers can consider in designing their interventions and programmes to fully exploit the synergies between social protection and nutrition.

Section 3 describes in more detail how various social protection instruments can be used to tackle the different causes of malnutrition and identifies measures to lighten the nutritional impact of malnutrition.

2. UNDERSTANDING THE CONCEPTS OF NUTRITION AND SOCIAL PROTECTION IN THE FOOD AND AGRICULTURE SECTOR

2.1. The multiple causes of malnutrition and the role of agriculture

Malnutrition can take various forms (see Box 1. What is malnutrition?). This paper focuses primarily on undernutrition, including micronutrient deficiencies.

There are two questions that are central to any intervention that aims to address malnutrition:

- a. Who is most vulnerable to or affected by malnutrition (which individuals and groups)?
- b. Why are they vulnerable to or affected by malnutrition?

Regarding the first question, it is important to make a distinction between physiological vulnerability and socio-economic vulnerability. Those who are usually the most physiologically vulnerable to health and nutrition-related diseases include pregnant and lactating women, children less than five years old, the elderly, people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and disabled people. Moreover, research has shown that malnutrition during the 1000 days between pregnancy and a child's second birthday has the greatest adverse long-term effects on the individual's educational achievement and earning potential. Conversely, it is now firmly established that sufficient and adequate nutrition during the same period increases resilience to shocks and stresses not only at the individual level but also at the household, community and national level. This 1000-day period therefore represents a critical window of opportunity to establish a lasting foundation for health through adequate nutrition (4). In socio-economic terms, those individuals and households most affected by malnutrition tend to be those with the lowest incomes, who are most economically and socially marginalized and whose livelihoods are most eroded (5). It is important to consider both types of vulnerability and the interactions between them.

☑ Box 1. What is malnutrition?

Malnutrition refers to an abnormal physiological condition caused by deficiencies, excesses or imbalances in energy and/or nutrients necessary for an active, healthy life. The term encompasses undernutrition, overnutrition and micronutrient deficiencies.

Overnutrition is a result of excessive food intake relative to dietary nutrient requirements

Undernutrition, too little food intake relative to nutrient requirements, can manifest in the form of acute malnutrition or wasting (low weight-for-height), chronic malnutrition or stunting (low height-for-age) and underweight (low weight-for-age). Both over- and undernutrition can be associated with micronutrient deficiencies (shortage of minerals and/or vitamins).

The term **micronutrient deficiency**, sometimes also called "hidden hunger", refers to an inadequate intake of essential vitamins and minerals. All micronutrients are important for growth, health and development, but the three most significant ones at global level are Vitamin A, iron and iodine. **Vitamin A deficiency** causes severe eye disease that can result in blindness. It impairs the immune system and increases the severity and mortality risk of measles and diarrhoea. Lack of iron is the most common nutritional disorder in the world and eventually results in **iron-deficiency anaemia**, reducing the learning and work capacity of individuals. **Iodine deficiency disorders** jeopardize children's mental development and often their very survival.

Other terms which are often used in the context of malnutrition refer to anthropometric measurements of children. **Wasting** reflects acute malnutrition, and is generally the result of weight loss associated with a recent period of starvation or disease, characterized by low weight-for-height. **Stunting** reflects chronic malnutrition and is generally the result of inadequate food intake and/or repeated infections over an extended period of time, characterized by low height-for-age. **Underweight** in children refers to a condition of low weight-for-age and is usually the result of acute undernutrition.

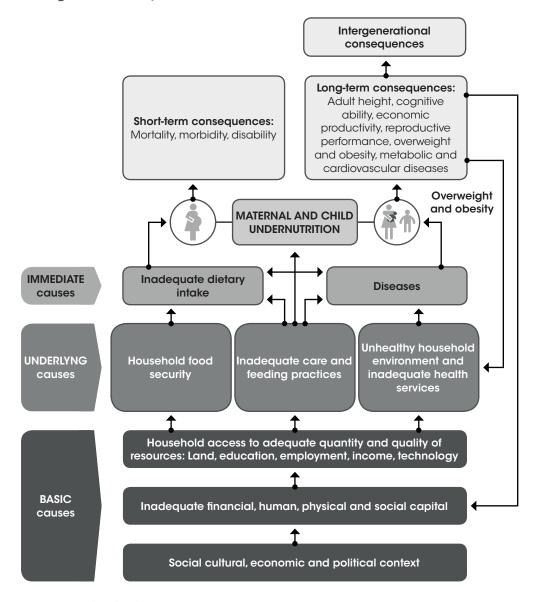
Malnutrition undermines economic growth. Well-nourished children perform better in school than malnourished children and this can add at least 10 percent to their personal lifetime earnings and contribute to a more productive labour force – resulting in a 2–3 percent increase in annual GDP for a country.

Source: The World Bank, 2006 (6).

With regard to the question of why individuals or households are malnourished, it is crucial to recognize that the determinants of malnutrition are multidimensional. This applies to both undernutrition and overnutrition.

The United Nations Children's Fund's (UNICEF) conceptual framework of malnutrition (see Figure 1) clearly illustrates that there is usually not one single cause for malnutrition. Instead, malnutrition is usually the result of a variety of interconnected economic and social risks and vulnerabilities. It identifies three levels of interrelated causes of undernutrition:

☑ Figure 1. Conceptual framework of nutrition.



Source: UNICEF, 2013.

- Immediate causes: these operate at the level of the individual and are related to **inadequate food and nutrient intake** and to **disease**. Ill health and malnutrition are correlated in many ways. One of the most obvious links is the loss or malabsorption of nutrients during episodes of diarrhoea which is a leading cause of child mortality in developing countries (8, 9) or vomiting.
- Underlying causes: these influence households and communities. They are
 grouped into three broad categories: household food insecurity (in terms of
 food availability, access, utilization and stability); inadequate care (e.g. poor
 breastfeeding, weaning practices or personal hygiene and child care); and
 poor access to, and availability of, clean, safe water, sanitation and health
 services. These are further affected by factors such as agricultural practices
 and levels and sources of household income.
- Basic causes: these relate to structures, processes and phenomena that operate at the level of the society. They include political and socio-economic factors, such as governance and institutional capacities (including public services and the private sector), gender relations, social solidarity mechanisms and the presence of safety nets, access to education, presence of infrastructure, trade policies and systems, as well as conflict. Basic causes also include environmental factors, such as climate change, and the agroecological context in which communities live.

Given the multidimensional nature of malnutrition, the causes of malnutrition vary in space, time and according to households' livelihoods and social, economic and cultural characteristics.

Fighting malnutrition in a comprehensive way thus requires the adoption of approaches that combine short- and long-term actions, and fostering of linkages between curative and preventative aspects of humanitarian and development interventions. Nutrition-sensitive interventions in agriculture have the potential to affect both the underlying and basic determinants of malnutrition, as well as improve food security and reduce the incidence of poverty (3).

The food and agriculture sector can play a key role in improving people's diets by increasing the availability, affordability and consumption of diverse, safe and nutritious foods and diets, aligned with dietary recommendations and environmental sustainability. Growing nutrient-rich crops (including fruits and vegetables) or rearing animals (for meat, eggs and milk) can increase and diversify food consumption and income sources. In many parts of the developing world, income from agriculture can contribute significantly to household investments in health, water and sanitation, and education. Labour-saving technologies in agriculture can help reduce women's workload and increase the time avail-

able for child care. In addition, safe food and agriculture practices improve public health and food utilization, and consequently improve nutrition.

2.2. Social protection and the food and agriculture sector

While social protection is not new *per se*, its integration into humanitarian and development work is relatively recent (10). With the varying nature of stakeholders engaged in the planning and implementation of social protection policies and programmes, differing definitions of social protection have proliferated both in academic literature and policy documents. Box 2 provides basic concepts of social protection and introduces some of the commonly used terminology.

