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Supporting people through crisis



Guidance Package on Social Protection across the Humanitarian-Development Nexus

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Understanding food insecurity and malnutrition through a nexus lens

It is important to be aware that commonly used and closely related terms such as food insecurity, hunger, undernourishment, undernutrition and malnutrition, in fact have very different definitions and methodologies for measurement. A brief review of key terms and guidance on their use is provided in [Annex One](#).

Acute and Chronic Food Insecurity and Malnutrition: As the humanitarian-development nexus agenda has evolved, so too has thinking about the different forms of food insecurity and malnutrition that exist and their linkage with crises. Both food insecurity and malnutrition can be classified as either chronic (also referred to as persistent) or acute.⁵

Acute food insecurity can be defined in terms of the current or projected severity of the situation, regardless of the causes, context or duration, whereas **chronic food insecurity** involves the prevalence of persistent food insecurity – i.e. levels of food insecurity that continue even in the absence of hazards/shocks, or a high frequency of years with acute food insecurity. Therefore, it is important that acute and chronic food insecurity should not be understood as mutually exclusive: a specific area or household can be in one of the conditions or both simultaneously, with acute food insecurity often found ‘on top of’ and exacerbating chronic food insecurity.

Malnutrition is a general term that refers to all forms of nutrient imbalance.

Undernutrition is a sub-category of malnutrition that includes:

- **Stunting** (also referred to as ‘chronic malnutrition’ and identified as low height for age) caused by chronic deficiencies that can inhibit child development (both mental and physical);
- **Wasting** (also referred to as ‘acute malnutrition’ and identified as low weight for height) caused by rapid weight loss and associated with increased risk of mortality in the short term;
- **Micronutrient deficiencies** (such as anaemia, a blood disease which can be caused by iron deficiency).

Overweight and obesity are also defined as forms of malnutrition and are increasing rapidly in low and middle-income countries, where different forms of malnutrition frequently can even occur at the same time in the same household or even individual.⁶ For instance, stunting and wasting can often coexist in the same child, while an obese adult or child may also be severely micronutrient deficient⁷. The term ‘double burden of malnutrition’ is used to describe the coexistence of undernutrition and overweight and obesity. In Africa for instance, 41 per cent of women are overweight and 17 per cent obese, while 38 per cent suffer from anaemia.⁸

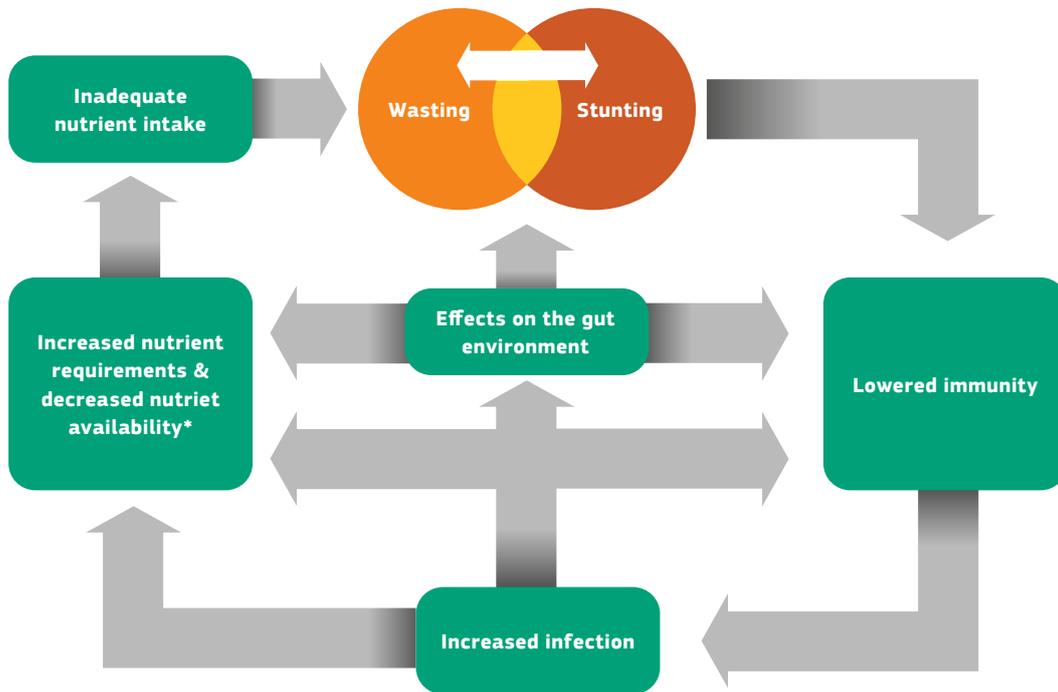
5 For example, the globally recognised analytical tool known as IPC, distinguishes between three classification scales: chronic food insecurity, acute food insecurity, and acute malnutrition, determined by analysing a range of outcomes based on international standards including food consumption levels, livelihood changes, nutritional status, and mortality.

6 Food insecurity can contribute to overweight and obesity (as a result of restricted access to a healthier diet) as well as undernutrition. Furthermore, poor food access can increase the risk of low birthweight and stunting in children, both of which are associated with higher risk of overweight and obesity later in life.

7 The term ‘double burden’ is used to describe the coexistence of undernutrition along with overweight and obesity or non-communicable diseases (such as diabetes, heart disease and high blood pressure) within individuals, households and populations as well as across the life-course. It is estimated that around 9.1 per cent of children in the developing world will be overweight or obese by 2020.

8 Global Nutrition Report (2018) Africa Profile.

Figure 1: Wasting, stunting and the cycle of infection
 Source: ENN, June 2018 Briefing Note: Child Wasting and Stunting

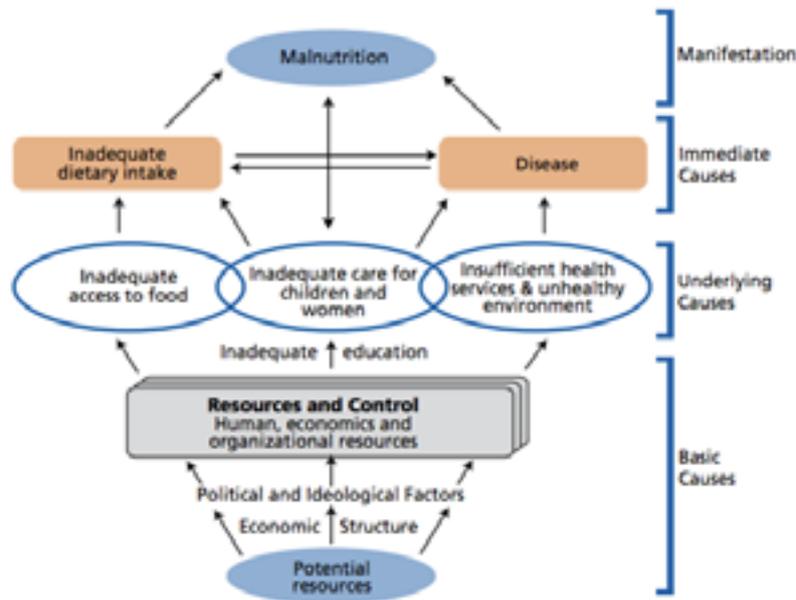


* Due to malabsorption, altered metabolism, anorexia, nutrient losses and requirements to fight infection

Understanding the causes of undernutrition: The main focus with respect to the malnutrition agenda in crises contexts is on undernutrition. The underlying causes of both stunting and wasting are poor household food insecurity, inadequate feeding and care practices (especially suboptimal breastfeeding) and/or poor access to health, water, hygiene and sanitation services. All of these causes can be significantly exacerbated in humanitarian crises.

Equal importance of access to health: As recognised in the widely accepted conceptual framework for nutrition developed by UNICEF almost three decades ago, nutrition security cannot be achieved by ensuring ‘sufficient, safe and nutritious’ food alone. Rather, in addition to inadequate dietary intake as an immediate cause of malnutrition, it is important to recognise that disease presents another important immediate cause at the individual level. The enduring value of the conceptual framework can be further seen from the clarity with which it then presents the interlinkage between three underlying causes: (i) inadequate access to food; (ii) inadequate care practices (which for instance can negatively affect both the diet and the health of a young child); and, (iii) an unhealthy environment and insufficient health services.

Figure 2: UNICEF Conceptual Framework (1990)



Building on the conceptual framework, if an action is mainly focused on addressing the immediate determinants of nutrition at individual level it is often referred to as 'nutrition-specific' (for example the distribution of a micronutrient supplement), while if an action is addressing the underlying determinants of nutrition (for example with a cash transfer to enhance purchasing power or an intervention to improve water quality) it can be referred to as 'nutrition-sensitive'.

In recent years, attention has been given to the apparent paradox that even where significant reduction in poverty and hunger appear to have taken place, there can still remain a relatively much higher (and often stubborn) prevalence of malnutrition. In this sense, and as highlighted by this conceptual framework, nutrition can be understood as a strategically valuable and *de facto* composite indicator for a broad understanding of human development in multiple dimensions. The human, social and economic costs of malnutrition are huge as well as being closely interrelated, so it is essential that good nutrition be understood as a human right and the foundation of well-being.

World health assembly global nutrition targets – In 2012, the World Health Assembly (WHA) endorsed six global targets for 2025.²⁹ At present, the world is off-track to meet all six of the WHA global nutrition targets. For example, at current trends, the number of stunted children aged under 5 years is projected to be 128 million in 2025, against a target of 100 million.



Source: World Health Organization, www.who.int/nutrition/global-target-2025/en/

Further to the above presentation of the significance of the food security and nutrition agenda across the SDGs and the six International WHA Targets, [Annex Four](#) provides a brief overview of various other international standards and commitments related to food and nutrition security, including those related to the Grand Bargain, the Framework for Action for Food Security and Nutrition in Protracted Crises, the UN Decade of Action for Nutrition, the Nutrition for Growth (N4G) Initiative and the High Level Panel of Experts on Food Security Report on Social Protection (including five key recommendations).