☑ Box 2. What is social protection?

With social protection recently and rapidly moving up the policy agenda, it has been defined in various contexts and by a variety of stakeholders. No definition has so far been accepted widely enough to ensure a common understanding of social protection.

Most operational definitions include three elements of social protection (11):

- 1. social assistance;
- 2. social insurance;
- 3. social equity.

Social protection in its broadest sense aims to alleviate income poverty, for example, through the promotion of income-generating activities, to reduce vulnerability, such as through insurance against crop failure, and to foster greater social justice and inclusion, for instance, through the empowerment of marginalized groups.

Social protection interventions are commonly categorized as **protective** (when the focus is on recovering from shocks), **preventative** (when people's resilience to cope with shocks is strengthened), **promotive** (when the aim is mainly to enhance income or capabilities which allow people to escape from poverty), or **transformative** (when structural inequalities are addressed to improve social justice and inclusion).

Source: Devereux, 2012 (11).

In many less developed countries, there is a large overlap between people who depend on agriculture for their livelihoods and beneficiaries of social protection interventions (12). Agriculture contributes to nutrition by providing food, income and livelihoods. Improved agricultural productivity, income growth and broader poverty reduction strategies all contribute to improve the availability of food. Although investments to enhance agricultural productivity are crucial for

NUTRITION AND SOCIAL PROTECTION

long-term poverty reduction and hunger, they might not solve the problem of scarcity of nutritious and diverse diets that poor people face. Therefore, to complement these efforts, linkages should be strengthened between agricultural development plans and social protection programmes to enhance poor households' income and indirectly their access to diversified and better quality diets.

Smallholder farmers and rural households are often exposed to natural and man-made shocks which may threaten their livelihoods. During times of crises, and in the absence of insurance or other risk-sharing mechanisms, poor households adopt negative coping means that can further increase their vulnerability and erode future income-earning capacity, perpetuating the vicious cycle of poverty. For example, households may sell off their productive assets, shift agricultural production to produce less risky and lower yielding crops, reduce quality and quantity of food consumption, or they may take their children from school to engage them in income-generating activities. Both social protection and smallholder agricultural interventions often target poor households and share similar geographical settings, offering opportunities for synergies and complementarities that strengthen livelihoods of poor rural households. By ensuring predictability and regularity, social protection instruments enable households to better manage risks and change their investment behaviour by shifting to technologies that are riskier in the short term but more productive and profitable in the long term (13). While risks related to harvest failure or livestock losses can be mitigated by agricultural insurance, food production of vulnerable households can be boosted with targeted input subsidies (e.g. seeds, feed, tools and fertilizers) and rural services (e.g. credit, veterinary and advisory services, technology inputs).

Livestock-oriented social protection schemes have the potential to play a constructive role in positively impacting nutrition by promoting consumption of animal-sourced food products (meat, milk, egg, etc.) are rich in protein and selected micronutrients (e.g. vitamin A, iron, zinc, B12, calcium).

2.3. Nutrition and social protection: the common ground

Social protection and nutrition are intrinsically linked by the fact that poverty (and the inadequate quantity, quality or access to human, economic and institutional resources it implies) is the most important root cause for malnutrition. More specifically, there are strong complementarities between social protection and the fight against malnutrition due to the factors outlined below.

Social protection can address immediate, underlying and basic causes of malnutrition: As illustrated by the framework of malnutrition presented in Figure 1, ideal nutritional status cannot be achieved without consuming a healthy diet for optimal health. Social protection interventions can directly contribute to improving diets, for example, by providing food through food transfers and school feeding programmes, and can facilitate access to health care through conditional cash transfers that encourage the use of health services and/or enable households to access items for personal and household hygiene and clean water. Social protection programmes can be designed to enhance households' ability to provide care to young children and other dependent family members, for example through targeting social transfers to families with young children and/or sick dependants, or through labour regulations that enable women to breastfeed while working.

Social protection measures can not only address the immediate and underlying causes of malnutrition by adopting promotive and transformative approaches to social protection, which help people rise out of poverty, but also have the potential of addressing the basic causes of malnutrition. Indeed, solving the problem of malnutrition is a social rather than a technical issue in that it requires addressing fundamental social inequities which often prevent families from adopting healthy diets, providing adequate care and accessing health and hygiene services.

Social protection and nutrition: keys for resilience-building and linking emergency and development: Social protection and nutrition are also linked by their relevance for building resilience and linking emergency and development approaches. Nutrition is a necessary *input* for resilience-building as individuals and households affected by malnutrition are more vulnerable to shocks and stresses. Similarly, social protection measures are key tools to protect households and help them recover from shocks. Finally, to be most effective, nutrition and social protection programmes should adopt a comprehensive approach that tackles both immediate and longer-term needs.

The necessity of a multisectoral and multistakeholder approach: Poverty and malnutrition both have multiple causes which cannot be addressed by a single sector or stakeholder. Protecting the socially vulnerable from poverty and exclusion and ensuring improved nutrition therefore requires a multisectoral and multipartner approach, which operates at various levels, from individuals to households to communities, all the way up to the policy level.

The need to acknowledge and leverage the special role of women: Nutrition and gender are closely linked. Women are more at risk of becoming malnourished than men, with higher nutrient requirements especially during pregnancy and breastfeeding. At the same time, women often eat last in many cultures and leave the more nutritious food to male household members. When women are affected by malnutrition, it concerns future generations, too: malnourished women will transmit malnutrition to their children, either directly (malnourished women are more likely to give birth to smaller and lighter babies) or indirectly (because they lack the knowledge, time, financial resources or decision-making power to care well for their children). Gender differences therefore always need to be taken into account when developing social protection policies and programmes.

The relevance of a life-cycle approach: Both nutrition and social protection use the life-cycle approach, acknowledging that economic and nutritional vulnerabilities differ throughout the various phases in life and that both malnutrition as well as poverty and social exclusion have a "hereditary" character, being passed from one generation to the next (14, 15). From the perspective of nutrition, the first 1 000 days in a child's life (from conception to the second birthday) are particularly crucial, as its nutritional status during this time will determine to a large extent whether he or she will fully develop to their genetic potential. Social protection interventions, on the other hand, usually follow an integrated approach which addresses vulnerabilities at various life phases, including during infancy and childhood. Since many social protection measures aim to increase income, there is a tendency for them to focus on those who are engaged in productive labour. In order to maximize the positive impact of social protection interventions on nutrition, their impact on infants and young children should always be kept in mind.

3. USING SOCIAL PROTECTION INSTRUMENTS TO IMPROVE NUTRITION

Every social protection instrument provides specific entry points for increasing its impact on nutritional outcomes. To achieve this, a few general principles which should be kept in mind when designing and implementing nutrition-sensitive social protection interventions are described below in section 3.1, while section 3.2 presents in more detail how social protection measures can address immediate, underlying and basic causes of malnutrition.

3.1. Key principles for making social protection more nutrition-sensitive

- Target the nutritionally vulnerable: Targeting strategies of social protection programmes tend to be based on socio-economic criteria, such as poverty, asset ownership, etc., which apply at the household level. Furthermore, applying a nutrition lens to targeting is an invitation to consider the nutritional vulnerability of individuals within households in addition to household-level criteria. Individuals particularly vulnerable to malnutrition include children between the ages of six and 23 months, pregnant and lactating women, orphans, people living with HIV/AIDS, sick people and the elderly. Focusing on women in reproductive age and children during the first 1 000 days (from conception to their second birthday) is the most efficient way to break the inter-generational cycle of malnutrition and poverty by ensuring the adequate growth and mental development of children.
- Incorporate explicit nutrition objectives and indicators: The positive impact
 of social protection interventions on nutrition can be greatly enhanced
 when nutrition objectives and the various pathways through which social
 protection interventions impact on nutrition are clearly stated, and when
 nutrition indicators are included in the monitoring and evaluation system.
- Empower women and make them the recipients of social protection benefits: Social protection measures can help to break the inter-generational cycle of malnutrition, if they a) aim to increase women's access to education, assets and resources; while at the same time b) considering women's workload and time constraints (particularly true when women get involved in public work programmes or other time-demanding activities related to social protection schemes). By focusing not exclusively on women, but also holding men accountable for making their contributions to household and child caring

tasks, the positive impact of social protection on nutrition can be further strengthened. There is ample research that shows that women tend to spend more of the financial resources available to them in favour of the health and nutrition of family members (16) (17). For this reason, nutrition-sensitive social protection interventions should always consider women as the recipients of social protection benefits, especially in the case of food or cash transfers.

- Promote strategies that enable households to diversify their diets and livelihoods: social protection programmes should not only seek to improve access to staple foods, but as far as possible promote access to a diversified and safe diet, including micronutrient supplements where appropriate. Furthermore, diversifying livelihoods and thus sources of food and income such as by introducing small livestock enables households to improve both their diets and socio-economic status, while reducing their vulnerability to shocks.
- Strengthen linkages to health and sanitation services: Social protection
 measures can improve nutrition if they include health objectives. The two
 main pathways through which social protection programmes contribute to
 improved health outcomes are by improving access to and/or quality of
 health and sanitation services and by providing education on health-related
 issues and hygiene.
- Integrate nutrition education and promotion: Increasing income or food availability at the household level will not automatically translate into improved nutrition outcomes of households: for example, if caregivers lack the knowledge and education on which foods to choose and how to prepare them for a healthy diet. Nutrition education is therefore often the key element for social protection interventions to effectively improve nutrition. Furthermore, interventions can also integrate nutrition promotion activities, such as growth monitoring of children.
- Scale up safety nets in times of crises: The acute and long-term negative effects of shocks can be reduced if social protection systems already in place can be expanded and adapted in a timely manner (16, 17).

3.2. Social protection instruments and their linkages to diets, income, health and care

Even though social protection has immense potential to positively impact nutrition, these effects are unfortunately not automatic. However, social protection measures and programmes can easily be designed and implemented in a nutrition-sensitive way so as to contribute to better nutrition of the beneficiaries of social protection schemes. Moreover, social protection delivery platforms often lend themselves to the straightforward implementation of interventions that are more specifically aimed at improving nutrition, as this chapter will show in more detail.

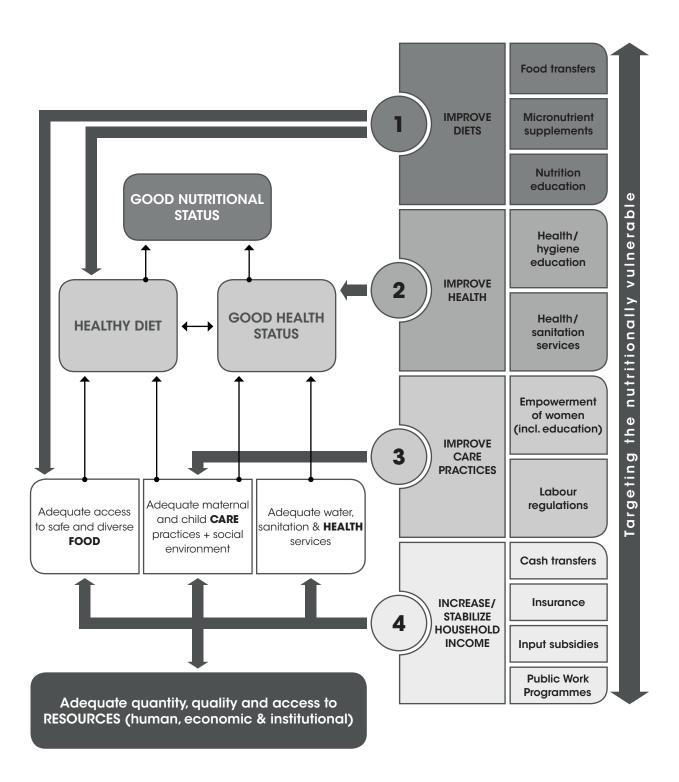
Using the conceptual framework of malnutrition as a starting point to identify opportunities for social protection measures to positively influence nutrition (cf. Figure 2) is an effective way of visualizing the multiple linkages between social protection and nutrition outcomes. The three main pathways through which social protection can positively impact nutrition are by a) improving dietary diversity; b) raising overall food consumption; and c) improving utilization of health services. In addition to the direct links related to the quality and quantity of the food consumed at the individual level, social protection can also influence other determinants of nutrition, such as practices related to care, sanitation or basic causes of malnutrition like inadequate access to resources.

☑ Box 3: Production to Protection: Impacts of cash transfer programmes in Sub-Saharan Africa

The Production to Protection (PtoP) project is a four-year collaboration between FAO, UNICEF and DFID aimed at exploring the impact of cash transfer (CT) programmes in six Sub-Saharan African countries - Ethiopia, Ghana, Kenya, Lesotho, Malawi and Zimbabwe.

A qualitative assessment of these programmes concluded that the impacts of CTs are dictated by a wide range of contextual factors, some of which include household asset base, livelihood strategies, levels of vulnerability, local economic institutions and complementary services and programmes. These results affirm the need to make social protection policies and programmes context- and group-specific, narrowly targeted, and integrated in approach, covering multiple sectors. Source: Barca and Pozarny, 2015 (20)

Figure 2: Conceptual framework of malnutrition (adapted from "Strategy for Improved Nutrition of Children and Women in Developing Countries: A UNICEF Policy Review. New York: United Nations Children's Fund; 1990" (7)) and possible entry points for social protection interventions.



In order to structure the multitude of social protection instruments in relation to their impact on nutrition in a nutrition-sensitive way, they were grouped into four different "nutrition-relevant" areas of work. Figure 2 does not claim to be comprehensive; clearly there are more indirect causal linkages than the ones exemplified in the graph to be considered when designing nutrition-sensitive social protection programmes.

Nutrition-sensitive targeting (see orange arrow) needs to be practised in all social protection interventions in order to have an effect on nutrition. Other design issues that should be kept in mind for all interventions include the generosity, frequency, duration and conditions of the intervention.

The following sections each focus on one of the social protection instruments listed in the second column of Figure 2, giving firstly, a general description of the linkages with nutrition, followed by concrete suggestions on how programmers and implementers of social protection programmes can optimize their programmes' impact on nutrition.

3.2.1. How social protection instruments can help to improve people's diets

Among the pathways through which social protection interventions can have a positive impact on nutrition, the ones improving the way people eat are naturally the most direct. However, the options listed here stem from very different approaches and are often implemented by different actors at the local level.

Food transfers

The impact of food transfers on nutrition is straightforward: transferring food to people will usually mean that they will consume this food, and that its nutrients will have a positive impact on their nutritional status. There are three major methods for food transfers: in-kind transfers, food vouchers and school feeding. Distributing food in kind can be necessary in situations when markets are not functioning properly, which is often true in emergency contexts. Food aid provided by the national government or humanitarian organizations can be the main or even only source of food for those affected by crises or disasters.¹

¹ There is evidence that food transfers cost more to implement compared to cash and voucher-based transfers (21), but in situations of acute food shortage and when food markets are disrupted, they may be the most suitable strategy. The choice of transfer method – food, cash or voucher – should be context-specific.

Today, voucher-based transfers are increasingly used as a mechanism for increasing household access to various foodstuffs. These have the potential for strengthening markets for local producers and stimulating the production of certain foods, where such production is feasible.