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Understanding pathways of change: why social protection matters for food and nutrition security

In recent years, social protection has taken an increasingly visible place in the development policy agenda while referring to a wide array of instruments designed to address vulnerability. Poverty, food insecurity and malnutrition share many of the same structural drivers, and social protection comprises a set of policies and programmes that can address many of these economic, environmental and social vulnerabilities. In this way building risk-informed, shock-responsive and nutrition-sensitive social protection systems has been recognised as a critical strategy for enhanced food and nutrition security. It can address all four dimensions of food insecurity as well as making a crucial contribution to tackling the multi-dimensional poverty that underpins the burden of food insecurity and malnutrition.

While social protection can helpfully be classified into four main types of instrument (social assistance, social insurance, active labour market programmes (ALMP) and social care services), due to the commonality of the cash transfer as form of delivery for both social and humanitarian assistance, as well as the relatively large coverage compared to other instruments, a significant share of the experience of working with social protection in crisis situations comes from social assistance in the form of cash transfers, vouchers and in-kind transfers.³⁶

Such systems also constitute a core component of a rights-based approach as they play a crucial role in bridging livelihood protection with longer term development strategies to address the root causes of hunger and malnutrition through increased incomes and more equitable and sustainable management of resources. From this perspective, flexible, regular, predictable and scalable social protection systems can support a dynamic and adaptable response to crises as they evolve on the basis of four functions:

36 *Analysis of public works and social care instruments is equally relevant from a nutrition perspective. In practice there is a broad range of social protection instruments that can be harnessed to enhance food and nutrition security outcomes. These include cash transfers (conditional and unconditional); child grants, disability benefits, pensions, health and social insurance, in-kind transfers, public works, unemployment and maternity benefits etc.. At the same time, there is a diverse range of additional interventions offering significant social protection functions including food transfer-related interventions (food reserves, food distribution, vouchers, nutrition supplements etc.); food and agricultural subsidies; livelihood and asset packages (which may also be seasonally targeted), and crop insurance.*

Four functions of social protection for enhanced food security and nutrition

- **Protective** – through providing the basic means to access food, whether in cash or kind;
- **Preventive** – through averting deeper deprivation by strengthening resilience against shocks and stresses and preventing further erosion of incomes or asset base;
- **Promotive** – through direct support to investments in human resources (e.g. nutrition awareness, education and skills development,) and by reducing income insecurity, thereby inducing investments in livelihood activities,
- **Transformative** – through empowering people to increasingly reorient the focus of their lives, from day-to-day survival and meeting basic food energy requirements towards more healthy and nutritious diets and investments in their future (especially shifting power relations within households through women's empowerment and greater decision making).

The prioritisation, use and function of social protection instruments will inevitably vary from context to context depending upon such factors as the political economy, institutional context and existing capacities, dominant policy agendas, available resources, significance of international development assistance. The additional utilisation of rural enablers can also play a significant role in improving access to social protection instruments in the context of crises (such as supporting women's associations and producer organisations). Furthermore, investing in agricultural livelihoods in particular is often a critical step towards peace building and ensuring greater stability. The role of food security in conflict mitigation and prevention through the reduction of vulnerability, the strengthening of social protection interventions and the generation of income and employment, community dialogue and social cohesion cannot be underestimated.

The UNICEF conceptual framework for nutrition, presented above, provides a crucial starting point for understanding the linkage between pathways and determinants of food security and nutrition and the theory of change brought about as a result of social protection. To model the linkages between social protection instruments and food security and nutrition outcomes, the effects of transfers can be tracked via potential pathways on the basis of key determinants.

The conceptual framework identifies adequate diet, care and a healthy environment (critically dependent on factors such as access to safe water and sanitation facilities, healthcare and shelter) as the three key underlying determinants that influence the immediate variables influencing nutritional intake and health status, which together define nutritional status. Correspondingly, there are three main pathways through which cash transfers may affect the underlying determinants of nutrition, with women's empowerment particularly crucial in terms of mediating the relationship between cash transfers and care – both for women and children.³⁷ Therefore, by increasing the resources available to a household, cash transfers may:

- Improve both the quantity and quality of diet;
- Enable investment in productive assets;
- Enable investments in and improved access to shelter and WASH facilities;
- Facilitate access to health services and medicines;
- Support caregivers to allocate adequate time for childcare (for example, enabling exclusive breastfeeding of infants);
- If distributed to the main caregiver, directly impact on intra-household dynamics associated with control of resources,
- Decrease household poverty-related stress, thereby improving caregivers' physical and mental state (with the potential for positive impacts via all three pathways).

37 *Care in this context encompasses caregiver behaviours that affect all aspects of child development including psychosocial care, optimal breastfeeding, feeding practices, food preparation, hygiene, health-seeking behaviour and health care. Care is further determined by the caregiver's control over resources as well as their mental and physical status, knowledge, preferences and beliefs.*

On the basis of a simple typology of transfer instruments, the range of key impact pathways for food insecurity and nutrition is outlined in [Annex Three](#), together with an adapted framework for the Theory of Change. A key point is that cash can generally be considered both a prerequisite and a catalyst for enabling and facilitating the multiple changes in behaviour and access to services required for enhanced food security and nutrition-related outcomes via all of these key pathways. For example, cross-country analysis of the increased expenditure that would be required for households to routinely access a nutritionally adequate diet (on the basis of international guidance on the requirement to eat significant amounts of fruit and vegetables) invariably confirms a significant shortfall in comparison to actual levels of income.³⁸ Likewise, and while by no means the only factor involved in decision making, to be in a position to provide exclusive breastfeeding, women require basic economic security as a prerequisite, given the often very substantial opportunity costs involved as a result of reduced time for income-generating activities.

The crucial significance of breastfeeding for the food security of infants and young children and improved nutrition outcomes.

In all contexts, but more than ever in times of crises, breastfeeding can be considered vital to a child's health, as it is a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished.³⁹ It is widely considered that:

- Breastfeeding all babies for the first two years would save the lives of more than 820,000 children under the age of five annually. Infants are at greater risk of death due to diarrhoea and other infections if they are only partially breastfed or not breastfed at all.
- Early initiation of breastfeeding, within one hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. Starting breastfeeding early increases the chances of a successful continuation of breastfeeding. Exclusive breastfeeding for six months has many benefits for the infant and mother. Chief among these is protection against gastrointestinal infections and malnutrition, which are observed not only in developing but also industrialised countries.
- Breast milk is an important source of energy and nutrients in children aged 6-23 months. It can provide half or more of a child's energy needs between 6-12 months, and one-third of energy needs between 12-24 months. Children and adolescents who were breastfed as babies are less likely to be overweight or obese.
- Breastfeeding also improves IQ, school readiness and attendance, is associated with higher income in adult life, and reduces the risk of breast cancer in the mother.

38 As confirmed for instance by comprehensive and in depth 'Cost of Diet' analyses undertaken in twelve countries in Africa and South Asia. <https://www.heacod.org>. This also points to the need to distinguish between the proportion of the population currently defined as poor on the basis of established approaches for measuring poverty (such as the World Bank's definition of extreme poverty as living on less than USD 1.90 per day > (PPP), and moderate poverty as less than USD 3.10 a day) and the much more significant share who are unable to afford locally available nutritious food, and therefore remain food insecure on the basis of the accepted international definition.

39 WHO <https://www.who.int/features/factfiles/breastfeeding/en/>

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Evidence of impact –
what does it tell us?

There is now significant evidence from around the world that cash transfers, and social protection systems more broadly, can have a significant impact in terms of food and nutrition security, as well as strengthening resilience. Because it addresses structural factors such as poverty and vulnerability, while at the same time enhancing people's resilience in the face of actual and/or future shocks, social protection is increasingly recognised as a key instrument to address the underlying and basic causes of hunger⁴⁰ and malnutrition.⁴¹ Especially during crises, this can bring about a long-term change in the lives of affected populations, not only by helping them to survive, but by building resilience, ownership, food security and eventually ensuring the prevention of malnutrition. Access to predictable, sizeable and regular social protection benefits can protect poor people from the impacts of shocks including the erosion of productive assets, and can minimise negative coping strategies while helping to build capacities over time, smoothing consumption and facilitating investments. Lessons from the substantial literature regarding social protection for enhanced food and nutrition security can often be usefully applied to crisis contexts, always bearing in mind that evidence from more stable contexts cannot necessarily be generalised to humanitarian contexts.

While the impact of social protection and particularly cash transfers can be relatively straightforward to measure with respect to food security (for example in terms of increased expenditure on food items, increased production of food, increased food consumption and improved dietary diversity), by contrast it has generally proved more challenging to measure the positive effects in terms of improved nutritional status, and the results are somewhat mixed (often depending on the quality of assistance but also depending on the indicators selected). The fungible nature of cash and associated implications for attribution complexity can therefore be considered both an advantage and a challenge in terms of achieving specific nutrition outcomes. [Annex Five](#) provides a summary review of some of the most relevant and significant evidence of impact that has been generated by various research initiatives in recent years.

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40 See, for instance, European Commission (2012) 'Social transfers in the fight against hunger'. Reference Document N°14.

41 See, for instance, Ruel et al. (2013).

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Key lessons and insights arising from operational experience

In the context of food crises, cash-based assistance, and social protection initiatives more generally, can have as objectives a range of different outcomes relating to humanitarian, development and peace agendas. To understand the potential benefit (and cost benefits) of interventions in terms of food security and nutrition-related objectives, it is important to consider these multiple purposes which may involve a number of sectors. Similarly, analysis of the possible costs and associated risks for recipients is another key element to include when considering impact and, especially, the potential for unintended consequences amidst the uncertainties and rapidly evolving dynamics associated with crisis contexts.

Due to the potential complexity of issues requiring consideration, a framework to systematically guide all stages of the programming cycle through a series of key questions is provided below. Ultimately the impact of social protection via various diet and nutrition-related pathways will depend upon a number of crucial considerations arising from the operationalisation of such a framework in the specific context of various situations of crisis and risk.

While there is still a need to further strengthen the operational learning base, a growing body of experience has contributed significantly to increasing the understanding of social protection as an effective measure to combat food and nutrition insecurity in crises contexts. [Annex Seven](#) provides guiding questions to consider the use of social protection instruments in food and nutrition security programming.

Several of the most important issues can be further explored on the basis of insights and specific lessons emerging from experience to date, so as to more effectively illustrate the implications of such an approach:

Size and duration of multi-purpose cash transfers

QUICK INSIGHT

Transfer values in the context of humanitarian assistance have been increasingly debated in line with the monetisation of assistance in several sectors. The calculation of transfer value on the basis of need depends very much on the identification of which needs are to be covered by various interventions, and the logic of imposing a narrow sectorally-related objective on an individual recipient or household for whom food, water, child care, shelter, medicine, education and livelihood protection cannot be prioritised as they are mutually interdependent.