School feeding programmes can be viewed as conditional food transfers, the conditions being school enrolment and attendance. They provide meals at school (usually a second breakfast or lunch) or distribute take-home rations. Within an agricultural setting, another indirect benefit of school feeding programmes can be achieved through the local procurement of school meal commodities. While local procurement is common in many middle- and high-income countries, low-income countries often continue to rely on food aid for their school feeding programmes (22). In recent years, increased attempts have been made to link school feeding programmes to local agricultural production in low-income countries.

Productive asset transfers

To improve diets at the household level, food production can be enhanced through the provision of productive assets, such as livestock or agricultural inputs. Such programmes help improve food availability and can play a role in increasing dietary diversity. the additional production resulting from the asset can also be a source of extra income (see section 3.2.2 below).

For example, the Girinka Programme in Rwanda targets poor households and enables them to own a dairy cow. Beneficiaries of the programme have reported a daily increase of milk consumption (23).

Nutrition education

Better nutrition does not only require the availability of more nutritious foods but also a change of consumer behaviour, something that is hard to achieve even among well-educated and economically wealthy people. Nutrition education is therefore a key element in increasing the nutrition impact of social protection programmes. It ensures that mothers and families participating in social protection programmes are empowered with providing the best possible food and care for their children. Nutrition education is usually not a stand-alone activity, but part of an integrated approach.

What to keep in mind for social protection interventions to contribute to improved diets

Improve the nutritional quality of the food basket for food transfers and of school feeding programmes

The quantity and quality of the food transferred and its nutrient content need to match the nutrient requirements of the targeted population group. The higher the diversity and quality of the food consumed, the more likely it is that the nutritional needs of all household members are met. Where the access or availability of diverse nutritious foods is restricted, for example, because of market failures or seasonal shortages, fortified foods can help ensure that nutrient requirements are met. Existing data from nutrition surveys can provide information on which nutrients are mainly lacking from the target group's diet. Ideally, foods to be included in the transfer should be chosen according to their potential to address the prevailing nutrient deficiencies.

It can be useful to get input from a nutrition expert when designing programmes which include food transfers. It is important to ensure that they are both nutritious and consistent with local eating habits, especially for the planning of school meals. Where possible, diversifying the school ration with fresh foods such as vegetables and animal source foods has the double advantage of enhancing children's micronutrient intake and introducing healthy dietary habits. Nutritional expertise should also be consulted to decide whether fortified foods and/or supplementary foods should be included in the transfer, and which is the most suitable approach. Fortification is easiest for food that is supplied by large-scale mills; other options include the use of micronutrient powders to be added to the ration at the school itself but the cost and sustainability of supplying these has to be considered.

2. Integrate nutrition education

Increased availability of nutritious foods will not improve diets and nutrition if those who take decisions on what to produce or purchase have little knowledge of nutrition and healthy diets. Nutrition education is therefore often the missing link between improved food security and improved nutrition.

3. Include micronutrient supplementation where relevant

When options for diversifying diets through food transfers, local production or access through markets are limited, micronutrient supplementation can complement the social protection interventions to enhance the intake of key micronutrients. Ready-to-use micronutrient powders in one-dose sachets are widely used for home fortification. The delivery of these micronutrient powders is usually not a stand-alone intervention but linked to existing health, education or social protection programmes. Social protection programmes offer two commonly used pathways to deliver micronutrient supplements to targeted groups: Conditional cash transfers (cf. section *Cash transfers*, p. 20) and school feeding programmes. In all cases, methods for micronutrient supplementation (target groups, doses, etc.) should be discussed with appropriate health authorities.

4. Promote local purchase for food transfers

Purchasing food for transfer programmes from local farmers, by direct purchase or through voucher schemes, can contribute to better nutrition in two ways: directly for those who receive the transfer and indirectly for farmers whose produce is purchased by the programme. This said, such programmes are most suitable where agro-ecological conditions make it possible to produce these foods and meet the increased demand from local procurement. Where food supply is limited, increasing the demand for certain foods without simultaneously investing in improving production could lead to price increases and thus negatively affect consumers.

5. Ensure households have sufficient inputs and assets to properly store and prepare the food

The food given out in food transfers needs to be adequately prepared, which might not be possible if time constraints and/or lack of cooking utensils or combustibles make it difficult to cook food properly. This becomes particularly relevant in emergency contexts.

6. Target nutritionally vulnerable individuals within households

At the household level, food is rarely allocated to household members on the basis of their nutrient requirements. Usually cultural issues, personal preferences or gender relations play a larger role in intra-household food allocation than nutrition considerations. In some cases, the food transfers are explicitly intended to benefit the entire family, such as vegetable oil being given to girls who regularly attend school. However, if dilution is not intended, it will diminish the positive impact of the food transfer on the

targeted beneficiaries' nutrition status. Targeting individuals may be done through nutrition education emphasizing individuals' specific nutritional needs, and/or providing special rations or supplements for individuals with special nutritional needs such as infants, pregnant and lactating women and people living with HIV/AIDS.

☑ Box 4: Cabo Verde School Nutrition Programme

Cabo Verde is implementing an integrated School Nutrition Programme, led by the Foundation For Social Action in Schools (FICASE) and the Ministries of Education, Health, and Agriculture and Rural Development. Initiated with the support of WFP in the 1970s, the school feeding programme has been fully managed by the Government since 2011. With the support of FAO, WFP, UNICEF and WHO through the UN Joint Programme funded by the Government of Luxembourg, the Government is working to strengthen the programme's impact on food and nutrition security through an integrated and multistakeholder approach, by working in the following areas:

- Enhancing the institutional sustainability of the programme, namely through the adoption of a law on school nutrition and health (approved by its Cabinet in January 2015 and pending approval by Parliament), and the strengthening of FICASE capacities in management, monitoring, logistics and resource mobilization.
- 2. Diversifying school meals through local procurement of foods: school meals are being diversified with fruits, vegetables and fish procured from local producers, and imported beans are being partially replaced with local beans. This is a means of revitalizing local production, generating income and jobs amongst local suppliers, and improving the quality of products through the definition and adoption of food safety standards.
- 3. Providing food and nutrition education in schools: this includes integrating topics such as dietary diversity, importance of exercise, prevention of Non-Communicable Diseases (NCDs) and the awareness of the right to food in the curriculum, training teachers and school staff in nutrition and food hygiene, and revitalizing school gardens as an educational tool (with a focus on microgardens).
- 4. Improving the management of school canteens, focusing on the quality of meals; standardizing the infrastructure of school canteens and their equipment; and conducting training sessions on food hygiene for cooks and the educational community.

The multipronged approach of the programme not only integrates nutrition-sensitive aspects of the school feeding programmes but also takes measure to positively impact the local economy.

Source: FAO, 2014 (23)

3.2.2. How social protection instruments can help to increase and/or stabilize household income

It has been shown that poor families cope with financial contraints by a) skipping meals, and b) buying mainly cheap, but less nutritious staple foods (24). These coping mechanisms put nutrition at risk. Social protection interventions that aim to increase consumption or even increase the income of poor households can help mitigate these effects.

Providing social assistance to poor and vulnerable households by transferring financial resources to them is one of the most basic forms of social protection. The most direct *conceptual* – albeit entirely theoretical – link between increased household income and the improved nutritional status of its members is straightforward: at least within the context of well-functioning markets, households can decide to spend part of their additional budget on food, leading to improved food security at household level. Even those who are engaged in agricultural production will usually buy food to top up what they produce. The budget available to spend on food – along with food prices – is therefore an important determinant of the amount, diversity and quality of the food purchased.

However, there is ample research showing that increased income does not automatically translate into better nutrition (26). Several conditions must be met for empowering household members to spend their income in a nutrition-sensitive way.

Cash transfers

Cash transfers can particularly help to place foods of high nutritional value such as animal source foods or fresh produce, within the economic reach of families who would otherwise have to limit their choices to cheaper – and often less nutritious – foods. Having the economic means to choose among a wider variety of foods can also help to improve the quality of diets by increasing dietary diversity, a factor that is of particular importance for the nutrition of young children.

Increased household income can also lower the threshold of utilizing health services and thereby positively influence the population's health status, thus tackling another basic cause of malnutrition.

² Some social protection measures can increase household budgets **indirectly**, through lowering household expenses. This is the case for all in-kind transfers, including school feeding programmes, as well as subsidies (e.g. for agriculutral inputs) or fee waivers (e.g. for school fees).

☑ Box 5: Timely implementation: Bangladesh Cash-for-Work Programme

Social protection interventions have the potential of achieving greater positive effects if implemented during times of food insecurity. The Bangladesh Cash-for-Work Programme coincides with the yearly flooding season, which is characterized by high levels of food insecurity ahead of the rice harvest.

Members of poor households participate in the construction of the earthen plinths on which their homes are rebuilt and homestead gardens are established. Both men and women participate in these labour-intensive activities and receive about US\$0.50 for each cubic metre of soil moved in constructing the plinths.

Between September and December 2007, the Programme saw an increase in the quantity and diversity of food consumed, especially animal protein, among the beneficiaries. Moreover, the nutritional status of women and children in participating households improved significantly. The weight and mid-upper arm circumference of women in the intervention group increased, while the children, on average, gained in height, weight and mid-upper arm circumference in comparison with their peers in the control group.

Source: Mascie-Taylor, Marks, Goto and Islam, 2010 (27)

Public works programmes

Public works programmes serve the dual purpose of a) mitigating the negative effects of unemployment by allowing the unemployed to generate income, and b) increasing people's future productivity by increasing their skills, health and nutritional status (28). Public works that support building, maintaining and improving infrastructures for food production like irrigation systems, terracing, market places, food storage facilities and feeder roads can have an additional positive effect on household food security by lowering and stabilizing food prices (29).

Public work programmes also provide an excellent opportunity for strengthening social networks through support to farmers' associations, cooperatives, producer groups and farmer field schools, etc. These social networks are important elements of informal social protection mechanisms. In addition, they can be effectively harnessed for better nutrition by using them as an entry point for nutrition education or community-based nutrition programmes, such as growth monitoring.

Cash, food and inputs are all possible payments for those participating in public work programmes, with all of these options impacting differently on immediate and underlying causes of malnutrition. A clear understanding of the nutrition

situation and livelihoods base of the most nutritionally vulnerable households, as well as of the functioning of local markets, is necessary in order to choose a nutrition-sensitive payment option.

It is crucial that the food portions cover and exceed the heightened need for energy and nutrients which results from physical labour, especially in food-for-work programmes,.

☑ Box 6: Republic of Djibouti Nutrition-Sensitive Social Safety Net Program

To counter high levels of malnutrition and food insecurity in the country, an integrated social protection programme has been implemented by the Government to encourage nutrition behaviour change and create income-generating opportunities. The programme targets pregnant and lactating women as well as children under two years of age in poor neighbourhoods.

The programme primarily focuses on mothers, given their key role in improving household nutrition and food security. Special attention is paid to the time and workload of women with the introduction of women-friendly and community-driven artisan projects, and by giving them the option to delegate work. Along with incorporating explicit nutrition goals and objectives in the programme design and evaluation, nutrition-specific interventions, such as the availability of micronutrients, food supplements, vaccinations and care-related services, are being implemented to address the underlying and immediate causes of malnutrition. As a result, dietary diversification, iron supplementation, regular use of soap and household spending on food increased notably among participants in the first phase of the programme.

Payment to participants is administered through a beneficiary bank card, while innovative tools such as the computerized Management Information Service (MIS), which is still undergoing technical modifications, are used for monitoring.

Source: World Bank, 2014 (30)

· Input subsidies and rural services

Input subsidies, mainly fertilizers and seed, are a commonly used instrument, particularly in Africa, to boost smallholder crop production. They can have positive impacts on agricultural production and farmers' incomes, reducing rural poverty and enhancing national household food security. These instruments can be particularly beneficial when targeted to women farmers whose access to markets is often constrained. However, when scaled up at national level, they can be extremely expensive and inefficient, difficult to sustain without cutting spending on valuable public goods and challenging to specifically target small

householders without large leakages to better-off farmers. Input subsidy policies can distort markets, but most importantly, once introduced, are politically difficult to modify or abolish. Moreover, banks or input dealers normally do not offer credit services without collateral and character references, requirements that many poor small-scale farmers cannot meet, thus potentially increasing their marginalization.

For these reasons, input subsidies need to take into account crucial factors such as targeting and accompanying measures like credit, insurance and advisory services.

Livelihood-related insurance

Many farmers lack access to proper insurance services which leads to an inefficient use of resources, such as opting for low-risk/low-return crops and production methods, and holding liquid but less productive assets. It also affects inter-temporal resource allocation; for instance, by inducing the withdrawal of children from school, cutting down on food consumption, and health services.

Extending insurance schemes to vulnerable populations can protect them from crises, ensure better use of resources and alleviate inter-temporal distortions on human and productive capital investment. Additionally, insurance reimbursements during shocks improve and maintain household security and consumption. Index-based weather insurance is an instrument which links payouts to a local rainfall index that is closely correlated with local crop yields, i.e. when the index falls below a certain level, farmers automatically receive a payment. Various delivery mechanisms can be explored to ensure equitable insurance strategies: for instance, setting up cooperatives at the community level to insure collectively and using any payouts to assist the less well-off in the community.

What to keep in mind so that the increase or stabilization of household income leads to better nutrition

1. Focus on households' purchasing power for nutritious foods

The appropriate amount, frequency and method of payment delivery should be considered from a nutrition perspective, especially for cash transfers and payments made through public work programmes.

It is obvious that the amount of transfers matters – both in terms of actually making a difference for beneficiaries as well as in terms of programme costs. In general, programmes in Latin America have higher transfers as a percentage of per capita spending than countries in South Asia or the

Middle East. Among Latin American countries, Honduras included rather small transfers in their social protection programme compared to other countries, e.g. Mexico, Colombia or Nicaragua. Seeing that the latter programmes where more successful, it was suggested that the amount transferred in the Honduran programme was too small to really have an impact on nutrition (31).

Which, and how much, food that can be purchased with an increase in household income will obviously depend on food prices (32). From a nutrition perspective, the size of transfer programmes should therefore not only be determined by assessing average household budgets and per capita spending, but should also take into account local prices for nutritionally valuable foods. Furthermore, information on how well households are equipped to provide their members with healthy diets for instance, whether they own basic cooking equipment and utensils is valuable during the design phase. Programmes could then take into account how much of the income transfer households would have to spend on equipment for properly storing and preparing food.

The average cost of a nutritious diet for the target group of the respective social protection programme is a good starting point. Several tools have been developed to facilitate the assessment of the cost of diet (for example, the CoD [Cost of the Diet] tool³ by Save the Children).

Regular and frequent - say, monthly or bi-monthly - payments have the advantage of helping households to cover everyday necessities, including food, cooking fuel and sanitary products like soap (18). Modern payment technologies, such as via mobile phones, can reduce the administrative costs of cash transfers, thereby reducing the drain on costs created by more frequent payments while at the same time minimizing the time beneficiaries need to receive their benefits.

2. Meaningfully link to other nutrition-enhancing services

The decision of whether to apply certain conditions to the disbursement of cash transfers is often context-specific as different methods are needed for various instruments.

³ See http://www.heawebsite.org/cost-diet-process.