International research clearly highlights the advantages of prioritising cash as a modality for assistance as far as possible. This is primarily because it allows greater flexibility for recipients to determine expenditure on the basis of their own assessment of needs, as well as facilitating a smoother transition towards self-reliance and strengthening local markets through increased purchasing power. At the same time, it can generally be more efficient to administer. However, support during crisis needs to be sufficient (in terms of both level and duration of transfers) to adequately address both immediate food and nutrition-related needs whilst helping to restore productive investment and viable livelihood activities.

It is important to understand that an adequate level of cash transfer seeking to improve food and nutrition security cannot simply be calculated on the basis of the anticipated cost to meet the gap in expenditure. This is because at the level of the household economy, there may be other crucial expenditure priorities such as those relating to shelter, access to basic services, replacing lost assets in contexts of forced displacement and repaying debts. Consequently it can be seen that cash transfers disrupt conventional sectoral approaches and promote a greater awareness of the fact that recipients are likely to have multiple needs within the framework of their household economy. Transfer values in the context of humanitarian assistance have been increasingly debated in line with the monetisation of assistance in several sectors. The calculation of transfer value on the basis of need depends very much on the identification of which needs are to be covered by various interventions, and the logic of imposing a narrow sectorally-related objective on an individual recipient or household for whom food, water, child care, shelter, medicine, education and livelihood protection cannot be prioritised as they are mutually interdependent.

However, such a focus on supporting households to afford a minimally nutritious diet can at the same time give rise to tensions, owing to various pressures to reduce the size of the transfer, whether due to resource limitations (and the objective to optimise population coverage to the extent possible) or the requirement to ensure a degree of consistency with national benchmarks and existing social protection programmes. There may also be a tension with the logic of keeping payment below market rates so as not to distort local labour markets and to promote 'self-targeting' so as to attract the so-called 'poorest of the poor', while in practice such rates tend to be well short of what may be required to achieve desired food and nutrition-related outcomes.

Integration with other interventions

Cash transfers alone may often not prove sufficient to significantly reduce child malnutrition in the context of crises and may therefore require integration with other context-specific interventions to achieve nutrition-related goals. The exact mix of interventions will depend on the nature of the crisis, the resources and infrastructure available to the affected population and the availability of goods and services through the market. Important drivers of food security and nutrition-related outcomes, which include access to public health services (e.g. vaccination), availability of water and sanitation infrastructure, market infrastructure (e.g. roads and bridges) and access to services for the treatment of malnutrition, are generally not strongly influenced by cash transfers and may require additional sector-specific investments.

The drivers of malnutrition are multi-dimensional but still closely connected to structural poverty and exclusion. International evidence indicates that a single programme implemented in isolation is unlikely to sustain a significant reduction in any population-level rate of stunting. Ensuring good nutrition for all is a crucial but complex feat that requires various sectors to work together in responding to needs through an integrated approach.

Addressing persistent child wasting presents particular challenges for operational agencies, in part as a result of structural issues within the humanitarian system with a tendency to focus on treatment of severe acute malnutrition, 'siloed' sectors, and short-term funding cycles that do not include nutrition causal analysis (NCA). The model developed in Kenya for the Integrated Management of Acute Malnutrition provides a useful opportunity to learn from a complementary 'shock-responsive' instrument for the treatment of severe acute malnutrition. Crucially, in the event of crisis intensification, the surge model associated with IMAM in Kenya has facilitated the shock-responsive scaling up of treatment in the most nutritionally at-risk arid and semi-arid lands, while at the same time serving to reinforce the nutrition-sensitivity of a comprehensive portfolio of social protection programmes including the Hunger Safety Net Programme. A brief overview of this experience is presented in [Annex Seven](#).

Experience with conditionality and targeting

In order to understand how to optimise the food security and nutrition-related outcomes of shock-responsive social protection, it is important to start by thinking critically what is actually or potentially implied by the concept of 'nutrition-sensitive' social protection.

QUICK INSIGHT

The scaling-up nutrition methodology for tracking nutrition-sensitive investments

In 2013, the SUN Donor Network developed a methodology and accompanying guidance note to promote a common approach to tracking global investments in nutrition.⁴² To be nutrition-sensitive, the action must fulfil all the following criteria:

- Be aimed at individuals i.e. the action must intend to improve nutrition for women or adolescent girls or children,
- Have a significant nutrition objective or nutrition indicator(s),⁴³
- Contribute to nutrition-sensitive outcomes which are explicit in the project design through activities, indicators and specifically, the expected results themselves.

On the basis of this methodology, for social protection to be classified as 'nutrition-sensitive' it must therefore demonstrate that all of these three criteria have been met. While requiring that a nutrition focus is built into design of the programme, including the utilisation of appropriate nutrition indicators in the monitoring and evaluation framework (going beyond the impact level and including the outcome and results levels), the actual design features are not specified.

In recent years, the emphasis by some agencies on nutrition-specific interventions as centre stage on the nutrition agenda has resulted in a tendency towards more prescriptive framing of 'nutrition-sensitive' social protection, based on the integration of a number of standardised ('nutrition-specific') features, including:

- **the application of targeting criteria explicitly linked to nutrition** (for example so-called '1000 days' women, or households with children who have been identified as wasted);
- **the imposition of conditionalities**, for example to ensure that pregnant women and mothers of young children access nutrition-specific services (such as attending ante-natal, growth monitoring and / or behaviour-change sessions, obtaining nutrition supplements, etc.),
- **the provision of additional transfers** in the form of food assistance in kind that has been fortified with micronutrients.

While such design features may indeed have the potential to bring about positive change in food and nutrition-related outcomes, the application of a more standardised approach to operationalising a 'nutrition-sensitive' approach to social protection in crises runs the risk of neglecting robust context analysis and encountering various significant challenges. A summary of the challenges that have been encountered and resulting concerns with such a model is provided in [Annex Seven](#). The key message is that despite the high profile that can often be given to nutrition in the design of a particular programme, it is possible that the nutrition-related outcomes may end up being significantly reduced as compared to a more straightforward unconditional, universal multi-purpose cash grant; for example, as a result of factors such as reduced overhead costs, higher transfer amounts and reduced errors of exclusion.

42 http://docs.scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODOLOGY_SUN_DONOR_NETWORK.pdf
Note that nutrition-specific commitments have proved relatively more straight forward to identify as they are simply tracked using the DAC purpose code 12240 'basic nutrition'.

43 According to the methodology, when the full project (i.e. main objective, results and indicators) is nutrition-sensitive, 100 per cent of the investment can be counted as nutrition-sensitive. However, when only a part of the project (e.g. one of the objectives, results and indicators) is nutrition-sensitive then 25 per cent of the investment can be counted.

Identifying institutional and capacity-related challenges

In situations of crisis the government is expected to provide the leadership and coordination for humanitarian response. However, in fragile or conflict settings, the government may not always have the capacity to lead a response that is effective and neutral. In such cases, the coordination function may fall to the UN and the Humanitarian Country team, often with the activation of 'cluster' coordination structures for critical humanitarian sectors. Clusters were established precisely to support national service delivery, sector planning and strategy as well as informing strategic decision making for response, monitoring and evaluation for a given sector. An important challenge to bear in mind may relate to the requirement for procedures to prevent and manage conflicts of interest in order to safeguard public health and nutrition in the context of stakeholder engagement. However, the cluster approach has often been criticised for generating additional challenges and artificial barriers with respect to multi-sectoral coordination.⁴⁴ In practice, the focus of the nutrition cluster has been rather narrowly defined as largely on nutrition-specific interventions (especially the treatment of severe acute malnutrition) and a proactive effort will be required to ensure that cross-sectoral stakeholder dialogue informs the development of a nutrition-sensitive approach to social-protection-related interventions.

Ensuring rapid response understandably takes precedence in addressing emergency needs related to hunger and life-threatening forms of malnutrition, and this can involve the potential for tension between immediate impact and the strengthening of systems or development of capacities for long-term ownership, accountability and sustainability. However, ensuring the simultaneous focus on partnership and institution building at all times can generate crucial opportunities to reinforce models of sustainability throughout programme design and delivery.

In addition to ensuring the coordination of coherent, multi-sectoral nutrition action in times of crisis, further capacity development considerations may be necessary to enable nutrition considerations to be effectively integrated into processes around the strengthening of national policies and systems for social protection. Social protection programmes, especially when implemented at scale, are operationally intensive and require specialist, competent and motivated staff whose performance is actively managed. Even when well designed, administrative processes sit within a wider institutional and programme management context. Programme shortcomings can often be traced to policy makers under-estimating the operational demands involved and in pursuit of reducing administrative costs. For this reason, many countries have recognised the value of establishing semi-autonomous delivery agencies to manage large-scale social transfer programmes and ensure predictability and reliability. Often, though concerns may be raised about the costs associated with such specialised services, in reality under-investment in management capacity can be a false economy, undermining the overall effectiveness of a programme in the longer term. Whatever the institutional and staffing strategy, programmes need to develop capacity development strategies that are realistic about the absorptive capacity of staff at all levels and adopt relevant and appropriate training approaches.

Experience with the promotion of a rights-based approach

Humanitarian interventions have tended to result in limited engagement with governments and local systems, reflecting an explicit emphasis on ensuring the operationalisation of guiding humanitarian principles: humanity, neutrality, impartiality and independence. In harnessing social protection during crises, there can be a degree of tension between humanitarian principles and a more rights-based approach with the emphasis on respecting the primary responsibility of states to assist and protect their citizens. Tackling this challenge may involve going beyond technocratic coordination, and necessitate reconciling fundamental differences in terms of principles and approach. At the heart of the challenge is the question of achieving a balance between strengthening national policies and government capacities to operationalise them, and ensuring optimal coverage of life-saving intervention in partnership with state authorities.

44 For instance, with cash transfers/social protection/social assistance, in particular, the challenge is to ensure that transfer mechanisms are designed in such a way as to simultaneously support multiple sectors – for example, early recovery, food security, nutrition and shelter.

Recognising the significance of breastfeeding for food security and nutrition in crises

An estimated 820,000 children die every year because they were not fed exclusively with breast milk for the first six months. In times of crisis, it is more critical than ever to bear in mind that a child who is not exclusively breastfed is more than 14 times more likely to die than a baby fed on breast milk only. Young children may face heightened risks from diarrhoeal diseases, pneumonia and undernutrition as a result of factors such as overcrowding (for example in IDP camps), unsafe water, poor sanitation and overburdened health systems. Failure to fully protect breastfeeding in these circumstances dramatically worsens the situation. Living through a crisis can be stressful and cause trauma for mothers, making appropriate infant and young child feeding even more challenging. However, with adequate support, virtually all mothers can breastfeed even in emergency situations (see Promising and Innovative Practices, Section 7 of this note on protecting, promoting and supporting breastfeeding in crises). A particular challenge relates to the common practice involving donation of breast-milk substitutes (infant formula and powdered milk) in emergency contexts, which serves to exacerbate the health risks faced.

Investment in more coordinated monitoring, evaluation and learning in contexts of crises

Robust monitoring and evaluation together with in-depth policy-responsive research in contexts of crises is critical for the advancement of more evidence-based programming. However, different situations may present significant challenges (for example operational and ethical constraints), and remote research support and management may be key, in addition to ensuring a flexible and pragmatic approach. Because of the broad range of crisis contexts in which opportunities for research may be identified, coupled with the fact that programmes are often designed by very different actors/agencies, an important challenge faced is the requirement to ensure that findings can be generalised to the extent possible. Priorities for further research include the generation of more robust evidence on: the extent to which behaviour-change communication and/or conditionality can enhance food security and nutrition-related outcomes and how decisions should be taken with regard to the allocation of scarce resources across various sectors and interventions in different contexts with potential significance for food security and nutrition.

Impact evaluations are important if reliable data is to be drawn on for strengthening public and political commitment. Ethical challenges can be problematic and costs high, but a potential (simpler and cheaper) alternative is a 'paypoint exit survey'. Also, a social protection module can be included into national surveys, permitting linkages with relevant data on food security and nutrition to be analysed. It is also crucial not to neglect the possibility of unintended or negative consequences; for example, reduced ability to maintain breastfeeding if conditional cash transfers involve regular travel to attend sessions or if participation in public works programmes requires long periods being spent away from the home. A recent study from the Philippines⁴⁷ suggested that the inflationary impact on food prices triggered by a targeted cash transfer programme, and corresponding increase in demand by beneficiary households, actually had a negative impact on the dietary diversity of those households excluded from the programme.

Addressing fears regarding misuse of cash transfers

It is important to address the common (and seemingly persistent) fears expressed with regard to misuse of cash transfers by recipients, for such purposes as the purchase of alcohol or tobacco, or of weapons in conflict situations. Such fears also continue to reinforce the perceived requirement to impose conditionalities alongside direct assistance. However, there are a large number of studies confirming that people on low incomes generally use cash transfers wisely for food, productive assets, and essential services such as health and education. In fact, one multi-country research initiative that generated rigorous evidence on the impact of national cash transfer programmes in the context of sub-Saharan Africa even suggested the hypothesis 'whereby transfers encourage substitution into human capital-related investments and reduce poverty-related stress'.⁴⁸

47 Filmer, D (2018) <https://openknowledge.worldbank.org/handle/10986/29557>

48 The Transfer Project <https://transfer.cpc.unc.edu>

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Promising and innovative practices

In the light of the various political, financial and programming challenges outlined above, in this section a selection of promising and innovative practices are presented to inform and inspire decision makers and programming processes.

Harnessing the humanitarian and development nexus for system strengthening and capacity development

In fragile states and protracted crisis contexts where there are essentially no formal social protection programmes in place, structures used for the delivery of emergency cash transfer programmes can be adapted to pilot and nurture nascent structures to become better able to respond in the context of predictable and recurrent risks. The provision of social protection should not be considered as a stand-alone objective and, wherever possible, the commitment and engagement of national governments should be considered as a priority in order to ensure sustainability. Capacity development and strengthening of governance mechanisms may be necessary to enable nutrition considerations regarding social protection to be effectively raised at policy level as well as via the coordination of coherent, multi-sectoral nutrition action at the country level. An important challenge to bear in mind may relate to the requirement for procedures to prevent and manage conflicts of interest in order to safeguard public health and nutrition in the context of stakeholder engagement.

The European Commission and EU Member States can play a key role either in strengthening existing systems and/or building on emergency structures. However, this role will necessarily vary according to the context.

- Where a social protection system is already in place, upstream policy work, capacity development and knowledge dissemination can be considered as the preferred engagement strategies in order to maximise coverage and hence bring about optimal food and nutrition-related outcomes. Conversely, minimal resources should go to field interventions unless there is a strong reason to pilot a specific and innovative measure.
- In fragile states and in the context of protracted crises where the provision of social protection by the national state is absent, deficient or primarily led by international development agencies, the EU can engage by providing humanitarian support, complemented by strategic measures to create an enabling environment. In turn, this can form part of the policy process designed to set up, in the medium and long term, a reliable and predictable social protection system. In such a context, ensuring a robust evidence base for various models implemented by different actors and in a range of contexts will be of crucial significance to inform eventual decision-making processes.

An important cross-cutting consideration is the need to build structures that reflect the multi-dimensional risks in a given context and have been designed on the basis of the available capacity at local level so as to reduce the requirement for ad hoc responses every time a crisis strikes or intensifies. [Annex Eight](#) presents various promising practices and insights related to system strengthening and capacity development on the basis of recent experience with 'nexus' strategies for food insecurity and malnutrition in both Somalia and Kenya.

In recent years, as a result of the growing attention to significant capacity gaps in various sectors with respect to the given sector's relevance for food and nutrition-related outcomes and the opportunities for enhancing nutrition sensitivity, there have been a number of innovative initiatives to promote capacity development for nutrition. One of the most comprehensive of these has been the Capacity Assessment Tool developed recently and jointly by a number of UN Agencies, which sets out a framework to guide systematic assessment of capacity development

needs, and which in turn serves to inform strategic planning for capacity development. A key premise of this initiative is that while capacity development can be understood as a critical prerequisite for achieving nutrition objectives, it is currently constrained by ambiguous and superficial conceptualisations of what capacity development involves and how it can be realised. Therefore, the tool recognises capacity to be determined by a range of factors including system, organisational, workforce and community levels. Since the launch of the tool, it has been utilised in several countries including Burkina Faso, Senegal, Chad and Lesotho. [Annex Nine](#) presents a short case study based on the recent experiences of implementing capacity assessments for nutrition in both Lesotho and Chad.

A regional initiative to support food security and nutrition-sensitive social protection

It is estimated that approximately 6 million people in the region of Sahel and West Africa require humanitarian food assistance every year; anaemia in women is at record high levels, while around twenty million young children are stunted. This situation not only constitutes a serious threat to the development of these individuals' lives and ability to reach their full potential, but also the region's human capital and economic development more generally. Both cyclical factors (including climate and conflict) and structural factors (including social and economic inequalities) underpin these persisting food- and nutrition-related crises.

[Annex Ten](#) presents an overview of the regional approach to addressing food insecurity and nutrition-related crises in the Sahel and West Africa. Key insights can be summarised as:

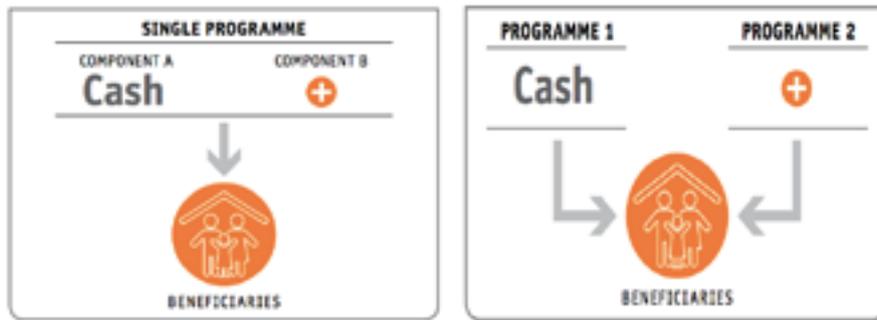
- The role of region-wide institutions and associated initiatives in driving the commitment to change the strategic approach cannot be underestimated.
- These intergovernmental structures and mechanisms have, in turn, ensured strong policy visibility for the requirement to link humanitarian and development initiatives for food security and nutrition.
- Chronic food insecurity in the Sahel has been progressively reframed as a long-term development issue, whilst cash transfer initiatives have been reoriented to support national social protection policy frameworks to link social protection, nutrition and resilience, and often incorporated into national level Multi-Sector Strategic Plans for Nutrition.
- Remaining challenges include: the importance of promoting inter-sectoral coordination; strengthening linkages between early warning systems data and social protection interventions; and continued advocacy around the importance of gradually expanding routine social protection as a crucial contribution to resilience and a productive investment in human and social development.

Increasingly strategic implementation modalities: harnessing budget support to support rights-based, nutrition-sensitive and shock-responsive social protection in Bangladesh

International experience confirms that social protection can play a key role in the promotion of socio-economic rights and social justice, and the realisation of human rights (e.g. adequate standard of living, education, health, equity). When designed in accordance with a human rights-based approach, social protection programmes can contribute to the immediate realisation of the fundamental right of everyone to be free from hunger, and to the progressive realisation of the right to food. These objectives can most effectively be pursued by supporting and advising the government in building inclusive, efficient and comprehensive social security systems based on agreed international standards. Ultimately, building state capacity to deliver social protection is critical to ensuring sustainability and accountability, as well as reinforcing the social contract between a state and its citizens in the framework of a rights-based approach to food and nutrition security.

Cash+ implementation modalities — There are several possibilities for the implementation of Cash+ programmes, according to a recent literature review of impact evaluations of the interactions between agricultural and social protection interventions. They include single stand-alone programmes (SPs), where a single programme includes multiple components, such as cash transfers and productive assets distribution and/or training, and complementary programmes (CPs), where a cash transfer programme and an agricultural intervention are designed and/or implemented in a coordinated manner by targeting the same households, with a view to boosting synergies between the programmes.

Cash+: single and complementary programming models



Annex Eleven provides a brief overview of FAO's recent experience with 'Cash+' in Africa for enhanced food security and nutrition outcomes.