3. Whether with or without conditions, beneficiaries of cash transfers gain by making better use of health and sanitation services and by improving their knowledge of nutrition and their diets. Cash transfer programmes should therefore seek to integrate improved access to and improved quality of health/sanitation services (cf. section 3.2.3), as well as nutrition education activities (cf. section on Nutrition Education page 16) Encourage diversified agricultural production and diets.

Dietary diversity is more likely to fulfil the nutrient requirements of all family members. Social protection within an agricultural context should therefore aim to increase the diversity of available foods by encouraging the production of a variety of foods. This entails making sure agriculture inputs and knowledge to support diversification are available.

4. Keep an eye on intra-household allocation of resources and decision-making

It is generally assumed – and scientific evidence has in many cases supported the assumption – that household income controlled by women will more likely be spent to meet the needs of dependent household members, especially children, than when it is controlled by men (33) (cf. for example 24). Giving women greater control over household resources by making them the recipients of cash transfers, or other social protection benefits, can therefore be key in maximizing the programme's positive impact on nutrition.

5. Be mindful of increasing the workload of caregivers, in particular pregnant and lactating women

Participating in public work programmes creates opportunity costs, which are of particular relevance for nutrition when primary caregivers of young children and infants are among the participants, as their workload is increased with less time to care for their children. In order to prevent the negative impact of mothers' participation in public work programmes on their children's nutrition, programme designers should consider the establishment of child care facilities for the participants of a public work programme. Other options include ensuring public works' programmes do not take place during seasons of peak agricultural labour such as harvest time, or providing cash transfer options to households or individuals who are not able to provide labour. An example of such a project is Ethiopia's Productive Safety Net Programme.

3.2.3. How social protection instruments can help to improve people's health

Good nutrition is indispensable for good health. Vice versa, many practices aimed at preventing disease and maintaining health are beneficial for the population's nutrition status.

Better integration of the health and agriculture sectors has long been recognized as a key factor to achieving better health and nutrition as well as improved livelihoods, especially but not only for people living in rural areas (34).

Link to health and sanitation services

A common condition for social protection schemes like conditional cash transfers, is participation in health programmes, such as prenatal care. There is evidence that providing social assistance on the condition of complying with certain health programmes lowers the overall threshold for using the public health system (35). At the same time, families consulting a specific health programme to comply with the conditions of their social protection scheme can more easily be referred to additional services which may benefit them (ibid.).

The quality of the health service provided within social protection schemes remains a problematic issue in many contexts. Growth monitoring of children, for example, is not meaningful if there is no follow-up for those children who are classified as being at risk. Depending on the scope of social protection programmes, the objective therefore needs to go beyond improving access to health services to include improvement in the quality of these services.

Typical health and sanitation services that have proven beneficial effects on the nutritional status of children include: growth monitoring, immunization, measures against parasitic infections, health/hygiene education and provision of safe drinking water.

Vaccinations can prevent children who risk being malnourished from contracting an infectious disease, which may lead to a deterioration in their nutrition status. There is evidence showing that children who have been vaccinated against tuberculosis, diphtheria, tetanus, whooping cough (pertussis), measles and polio are less likely to be stunted (36). Immunization against pathogens which cause diarrhoea, like rota virus, can mitigate the negative consequences of frequent and heavy episodes of diarrhoea on the nutritional status of children.

It has been shown that parasitic infections (including malaria and soil-transmitted helminthic infections) impair children's growth and possibly also their cognitive development. The interrelations between parasitic infections are complex,

with evidence suggesting that poor nutrition overall and certain micronutrient deficiencies in particular exacerbate parasitic infections and vice versa (37). Measures against parasitic infections like deworming and the distribution of mosquito nets should therefore be coupled with nutrition programmes whenever possible (ibid.).

Unsafe drinking water and inadequate sanitation and hygiene compromise nutrition by increasing exposure to pathogens. Recent research shows that the main link between WASH (water, sanitation and hygiene) and malnutrition is not only through frequent episodes of diarrhoea, but through a condition referred to as "leaky gut" or environmental entheropathy (38). Health and hygiene education – delivered together with or as part of nutrition education – has therefore been identified as an indispensable element within an integrated approach to improve nutrition.

Water needs to be safe to drink and available in sufficient quantities to allow for good practices of food and personal hygiene: for example, washing hands before handling food, washing vegetables, etc.

What to keep in mind so that social protection interventions can contribute to improving people's health

1. Promote access of vulnerable groups to health care services

Poor families are not always able to access existing health/sanitation services due to a variety of obstacles such as fees, transportation costs or time off from work. Social protection programmes can help to analyse the obstacles that prevent poor families from using health or sanitation services and contribute to improved access. Depending on the type of obstacle, improved access might result from increased household income, waivers for health service fees, free transportation or improved labour regulations.

2. Promote an integrated approach which includes the improvement of health care services

The nutritional impact of social protection interventions aiming to increase access to health services will have a positive impact on nutrition *only* if the quality of health care is good. Therefore, social protection interventions need to be accompanied by investments in health services, as part of a comprehensive approach. On a smaller scale, such as at community level, social protection programmes can help to improve the quality of existing health care and sanitation services while at the same time ensuring that

these improvements will have a positive impact on nutrition. They can, for example, provide basic health care supplies, including micronutrient supplements, equipment for growth monitoring of children and prenatal care, supplies for immunizations and treatment of parasitic infections. They can also support the maintenance of the existing health infrastructure, giving special emphasis on facilities for proper hygiene and sanitation, like sufficient toilets and washbasins. In addition, developing the capacity of health care staff, with particular emphasis on their nutrition knowledge and education, will hugely benefit the quality of health care services.

3.2.4. How social protection instruments can help to improve maternal and child care practices

Both maternal and child care can be compromised in situations where caregivers – predominantly women – are unable to find time for care-related tasks as they struggle to secure food supplies, income and health care for their families. Women face additional tasks in reproduction and family maintenance and this role may make them vulnerable to nutritional stress.

Social protection schemes can foster care for both women and children by ensuring maternal physical health, education of caregivers, providing income availability and control of resources, giving support to single-headed households, thereby lessening workload and increasing the time that mothers can devote to their families.

Maternity protection

Maternity protection measures seek to ensure that the health of women and their children is not put at risk by women's workload, and that motherhood does not compromise women's economic and employment security. Two key elements of maternity protection which are directly linked to the nutritional well-being of infants and young children include a) maternity leave and reduced workload, and b) entitlement to breastfeed upon return to work as well as breastfeeding and child care services in the work areas.

Labour regulations

Labour market regulations, for example, those on minimum wages, occupational health and safety, etc., and social security for agricultural work can serve as levers to promote positive nutrition outcomes. For instance, the establishment and enforcement of minimum wages can facilitate access to ample and adequate foods in the promotion of healthy diets. Occupational training may

be accompanied by basic nutrition education to help individuals make healthy food purchases. Also, exposure to harmful agricultural inputs such as fertilizers may be regulated and mitigated, with special clauses adopted for pregnant and lactating women (39).

What to keep in mind so that social protection interventions can contribute to improved maternal and child care practices

 Ensure social protection interventions do not compromise maternal and child care practices (follow the "do-no-harm" principle)

Women's participation in public work programmes, training and education programmes like nutrition education or other time-consuming activities related to social protection interventions can increase the amount of time mothers are separated from their young children, thereby compromising the quality of care these children receive. The negative effect on children will be especially dramatic if mothers stop breastfeeding at an early age, say, before the baby is six months old, or when young children who cannot eat by themselves are left in the care of older siblings. Providing child care options through the activities conducted as part of social protection programmes can mitigate the negative effects on child care practices.