Strengthening national information systems for nutrition

In times of crisis and as the situation on the ground may be rapidly evolving, the strategic value of having reliable and comprehensive data for timely decision making and resource allocation can paradoxically be increasing at the precisely same time as the quality of and access to data may be deteriorating. Heightened insecurity and weak capacities can further lead to monitoring and accountability challenges, as well as leaving significant data gaps at sub-national level.

The importance of relevant indicators for dietary quality and nutrition sensitivity of programmes

Nutrition-sensitive indicators will depend on the objectives, theory of change and corresponding design of the programme but should include impact level (such as stunting, wasting, anaemia, overweight and obesity etc.) **as well as outcome level** (exclusive breastfeeding, minimum adequate diet for children 6-23 months, minimum dietary diversity of women, increased income, reductions in women's workload, access to safe drinking water, access to basic services, increased diversity of local production etc.). Indicators relating to capacity development should also be carefully selected on the basis of the programme's strategy for capacity development, which should in turn ensure ownership by the key stakeholders themselves.

The recently developed indicator for minimum dietary diversity in women (MDD-W51), which has benefited from support by the EU, is particularly significant for nutrition-sensitive social protection. MDD-W is increasingly being incorporated into programmes as well as integrated by governments into national action plans for nutrition and national surveys such as MICS and DHS.

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51 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. Further detail can be found at: <http://www.fao.org/3/a-i5486e.pdf>

Cash transfer and social assistance programmes are operationally demanding, time-sensitive and often attract political attention in case of problems. Therefore, well-functioning information systems to enhance monitoring and learning are crucial. Vulnerability and needs assessments are an essential component of decision making about whether social protection is the most appropriate vehicle for addressing a particular shock. A common challenge faced in the context of a crisis situation involves the disincentive to invest in a comprehensive multi-sectoral and multi-stakeholder analysis of the causes underpinning different forms of malnutrition. The apparent disincentive may be due to various factors including the sense of humanitarian imperative and the challenges faced by efforts seeking to promote a multi-sectoral approach. However, the potential significance of such an investment for the relevance of programme design and implementation strategy should not be underestimated.

There are a number of proven initiatives that can generate valuable insights into the nature of food insecurity and the context-specific drivers of malnutrition and thereby provide a crucial starting point for the design, review and potential adjustment of social protection programmes. Early warning systems such as those utilising the Integrated Phase Classification initiative can kick-start action prior to the emergence or intensification of a crisis in order to reduce the negative impact. To be effective, these systems should trigger contingency and sector-awareness plans and response mechanisms which can then be scaled up to meet emergency needs. At the same time, there is growing awareness of the need for more robust nutrition diagnostics and monitoring; for example through tools such as Nutrition Causal Analysis and Cost of Diet to inform the design and ongoing modification of interventions in such a way as to strengthen the nutrition-related outcomes.

[Annex Twelve](#) provides a brief overview of these three key tools for improved knowledge in support of the programming of social protection for food security and nutrition that can be considered particularly appropriate in contexts of crises.

Strategies to promote the localisation agenda and community-based support

Strengthening capacities, especially for sub-national delivery mechanisms and at local and community levels, is increasingly recognised as key to the humanitarian-development nexus approach.

PROMISING PRACTICE

Nigeria

The 2018 Humanitarian Response Plan (HRP) for Nigeria⁵² confirms that women and children continue to bear the brunt of malnutrition in north-east Nigeria, where the conflict has acted as an important driver of hunger. Recent assessments have identified several pockets of extremely high malnutrition, while overall the nutrition sector estimates that 3.5 million women and children are in need of nutrition interventions. The majority of these (2.7 million) live in host communities, while a remaining 440,000 are internally displaced persons and 340,000 are returnees.

The approach taken by nutrition partners as outlined by the HRP will aim to strengthen the health system, as most nutrition partners are also implementing health interventions and working closely with the state primary health care development agency through trainings on key nutrition interventions in emergencies. The sector will promote partnerships between international organisations and local actors to enhance their capacity, transfer skills, and work towards sustainable results. In 2018, the sector will work through four local NGOs, compared to one in 2017. Capacity-building through the training of local NGOs on nutrition in emergencies will facilitate these actors' ability to deliver quality services, including in areas where they may enjoy enhanced access compared to international organisations.

Community structures are often best placed to support the effective identification of vulnerable populations, optimising linkages and coordination, messaging and household support and the handling of grievances, and creating opportunities to build on informal community redistribution mechanisms.

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52 https://reliefweb.int/sites/reliefweb.int/files/resources/2018_hrp_v5.4.pdf

PROMISING PRACTICE**Learning from the HKI nurturing connections initiative in Bangladesh⁵⁶**

Like many developing countries, the social mobility of women in Bangladesh is often limited by cultural norms, which in turn tends to marginalise women with limited ability to own land, access markets, or make financial decisions in the home. The *Nurturing Connections* programme was specifically designed to empower women to make the decisions needed to improve food security and nutrition status for themselves and their children, as well as enabling women farmers to engage on more equal terms in the marketplace so they can gain more fairly from their labour and investments. It did this by offering a participatory approach to challenging gender norms and building equality and constructive communications skills with every member of a community to create the best environment for improving nutrition. The curriculum creates a safe space for discussion and structured activities where men and women directly discuss and challenge existing household inequalities that contribute to health and economic problems at home and in communities. While the programme is oriented around nutrition and food security, it also builds skills in communication, assertiveness, and problem-solving. Drawing from HKI's fieldwork and the actual challenges faced by local women, it provides mothers, fathers, mothers-in-law and fathers-in-law with the opportunity to discuss nutrition and gender-related problems among their peer groups, and then to share their perspectives in a mediated, community-group setting

Integrating a focus on protecting, promoting and supporting breastfeeding in crises with the strengthening of systems for maternity allowance

Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of international agencies calling on stakeholders to prioritise and invest in breastfeeding worldwide⁵⁷. Building on research such as that arising from the maternal cash transfer initiative in Myanmar⁵⁸ (where a combination of cash transfers for pregnant women and awareness was found to significantly increase the rate of exclusive breastfeeding), raising the provision of cash transfers in times of crisis can be harnessed to pave the way for the incorporation of maternity provision within the evolution of national social protection systems. [Annex Thirteen](#) presents key insights from the EU-supported 'LIFT' programme in Myanmar, where the maternal and child cash transfer initiative has demonstrated impressive results to date.

However, the first step in protecting, promoting and supporting breastfeeding in emergencies is to make it the norm in all contexts. Therefore, strengthening systems for breastfeeding support is a crucial form of emergency preparedness. Country experience is highlighting that in addition to enhancing financial security to empower breastfeeding, additional priorities include:

- Disseminating accurate information about the value of breastfeeding and its life-saving importance, both in general as well as in crises, together with the heightened risks associated with the use of breast-milk substitutes in emergencies;
- Participating in monitoring the International Code of Marketing of Breastmilk Substitutes and reporting violations to relevant authorities to ensure that crises are not being exploited for commercial interests;
- Advocating with the medical profession to strengthen their technical expertise and commitment to support breastfeeding;
- Identifying and documenting the impact of breastfeeding support interventions in emergencies and how to strengthen the linkage between humanitarian and development assistance in this regard.

56 https://www.hki.org/updates/nurturing-connections-bangladesh#.XC4IDc_7QU0

57 Reference can be made to the advocacy brief 'Breastfeeding in Emergency Situations', https://www.unicef.org/nutrition/files/8_Advocacy_Brief_on_BF_in_Emergencies.pdf

58 <https://www.theigc.org/wp-content/uploads/2018/02/Fertig-et-al-final-report.pdf>

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Emerging guidance and tools

References and guidance

FOOD AND NUTRITION SECURITY IN THE WORLD

FSIN (2019) *The Global Report on Food Crises*.
www.fsinplatform.org

FAO (2018) *State of Food Security and Nutrition in the World*.
www.fao.org/3/I9553EN/i9553en.pdf

GNR (2018) *Global Nutrition Report*.
www.globalnutritionreport.org/reports/global-nutrition-report-2018

EU reference documents

European Commission (2019) *Social protection across the humanitarian-development nexus. A game changer in supporting people through crises*. Reference document N°26.

European Commission (2015) *Action Plan on Nutrition*.
ec.europa.eu/europeaid/sites/devco/files/action-plan-nutrition-2015_en.pdf

European Commission (2013) *Enhancing Maternal and Child Nutrition in External Assistance: an EU Policy Framework*.
ec.europa.eu/europeaid/documents/enhancing_maternal-child_nutrition_in_external_assistance_en.pdf

European Commission (2012) *Social transfers in the fight against hunger*. Reference document N°14.

European Commission (2011) *Addressing undernutrition in external assistance: An integrated approach through sectors and aid modalities*. Reference document N°13.

ECHO (2015) *Ten common principles for multi-purpose cash-based assistance*.
ec.europa.eu/echo/files/policies/sectoral/concept_paper_common_top_line_principles_en.pdf

Guidance documents

The Cash Learning Partnership (CaLP) (2017) *Global Framework for Action*
www.cashlearning.org/downloads/calp-framework-web.pdf

The Cash Learning Partnership (CaLP) (2017) *Glossary of Terminology for Cash and Voucher Assistance*.
www.cashlearning.org/resources/glossary

Australian Government, Department of Foreign Affairs and Trade (DFAT) (2015) *Guidance Note: Social Protection and Nutrition* (includes a short video).
echo-elearninghfa.eu/topic-27-social-protection-and-echo/#27-5-the-role-of-social-transfers-in-improving-nutrition

EU Brief on *Gender Equality Matters for Nutrition*.
www.europa.eu/capacity4dev/hunger-foodsecurity-nutrition/discussions/new-gender-and-nutrition-brief

EU Guidance Note: *Because Women Matter: designing interventions in food, nutrition and agriculture that allow women to change their lives*.
www.europa.eu/capacity4dev/hunger-foodsecurity-nutrition/documents/because-women-matter-designing-interventions-food-nutrition-and-agriculture-allow-women-4

EU Communication on Nutrition.
ec.europa.eu/europeaid/documents/enhancing_maternal-child_nutrition_in_external_assistance_en.pdf

FAO (2012) *Issue Brief on Social Protection and the Right to Food*.
www.fao.org/fileadmin/templates/righttofood/documents/RTF_publications/EN/issuesbrief_SOCIALprotection_EN.pdf

FAO (2015) *Framework for Action for Food Security and Nutrition in Protracted Crises*.
www.fao.org/3/a-bc852e.pdf

FAO (2016) *Guidance Notes on Improving Food Security and Nutrition in Protracted Crises*.
www.fao.org/cfs/cfs-home/activities/ffa/en/

FAO (2016) *The rights to social protection and adequate food*.

www.fao.org/3/a-i5321e.pdf

FAO (2018) 'FAO and Cash Plus: How to Maximise the Impacts of Cash Transfers'.

www.fao.org/3/I8739EN/i8739en.pdf

Gender Action Plan 2016–2020 (GAP II).

europa.eu/capacity4dev/public-gender/minisite/eu-gender-action-plan-2016-2020

ODI Report and Video from *High Level Panel on Humanitarian Cash Transfers*.

www.odi.org/events/4260-how-cash-transfers-can-transform-humanitarian-aid

SCN (2017) *Guidance Note Integration of Nutrition in UN Development Assistance Framework*.

www.unscn.org/uploads/web/news/document/UNDAFGuidance-EN-WEB.pdf

SCN (2017) *Guidance Note on the Integration of Nutrition into The UN Development Assistance Framework*.

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/

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 (2013) *Recommendations for Management of Severe Acute Malnutrition in Infants and Children*.

www.who.int/elena/titles/full_recommendations/sam_management/en/

WHO (2018) *Ten Steps to Successful Breastfeeding*.

www.who.int/news-room/detail/11-04-2018-who-and-unicef-issue-new-guidance-to-promote-breastfeeding-in-health-facilities-globally

TOOLS

Action Against Hunger *Nutrition Causal Analysis*: Video.

www.linknca.org/video/la_link_nca_en_motion_design.htm

Capacity Assessment for Nutrition (tool for supporting national and local stakeholders to undertake a robust and comprehensive assessment).

Cash and Learning Partnership (CaLP) *Cash-Based Assistance Programme Quality Toolbox*.

www.cashlearning.org/resources/--pqtoolboxcashlearning---

ECHO E-Learning Tool for Humanitarian Food Assistance (each topic starts with a general overview and contains information, videos, case studies and external web-links).

echo-elearninghfa.eu/

FAO Minimum Dietary Diversity for Women.

www.fao.org/nutrition/assessment/tools/minimum-dietary-diversity-women/en/

Global Nutrition Cluster website (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).

www.nutritioncluster.net/topics/nie-and-cross-cutting-issues/

and www.nutritioncluster.net/tools-and-resources/

Save the Children. Household Economy and Cost of Diet Analysis brings together resources on Household Economy Analysis (HEA) and Cost of the Diet (CoD) and serves as a one-stop shop for managers, decision makers, programme planners and practitioners).

www.heacod.org/en-gb/Pages/Home.aspx

Scaling Up Nutrition (SUN) Movement (offers a range of guidance and resources including a dedicated YouTube channel and detailed profiles/analysis for the 60 countries).

www.scalingupnutrition.org/

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To keep in mind when operationalising the nexus

Core principles of availability, access and adequacy⁵⁹

The overarching message is that to maximise the impact of shock-responsive social protection on food security and nutrition, with a clear focus on realising the rights and ensuring the inclusion of those who are the most nutritionally vulnerable, it can be helpful to think in terms of the following core principles:

Availability of support: Inclusive social protection systems must guarantee access to a minimum set of non-contributory schemes if the rights to both social protection and adequate food and nutrition are to be covered. The establishment of strong legal and institutional frameworks with secure political and fiscal support can avoid the shortcomings of patchy, time-bound provision which undermines the processes of resilience-strengthening and means that beneficiaries are likely to become vulnerable to new shocks in the future.

Access to support: In both humanitarian and development contexts, social protection should be non-discriminatory and optimally inclusive. Evidence suggests optimal inclusion can best be achieved by universal programmes which are available to all without conditions. A robust analysis of food and nutrition insecurity in a given context can be expected to highlight the significant share of population having an inadequate diet and experiencing various forms of malnutrition. However, this is not to say that some groups may face greater challenges than others and face a higher degree of risk. For these groups additional measures may be introduced, as a complement to – rather than as a substitute for – universal schemes. Likewise, the evidence also points to conditionalities, (associated with narrower definitions of ‘nutrition-sensitive’ social protection) often resulting in exclusion or reduced benefits for the most disadvantaged. A clear lesson is the importance of ensuring beneficiary involvement in both design and delivery (including accessible public information campaigns, and robust and transparent grievance mechanisms) to enable the identification of potential barriers to access and the best ways of addressing them.

Adequacy of support: The effectiveness of social protection in terms of enhancing food security and nutritional status is fundamentally related to the extent to which transfers are adequate (in terms of both amount and duration) to guarantee income security and healthy behaviour for all. Expectations of short-term impact may be unrealistic, as vulnerable groups’ specific livelihoods and coping strategies to manage extreme insecurity may have developed over generations to maximise survival. For shock-responsive social protection systems to make a meaningful impact on the long-term resilience of populations, governments will need to be able to sustain and increase investments in social protection.

Key points for both humanitarian and development actors to keep in mind when operationalising the nexus

Globally, the number of people experiencing hunger has increased to 821 million (of which it is estimated that around 500 million live in countries affected by fragility, conflict and violence), while 124 million people face crisis levels of acute food insecurity. The provision of adequate nutrition in early life (particularly the first ‘1000 days’ from conception until a child reaches two) should be considered crucial both in terms of saving lives and advancing the rights of children to realise their full potential. Currently 8 per cent of all children under five are wasted and 22 per cent stunted. Building risk-informed, shock-responsive and nutrition-sensitive social protection systems is increasingly recognised as a crucial and strategic component of efforts to strengthen the humanitarian development nexus within the framework of Agenda 2030 and the associated commitment to end hunger and all forms of malnutrition. On the basis of reviewing existing evidence, experience and promising practice, the following points can be borne in mind for improved food security and nutrition when operationalising social protection policies and programmes across the nexus:

- 1. Greater clarity of focus in the face of complexity** — The causes and far-reaching consequences of food insecurity and multiple forms of malnutrition are complex and interconnected, whether in contexts of crises or ‘normal’ times. It is therefore extremely important to be clear on the various terminology and definitions associated with food security and nutrition as this has important implications for programming and understanding the evidence in terms of outcomes and impact.
- 2. Moving beyond a ‘siloed’ approach to stunting and wasting** — The recent shifts in understanding the ongoing persistence, severity of risks and complex interrelationship with regard to stunting and wasting have profound implications for social protection in terms of its potential to support the transformation of a historically ‘siloed’ approach, so that alongside building systems for the treatment of severe wasting into national health systems, an increased focus on tackling stunting is ensured as a legitimate objective in protracted crises.
- 3. The need to avoid an overly narrow approach to ‘nutrition-sensitive’ social protection** — Coherence across the nexus in support of nutrition-sensitive approaches to social protection is crucial, but an overly prescriptive interpretation of what this means in practice should be avoided. In particular, the inherent logic of narrowly targeted and conditional transfer-based programmes which have frequently been branded as models of ‘nutrition-sensitive’ social protection, requires a fundamental rethink based on the growing body of causal analysis and evidence of impact generated in specific contexts. (A systematic guiding framework is presented in [Annex Five](#)). Systematically tracking wealth- and gender-disaggregated indicators at outcome level (such as exclusive breastfeeding, minimum dietary diversity and the adequate diets of young children, for instance) should be considered the crucial hallmark of genuine nutrition sensitivity.
- 4. Promote the coordinated utilisation of existing tools to link evidence with policy making** — Both humanitarian and development actors should work together to make more effective use of available tools and research priorities to better understand the relative significance of various causal factors in specific contexts, as well as to identify and measure crucial issues such as the gap between existing diet-related expenditure and that required to ensure that basic nutrition requirements are met. In particular, building on experience and promising practice to ensure greater attention to programming for greater gender equality and women’s empowerment is a key priority.
- 5. Social protection can be harnessed to protect and promote breastfeeding across the nexus** — Given the tremendous significance for saving millions of lives and enhancing the food security and nutritional status of millions more children (which in turn has profound inter-generational implications), a crucial opportunity for partnership across the humanitarian-development nexus relates to harnessing social protection (together with a range of complementary actions) to support the protection and promotion of breastfeeding.
- 6. Cash-based assistance can lay the foundations for rights-based social protection systems** — Flexible, regular, predictable and scalable social protection systems can support a more dynamic and adaptable response to crises as they evolve. Cash-based assistance is inherently ‘multi-purpose’ and, on the basis of the widespread structural poverty and livelihood insecurities that underpin chronic food insecurity and persistent malnutrition (both in humanitarian crises and in ‘normal’ times), can be considered both a prerequisite and a catalyst for enabling and facilitating the multiple changes in behaviour and access to services needed for lasting progress.

In this way, social protection programmes can contribute both to the immediate realisation of the fundamental right of everyone to be free from hunger and malnutrition and to the progressive realisation of the right to food and good nutrition..

- 7. Building on promising experience with the Cash Plus approach** — The use and scale-up of the Cash+ approach can be considered a response priority in protracted crises; for example, to support livelihood resilience at the same time as ensuring that essential needs for food are met (as well as other essential requirements for good nutrition such as water, sanitation and hygiene, access to basic services). This should be done without the imposition of hard conditionalities, although this could still leave room for the adoption of either a ‘single stand-alone programme’ or a ‘complementary programme’ model.
- 8. The neglect of investment in system strengthening and capacity development is a false economy**— While the focus on rapid response and immediate impact has historically taken precedence in addressing needs in the context of a crisis situation, the potential for tension with system strengthening and capacity development must be addressed. This can be achieved by ensuring a simultaneous focus on partnership with national stakeholders around models for sustainable and inclusive delivery and the corresponding investment in institution building for good governance and the promotion of a rights-based approach. Working with national stakeholders to undertake a comprehensive Capacity Assessment for Nutrition (drawing on recent tools and guidance for such an exercise) can be an important first step towards the development of an agreed roadmap for investment. Strengthening national information systems for food security and nutrition should be approached as an integral component of such support. Neglecting such opportunities is a false economy, undermining impact in the longer term.
- 9. Make optimal use of budget support modalities for supporting SPaN and localisation** — Harnessing the Budget Support modality (also referred to as Sector Reform Contracts) to reinforce national governments’ policy commitments, for example towards rationalised, universal ‘life-cycle’ schemes (such as maternity allowance or child cash grants – whether framed as social protection or in the context of national multi-sectoral action plans for nutrition) should be considered as a key objective by EU Delegations (and where possible in partnership with Member States). This modality also offers strategic opportunities to promote a ‘localisation’ agenda by turning a spotlight on sub-national delivery mechanisms and improved results at all levels, as well as highlighting the significance of strengthening civil society’s role in enhanced accountability.
- 10. Coordinate backing for regional initiatives to accelerate national commitment** — Where possible, entry points for supporting regional initiatives promoting social protection across the nexus should be identified and acted upon to promote the role of intergovernmental structures and mechanisms to ensure strong commitment and policy visibility around the linkage of humanitarian and development approaches to accelerate food security and nutrition-related outcomes.