2. Promote the adoption and enforcement of labour regulations that protect mothers (and fathers)

Whenever social protection interventions comprise the revision of labour regulations and related legal frameworks, they should emphasize maternity protection, particularly providing support to breastfeeding mothers and improved access to child care services.

3.3. Integrated approach to maximize the impact of social protection on nutrition

Policy-makers and development practitioners may find that in some scenarios an integrated approach to social protection is more suitable in tackling the multidimensional nature of malnutrition. The integrated approach – one that combines those various social protection instruments that have been discussed above – allows implementers to adapt their interventions according to local needs and capacities. Increasingly, social protection programmes and policies around the world are including components relevant to food security, health, education, gender and WASH to improve the overall well-being and nutrition of beneficiaries. Such a model, however, requires effective coordination and well-established accountability mechanisms among development partners, in order to fully exploit the complementarities between various policy instruments. Moreover, integrated programmes can be challenging to scale up and sustain financially.

☑ Box 7: Integrated support: Zimbabwe Protracted Relief Programme (PRP)

Acknowledging the multiple dimensions of food security, the Zimbabwe PRP employs an integrated approach – covering social protection, health, asset management, economic security and agricultural production – which can be framed according to local needs. For instance, one such package includes interventions on conservation agriculture, community gardens, cash transfers, input distribution, vocational training, nutrition behaviour change communication and small livestock distribution, among others.

The programme design is commendable for its multisectoral nature, focus on local needs and encouraging households to graduate out of poverty. During the second phase of the programme, there was a substantial increase in household income observed; positive effects were also noted for interventions regarding asset management, water, sanitation and hygiene and home-based care. On the other hand, the PRP has fallen short in measuring impact on nutrition as the outcome indicators focus neither on crop diversity nor gender-related issues.

Source: Jennings, Kayondo, Kagoro, Nicholson, Blight, & Gayfer, (40)

4. CONCLUSION: REMAINING CHALLENGES TO BRINGING A NUTRITION LENS TO SOCIAL PROTECTION

Social protection holds immense potential for improving nutrition sustainably. By lifting people out of poverty and enhancing access to a greater quantity and diversity of food as well as health, sanitation and education, it addresses a range of basic, underlying and immediate causes of malnutrition. However, it needs to be part of a carefully targeted, multisectoral approach tailored to reach the most vulnerable, meet their nutritional needs and empower them with both resources and knowledge.

Social protection needs to be embedded in the broader agricultural and rural development agenda to ensure coverage of the poorest, most disadvantaged and marginalized populations. Indeed, such groups may be excluded from the benefits of agricultural and rural development programmes which focus on commercialization and market integration, and which require participating households to have a bare minimum of productive assets, such as land. While aligning the unique objectives of social protection and agricultural and rural development may present challenges, the promise of complementing the two agendas can be pivotal in removing vulnerable populations from poverty. In order to enable such integration, it is crucial to establish institutional mechanisms within and across relevant sectors - social protection, health, agriculture, education, labour, trade, environment, consumer affairs and planning, among others - at all levels, including engagement of stakeholders at the local and community level, to facilitate policy coordination and coherence. Civil society organizations and research institutions also need to be involved to ensure that policy and programme designs are context-specific and confer ownershipon beneficiaries. Challenges remain in operationalizing synergies between social protection and nutrition personnel in situ as this requires sensitizing and mobilizing policy-makers and practitioners in various sectors. Adequate financial and human resources, along with information systems and logistics arrangements, should be in place to ensure capacity and knowledge development of the technical staff in the field.

Gathering evidence on the impact of social protection programmes on nutrition status poses another hurdle in making these programmes more nutrition-sensitive. Though there is a growing body of work under way in developing impact assessment tools and methods to effectively measure nutrition outcomes of

NUTRITION AND SOCIAL PROTECTION

social protection policies and programmes, greater guidance from academic and research institutions is needed to monitor the nutritional impact of these programmes.

Scaling up and sustaining social protection can be financially challenging; however, it is of paramount importance to make sure that projects and programmes last long enough s to ensure long-lasting, positive impacts on food security and nutrition (41). Policy-makers and those responsible for project implementation must take into account financial, human and institutional capacities while designing programmes.

The current political environment is increasingly favourable to expanding the agenda on social protection. During ICN2, countries acknowledged social protection as one of the key sectors in improving nutrition. To carry this momentum forward, it is essential to encourage long-term investments and build strategic partnerships within and among nations – primarily through exchange of experiences and good practices – to enhance institutional capacities in making social protection nutrition-sensitive.

References

- 1 Fiszbein, A., Kanbur, R. & Yemtsov, R. May 2013. Social Protection, Poverty and the Post-2015 Agenda. The World Bank, Report No. 6469.
- 2 Bhutta, A., Das, J.K., Rizvi, A., Gaffey, M.F., Walker, N., Horton, S. et al. 2013. Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What Can be Done and at What Cost? Lancet: 382(9890):452–77.
- 3 Ruel, M.T. & Alderman, H. 2013. Nutrition-sensitive Interventions and Programmes: How Can they Help to Accelerate Progress in Improving Maternal and Child Nutrition? The Lancet: 382(9891):536–51.
- 4 Improving Maternal and Child Nutrition During the 1,000 Days Between Pregnancy and Age Two, and the Scaling Up Nutrition (SUN) Movement [Internet]. Scaling Up Nutrition Movement; Available from: http://www.un.org/en/issues/food/taskforce/pdf/UN_SUN_FactSheet.pdf
- 5 Food and Agriculture Organization of the United Naitons. 2010. The State of Food Insecurity in the World: Addressing Food Insecurity in Protracted Crises.
- 6 Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action [Internet]. 2006. The World Bank. Available from: http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/NutritionStrategy.pdf
- 7 United Nations Children's Fund. 1990. Strategy for Improved Nutrition of Children and Women in Developing Countries: A UNICEF Policy Review. New York.
- 8 Parashar, U.D., Bresee, J.S. & Glass, R.I. 2003. The Global Burden of Diarrhoeal Disease in Children. Bull World Health Organ. 81(4):236.
- 9 Murugaiah, C., Aye, T.S., Soelyoadikoesoemo, B.S., Radhakrishna, H. & Bilung, L.M. 2013. The Burden of Diarrhoeal Disease in Malnourished Children. Rev Med Microbiol.: 24(3):55-62.
- 10 Gentilini, U. & Omamo, S.W. 2011. Social Protection 2.0: Exploring Issues, Evidence and Debates in a Globalizing World. Food Policy: 36(3):329-40.
- 11 Devereux, S. 2012. Social Protection for Enhanced Food Security in Sub-Saharan Africa [Internet]. United Nations Development Programme. Available from: http://www. undp.org/content/dam/rba/docs/Working%20Papers/Social%20Protection%20 Food%20Security.pdf
- 12 FAO. Social Protection in Agriculture [Internet]. March 2014. FAO Regional Conference for Africa. Available from: http://www.fao.org/docrep/meeting/030/mj681e.pdf
- 13 Cole, S., Gine, X. & Vicker, J. 2011. How does risk management influence production decisions?

- 14 ACC/SCN & FPRI. 2000. 4th Report on The World Nutrition Situation Nutrition Throughout the Life Cycle [Internet]. United Nations Administrative Committee on Coordination Sub-Committee on Nutrition (ACC/SCN) in collaboration with IFPRI. Available from: http://www.unsystem.org/scn/archives/rwns04/begin.htm#Contents
- 15 Bonilla-Garcia, A. & Gruat, J.V. 2003. Social Protection: A Life Cycle Continuum Investment for Social Justice, Poverty Reduction and Sustainable Development [Internet]. International Labour Office (ILO). Available from: http://www.ilo.org/public/english/protection/download/lifecycl/lifecycle.pdf
- 16 Thakur, S.G., Arnold, C.& Johnson, T. Gender and Social Protection [Internet]. 2009. OECD. Available from: http://www.oecd.org/development/povertyreduction/43280899.pdf
- 17 FAO. Social Protection for Food Security [Internet]. 2012. The High Level Panel of Experts on Food Security and Nutrition (HLPE). Report No. 4. Available from: http://www.fao.org/3/a-me422e.pdf
- 18 World Bank. Improving Nutrition Through Multisectoral Approaches [Internet]. January 2013. Available from: https://openknowledge.worldbank.org/bitstream/handle/109 86/16450/751020WP0Impro00Box374299B00PUBLICO.pdf?sequence=1
- 19 Bastagli, F. 2014. Responding to a Crisis: The Design and Delivery of Social Protection [Internet]. Overseas Development Institute. Report No: 90. Available from: http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9040.pdf
- 20 Barca, V. & Pozarny, P. 2015. Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub-Saharan Africa. [Internet]. Food and Agriculture Organization of the United Nations, Rome. Available from: http://www.fao.org/3/a-i4336e.pdf
- 21 Hidrobo, M., Hoddinott, J., Peterman, A., Margolies, A. & Moreira, V. 2014. Cash, Food, or Vouchers? Evidence from a Randomized Experiment in Northern Ecuador. J Dev Econ.: 107:144–56.
- 22 Bundy, D., Burbano, C., Grosh, M.E., Gelli, A., Juke, M. & Lesley, D. 2009. Rethinking School Feeding: Social Safety Nets, Child Development, and the Education Sector [Internet]. The World Bank [cited Jul 17 2014]. Available from: http://elibrary.worldbank.org/doi/book/10.1596/978-0-8213-7974-5
- 23 Alderman, H., & Mustafa, M. (13-15 November 2013). Social Protection and Nutrition: Preparatory Technical Meeting for International Conference on Nutrition (ICN2). ICN2. Rome
- 24 FAO. 2014. Food Security and School Nutrition in Cabo Verde [Internet]. Food and Agriculture Organization of the United Nations. Available from: http://www.fao.org/3/a-i3934e.pdf
- 25 Compton, J., Wiggins, S. & Keats, S. 2010. Impact of the global food crisis on the poor: what is the evidence? [Internet]. Available from: http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6371.pdf

- 26 Haddad, L. & Alderman, H. 2000. Eradicating Malnutrition Income Growth or Nutrition Programs? [Internet]. International Food Policy Research Institute (IFPRI). Available from: http://ageconsearch.umn.edu/bitstream/16182/1/ar00ha01.pdf
- 27 Mascie-Taylor, C., Marks, M., Goto, R. & Islam, R. 2010. Impact of a cash-for-work programme on food consumption and nutrition among women and children facing food insecurity in rural Bangladesh. Bull World Health Organ.: (88):854–60.
- 28 Koohi-Kamali, F. 2010. Public Works and Social Protection [Internet]. Available from: http://erd.eui.eu/media/BackgroundPapers/Koohi-Kamali.pdf
- 29 Food and Agriculture Organization of the United Nations. 2010. Improving Access to Food During Price Swings: Trade Measures, Consumer Subsidies and Food Safety Nets [Internet]. Report No. Policy Brief No. 2. Available from: http://www.fao.org/fileadmin/templates/est/INTERNATIONAL-TRADE/PFGEM/policy_brief-2.pdf
- 30 World Bank. 2014. Using Delivery Systems to Link Safety Nets and Human Capital [Internet]. Available from: http://www.worldbank.org/content/dam/Worldbank/ Event/social-protection/Using_Delivery_Systems_to_Link_Safety_Nets_and_Human_Capital_Session_Packet.pdf
- 31 Basset, L. 2008. Can Conditional Cash Transfer Programs Play a Greater Role in Reducing Child Undernutrition? The World Bank. Report No. 0835.
- 32 Bailey, S. May 2013. The Impact of Cash Transfers on Food Consumption in Humanitarian Settings: A Review of Evidence [Internet]. Available from: http://www.cashlearning.org/downloads/cfgb—impact-of-cash-transfers-on-food-consumption-may-2013-final-clean.pdf
- 33 Meinzen-Dick, R., Behrman, J., Menon, P. & Quisumbing, A. 2011. Gender: A Key Dimension Linking Agricultural Programs to Improved Nutrition and Health. Available from: http://www.ifpri.org/sites/default/files/publications/oc69ch16.pdf
- 34 Fan, S. & Pandya-Lorch, R. 2012. Reshaping Agriculture for Nutrition and Health. 230 p.
- 35 Shei, A., Costa, F., Reis, M.G. & Ko, Al. 2014. The Impact of Brazil's Bolsa Família Conditional Cash Transfer Program on Children's Health Care Utilization and Health Outcomes. BMC Int Health Hum Rights: 14(1):10.
- 36 Anekwe, T.D. & Kumar, S. 2012. The Effect of a Vaccination Program on Child Anthropometry: Evidence from India's Universal Immunization Program. J Public Health: 34(4):489-97.
- 37 Arunachalam, A.R., Dariya, V.S. & Holland, C. Impact of Malaria and Parasitic Infections on Human Nutrition. p. 221–45.
- 38 Schmidt, C.W. 2014. Beyond Malnutrition: The Role of Sanitation in Stunted Growth. Environ Health Perspect: Nov 1;122(11):A298–303.
- 39 Food and Agriculture Organization. 2012. Decent Rural Employment for Food Security: A Case for Action [Internet]. Available from: http://www.fao.org/docrep/015/i2750e/i2750e00.pdf

NUTRITION AND SOCIAL PROTECTION

- 40 Jennings, M., Kayondo, A., Kagoro, J., Nicholson, K., Blight, N. & Gayfer, J. Impact Evaluation of the Protracted Relief Programme II, Zimbabwe [Internet]. IODPARC (International Organisation Development Ltd); Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284007/Protracted_Relief_Programme-Zimbabwe.pdf
- 41 Slater, R., Holmes, R., & Mathers, N. 2014. "Food and Nutrition (in-) Security and Social Protection." OECD Development Co-Operation Working Papers, No. 15, OECD Publishing. http://dx.doi.org/10.1787/5jz44w9ltszt-en.









OUR PRIORITIES

The FAO Strategic Objectives

Achieving FAO's goals to end hunger and poverty is a challenging and complex task. Today, thanks to major changes in how we do business, FAO is a fitter, flatter and more flexible organization, whose activities are driven by five strategic objectives. The new and improved FAO has a real chance to win the battle against hunger, malnutrition and rural poverty.

HELP ELIMINATE HUNGER, FOOD INSECURITY AND MALNUTRITION

We contribute to the eradication of hunger by facilitating policies and political commitments to support food security and by making sure that up-to-date information about hunger and nutrition challenges and solutions is available and accessible.

MAKE AGRICULTURE, FORESTRY AND FISHERIES MORE PRODUCTIVE AND SUSTAINABLE

We promote evidence-based policies and practices to support highly productive agricultural sectors (crops, livestock, forestry and fisheries), while ensuring that the natural resource base does not suffer in the process.

REDUCE RURAL POVERTY

We help the rural poor gain access to the resources and services they need – including rural employment and social protection – to forge a path out of poverty.

ENABLE INCLUSIVE AND EFFICIENT AGRICULTURAL AND FOOD SYSTEMS

We help to build safe and efficient food systems that support smallholder agriculture and reduce poverty and hunger in rural areas.

INCREASE THE RESILIENCE OF LIVELIHOODS FROM DISASTERS

We help countries to prepare for natural and human-caused disasters by reducing their risk and enhancing the resilience of their food and agricultural systems.

ISBN 978-92-5-108831-9

9 7 8 9 2 5 1 0 8 8 3 1 9

I4819E/1/07.15