Additional points specifically for humanitarian actors:

- **Ensure greater attention to child stunting in humanitarian crises** — While child wasting has been conventionally been given far greater priority in humanitarian crises than child stunting, it is increasingly recognised that high levels of child stunting can persist in areas of protracted crisis, while hard-earned gains in stunting reduction are at risk of being eroded. Furthermore, being stunted carries a significant mortality risk, especially when a child is severely stunted, or when stunting and wasting exist concurrently. This has fundamental and transformatory implications for strategic approach adopted in crises.
- **Invest now in analysis of the implications of profound shifts related to urbanisation and the ‘double burden’** — It is estimated that 68 per cent of the global population will be urban by 2050, with the greatest acceleration in Africa and Asia. The soaring prevalence of overweight, obesity and NCDs (with three quarters of NCD deaths in low- and middle-income countries), as well as the alarming increase in the prevalence of all forms of malnutrition among urban populations (the double burden), also has significant implications for social protection across the nexus. Almost three quarters of all NCD deaths (28 million people) and the majority of premature deaths (82 per cent) occur in low- and middle-income countries and the onset and persistence of crises can lead to an acute exacerbation or a life-threatening deterioration in the health of people with NCDs.

Additional points specifically for development actors:

- ***Increase attention to both prevention and treatment of wasting across the development agenda*** — Based on the growing awareness that much of the child wasting in the world persists as a result of structural factors rather than crises *per se* and that both child stunting and wasting impact upon and interact with the other, tackling wasting through national systems for service delivery (addressing both prevention and treatment) is a key priority.
- ***Bear in mind the fundamental political nature of the social protection agenda and engage accordingly*** — Ultimately the social protection agenda is as much political as it is technical or economic, and it is therefore crucial to support inclusive political debate and engagement with the processes of design (whether around designing systems for registration of beneficiaries, payment delivery, awareness of entitlements, grievances etc.) and implementation, particularly with the most marginalised and disadvantaged groups.

Annex 1

Review of key terms and points to be aware of

Hunger, food insecurity and malnutrition - key terms and points

to be aware of:

It should be recognised that the number of 'hungry' people indicated by the 'undernourishment' indicator should not be equated:

1. either with the number of people that may be defined as 'food insecure' or without the right to adequate food and nutrition, which may be significantly higher;
2. or with the number of people that may be defined as having one or more forms of undernutrition.

HUNGER

Hunger (or undernourishment) is used at population level to describe the situation when dietary intake is below minimum requirements (typically taken as an average of 2100 kcal per person per day). The Prevalence of Undernourishment (PoU), as measured in FAO's State of Food Security and Nutrition in the World, refers solely to the percentage of people having insufficient dietary energy consumption. Hunger is an outcome of food insecurity.

FOOD INSECURITY

Since the 1996 World Food Summit, the widely accepted definition of food security is a '*situation that exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary need and food preferences for an active and healthy life*'.

This internationally agreed understanding of food security is important because:

- It includes the quality of diet (since adequate diversity is essential for health) and therefore goes beyond a narrow definition focused only on not experiencing hunger or having adequate energy consumption;⁶⁰
- It refers to both the inability to secure an adequate diet today, and the risk of being unable to do so in the future,
- The emphasis on '*all people*' highlights the fact that food security must ultimately be measured at the individual level. Therefore, while a country might be self-sufficient in food production (and even though this may be routinely referred to as 'national food security'), or a household may appear to be able to produce or purchase enough to feed everyone in the family (which may be referred to as 'household food security'), it is often the case that certain groups or individuals will remain food insecure due to various inequalities and resulting vulnerability to imperfections in distribution.

It is for this reason that the comprehensive four-pillar framework for understanding food security was developed by the FAO, encompassing: availability (food supply); access (economic and physical); stability (over time) and utilisation (physical conversion of food into nutrients). Therefore, for people to be food secure:

1. Food must be **available** in sufficient quantities – either home grown, locally grown or imported from elsewhere;
2. Food must be **accessible** – in other words, people must be able to acquire it regularly in adequate quantities and diversity, whether through purchase, home production, barter, gifts, borrowing or food aid;

|||||||

60 By contrast the Prevalence of Undernourishment' or 'PoU', as measured in State of Food Security and Nutrition, refers solely to the percentage of people in the world having insufficient dietary energy consumption.

3. And finally, the food that is available and accessible needs to have a positive nutritional impact on people – this refers to the way it is **utilised** by households and individuals (considering, for instance, household storage, cooking, hygiene and sharing practices).
4. A fourth pillar – **stability** – refers to the fact that all three of the other pillars must be maintained on a consistent basis.

The focus of the Global Report on Food Crises is on acute food insecurity and malnutrition as measured by a methodology known as the ‘Integrated Phase Classification’ and defined as ‘*manifestations of food and nutrition insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration*’. They are highly susceptible to change, and can occur and manifest in a population within a short time as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity and malnutrition (IPC, 2017).

While the definition of food security is largely uncontested, it is important to be aware that there are several methods for classifying it in various contexts and at different levels. Neither the ‘prevalence of undernourishment’ (PoU) or the ‘food insecurity experience scale’ (FIES) as used by the SDGs and tracked in the FAO’s State of Food Security and Malnutrition in the World (SOFI), take account of the significant additional numbers of people who (i) have insufficient money or resources for a healthy (i.e. minimally nutritious) diet, and (ii) are uncertain about their day-to-day ability to obtain food. Yet on the basis of the accepted World Food Summit definition above, ensuring ‘*sufficient, safe and nutritious*’ food ‘*at all times*’ is clearly a precondition for any individual to have good nutritional status.

MALNUTRITION

Malnutrition comes in many forms. ‘Undernutrition’ includes child stunting, wasting and micronutrient deficiencies,⁶¹ while ‘overnutrition’, which includes overweight and obesity, is also a form of malnutrition that can affect all ages.

Wasting (also referred to as acute malnutrition) occurs when children under five are too thin for their height as a result of recent rapid weight loss or failure to gain weight. While associated with increased risk of child death from infectious diseases⁶², wasting can be reversed if conditions improve and/or effective treatment is provided. Wasting is conventionally used as an important indicator of the severity of a humanitarian crisis impact. However, it is also generally higher during the rainy season and tends to coincide with the pre-harvest ‘lean season’, thus leading to a dangerous combination of food scarcity and higher disease prevalence.

Stunting on the other hand (also referred to as chronic malnutrition) can be largely irreversible after the age of two. It occurs when children under five are found to be too short for their age and develops over a longer time-period as a result of inadequate nutrition and/or repeated bouts of infection. Evidence shows that up to 70 per cent of stunting takes place between a child’s conception and their second birthday, a period commonly referred to as the first 1,000 days.⁶³

The focus on micronutrient deficiency as a form of undernutrition⁶⁴ is especially important because it highlights the fact that a diet meeting only calorific requirements cannot be considered as ensuring either food or nutrition security effectively. Micronutrient deficiencies can seriously impair health and growth, with women, adolescent girls and children particularly vulnerable.

It is also important to recognise that overweight and obesity are also defined as forms of malnutrition and are increasing rapidly in low and middle-income countries, where different forms of malnutrition can frequently even occur at the same time in the same household or even individual.⁶⁵ For instance, stunting and wasting can often coexist in the same child, while an obese adult or child may also be severely micronutrient deficient.⁶⁶

61 For details on key terms and undernutrition indicators, please refer to Annex 1 of European Commission (2011) Addressing undernutrition in external assistance – An integrated approach through sectors and aid modalities. Reference Document N°13.

62 Severe wasting (‘severe acute malnutrition’, SAM) is associated with the highest risk of death (a SAM child is 12 times more likely to die than a non-wasted or stunted child).

63 Leroy et al. (2014)

64 The most commonly recognised micronutrient deficiencies across all ages are caused by a lack of iron, zinc, vitamin A and iodine.

65 Food insecurity can contribute to overweight and obesity (as a result of restricted access to a healthier diet) as well as undernutrition. Furthermore, poor food access can increase the risk of low birthweight and stunting in children, both of which are associated with higher risk of overweight and obesity later in life.

66 The term ‘double burden’ is used to describe the coexistence of undernutrition along with overweight and obesity or non-communicable diseases (such as diabetes, heart disease and high blood pressure) within individuals, households and populations as well as across the life-course. It is estimated that around 9.1% of children in the developing world will be overweight or obese by 2020.

Annex 2

Key international standards and commitments

The Grand Bargain

As part of a series of formal negotiated commitments by governments and operational agencies at the 2016 World Humanitarian Summit, the Grand Bargain initiative⁶⁷ provided a significant boost to the agenda for promoting cash transfer programming (CTP) in the context of humanitarian response via a specific focus on ensuring that cash is more routinely considered, increasing available resources, building capacity for CTP, ensuring quality, strengthening coordination and building the evidence base.

Building on this initiative, the United Nations Office for Coordinating Humanitarian Affairs (OCHA) developed the New Ways of Working initiative⁶⁸ which calls for joined-up analysis of short- and long-term needs, joint humanitarian and development planning, joint leadership and coordination and new financing modalities to support collective outcomes.

As a result, institutions and agencies working on food security and nutrition in humanitarian contexts (such as, the WFP, UNICEF and the Global Nutrition Cluster) are increasingly demonstrating more integrated programming approaches, both multi-sectorally and more focused on working to support government and civil society structures through capacity strengthening.

Framework for action for food security and nutrition in protracted crises⁶⁹

The Committee on World Food Security's Framework for Action (CFS-FFA), endorsed in 2015, represents the first global consensus on how to mitigate the threat to food security and nutrition during protracted crises. The central aim of the CFS-FFA is to develop policy guidance for enhanced food security and nutrition in line with the 2030 Sustainable Development Agenda, starting from the recognition that protracted crisis situations require special attention and that appropriate responses in such contexts may differ significantly from non-crisis development contexts.

Of utmost relevance from the viewpoint of food security and social protection across the humanitarian-development nexus, Principle 1 of the CFS-FFA includes the commitment to 'Align humanitarian and development policies and actions and enhance resilience, by [...] ix) Supporting appropriate and sustainable social protection programmes, including through predictable, reliable, rapidly scalable safety nets, to mitigate and manage food security and nutrition risks'.⁷⁰

The CFS-FFA was elaborated through an inclusive consultation process, including representatives from governments, UN agencies, civil society and NGOs, international agricultural research institutions, private sector associations and international and regional financial institutions. The framework for action is based on eleven principles, which collectively underscore the importance of a focus on nutrition while meeting immediate needs, strengthening country ownership and accountability (in particular local governance), the promotion of women's empowerment and gender equality, and recognising the contribution to peacebuilding through efforts to enhance food security and nutrition.

67 <https://www.agendaforhumanity.org/initiatives/3861>
 68 <https://www.agendaforhumanity.org/initiatives/5358>
 69 <http://www.fao.org/cfs/cfs-home/activities/ffa/en/>
 70 <http://www.fao.org/3/a-bc852e.pdf>

Social protection for food security:

Summary of Key Recommendations by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security (2012).

1. Every country should strive to design and put in place a comprehensive and nationally owned **social protection system** that contributes to ensuring the realisation of the right to adequate food for all.
2. Social protection systems should pursue a **twin-track strategy** to maximise their positive impacts on food security, by providing essential assistance in the short-term and supporting livelihoods in the long term.
3. Social protection needs to be better designed and implemented to address **vulnerability** to poverty and hunger, for instance by being accessible on demand to everyone who needs assistance, and by putting contingency financing in place for rapid scaling up when required.
4. Social protection for food security should be underpinned by the **human rights** to food and social protection at every level, from governments signing up to global agreements, to national legislation and programme implementation.
5. Since a large proportion of the world's food insecure people earn their living from **agriculture**, mainly but not only as smallholder farmers, social protection for food security should support agricultural livelihoods directly.

Annex 3

Social protection across the nexus – typologies, pathways of impact and a theory of change for enhanced food security and nutrition

A typology of social transfers and the pathways of impact on food and nutrition security⁷⁵

OBJECTIVE	IN-KIND TRANSFERS	NEAR-CASH TRANSFERS ⁷⁶	CASH TRANSFERS (UNCONDITIONAL / CONDITIONAL)
Immediate causes	<ul style="list-style-type: none"> • Treatment of children with severe wasting • Take-home rations (may include cereals, pulses, oil etc. and may or may not be fortified) • Food-for-work / food-for-training⁷⁷ • Nutrition supplements / complementary food 	<ul style="list-style-type: none"> • Food vouchers 	<ul style="list-style-type: none"> • Cash transfers
Underlying causes	<ul style="list-style-type: none"> • Transfers of productive assets (seeds, tools, livestock etc.) • Food for work / food for training 	<ul style="list-style-type: none"> • Productive asset vouchers 	<ul style="list-style-type: none"> • Cash transfers • Cash for work
Basic causes	<ul style="list-style-type: none"> • School meals (can impact on enrolment and retention) 	<ul style="list-style-type: none"> • Health fee waivers • Educational stipends 	<ul style="list-style-type: none"> • Cash transfers

In-kind and near-cash transfers have the potential to act both directly on improving individual dietary intake (thus tackling the immediate causes of malnutrition), as well as indirectly by supporting people to increase agricultural production and vocational skills. School meals have also been shown to increase enrolment and retention rates particularly among girls and disadvantaged groups, which in the longer term can be a key driver of improved food security and nutrition.

The impact of cash transfers on improved food security and nutrition is most obviously driven by directly increasing household disposable income, and therefore purchasing power, to cover the costs of a nutritious diet (improved quantity and quality), as well as other costs that may be involved in food preparation such as fuel for cooking. However, the impact can also be indirect via a number of other important pathways; such as via the protection and acquisition of productive assets, helping recipients to smooth consumption and thereby avoid problematic coping mechanisms (such as withdrawal of children from school, overreliance on rising debt burden, etc.), enhancing ability to afford healthcare, or to enable local travel and communications in order to identify work opportunities, etc.⁷⁸

75 Adapted from DFAT (2015) *Guidance Note on Social Protection and Nutrition*.
<https://dfat.gov.au/about-us/publications/Pages/social-protection-and-nutrition.aspx>.

76 These refer to the provision of in-kind commodities through the market.

77 Food-for-work/training may immediately provide food while at the same time contribute to the creation of productive assets or skill acquisition in the community.

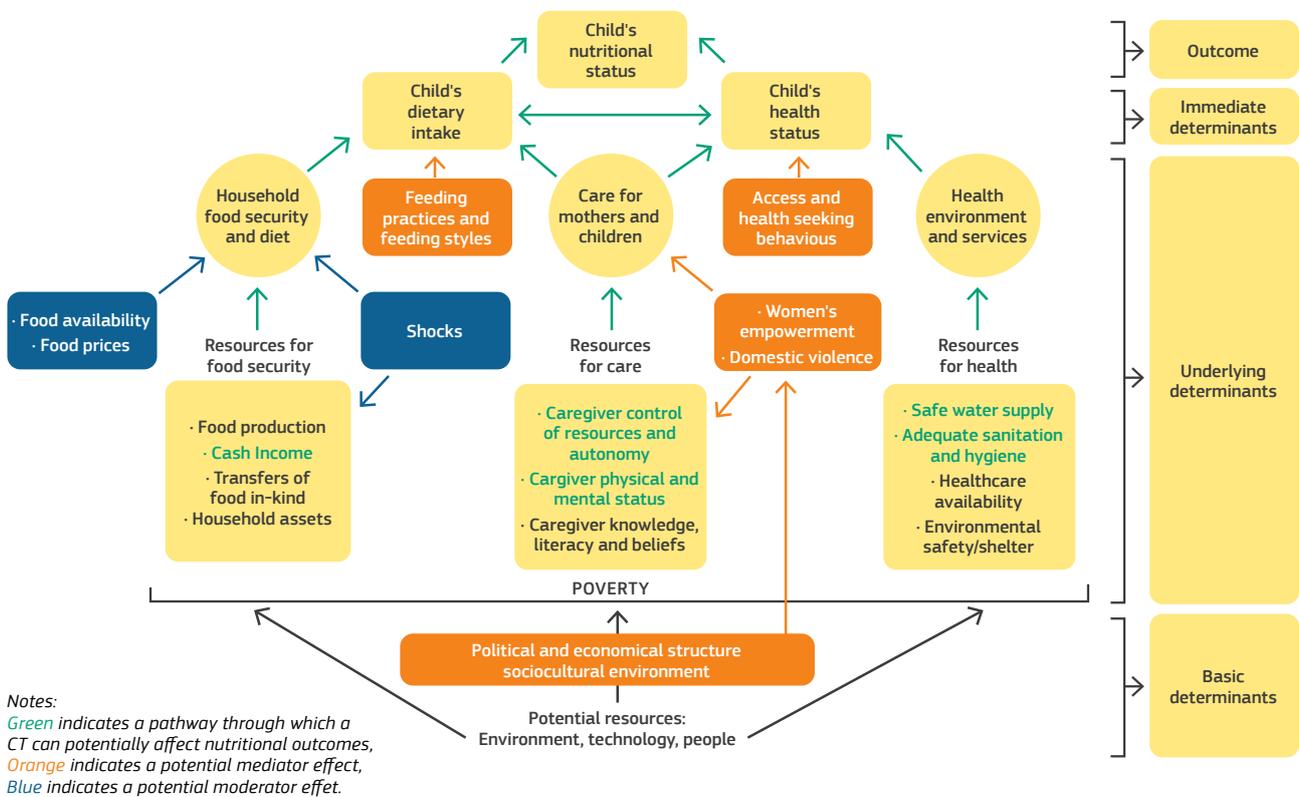
78 Even apparently small changes may have a strong multiplier effect; for example, increased disposable income can enable the purchase of soap for improved hygiene, thereby reducing the risk of infection and diarrhoea prevalence in young children.

Transfers have also been found to directly affect intra-household and gender dynamics. For example, if the transfer is provided to the primary caregiver, often the mother, she can be better able to advocate for her preferences as a result of improved control over resources. Likewise, transfers have also been found to decrease household poverty-related stress (as well as gender-based violence), which in turn can improve a caregiver’s physical and mental state and increase the quality of care provision⁷⁹. In terms of enabling adequate care practices, social protection may reduce the pressure on family members to work in the absence of appropriate childcare, while also supporting pregnant women to avoid excessive physical work and mothers to exclusively breastfeed their infants.⁸⁰

Cash for work, as with food for work, can potentially also address problems relating to safe water and ending open defecation in the community, by providing the means to construct and improve water points and sanitation facilities (assuming adequate technical guidance and resources for materials are also available).

Finally, and at a deeper level, the provision of adequate and predictable transfers can provide an opportunity to break the intergenerational transmission of poverty, hunger and malnutrition by ensuring improved demand for and access to basic services (associated with out-of-pocket expenses such as costs for transportation and medicine), as well as boosting local markets and increasing economic opportunities. Social protection can also serve to generate strategic entry points for the provision of awareness and education on important issues related to food security and nutrition; for example by harnessing innovative communications technologies to relay information, messaging and advice. Ultimately, social protection can contribute to improving the foundation for good governance and a human-rights-based approach by transforming relationships (the ‘social contract’) between the state as duty-bearer and the citizen as rights-holder. Additionally, there is often significant potential for positive interaction effects between the various pathways, as assistance simultaneously gives rise to multiple impacts.

Conceptual framework for the determinants that affect child nutritional status⁸¹



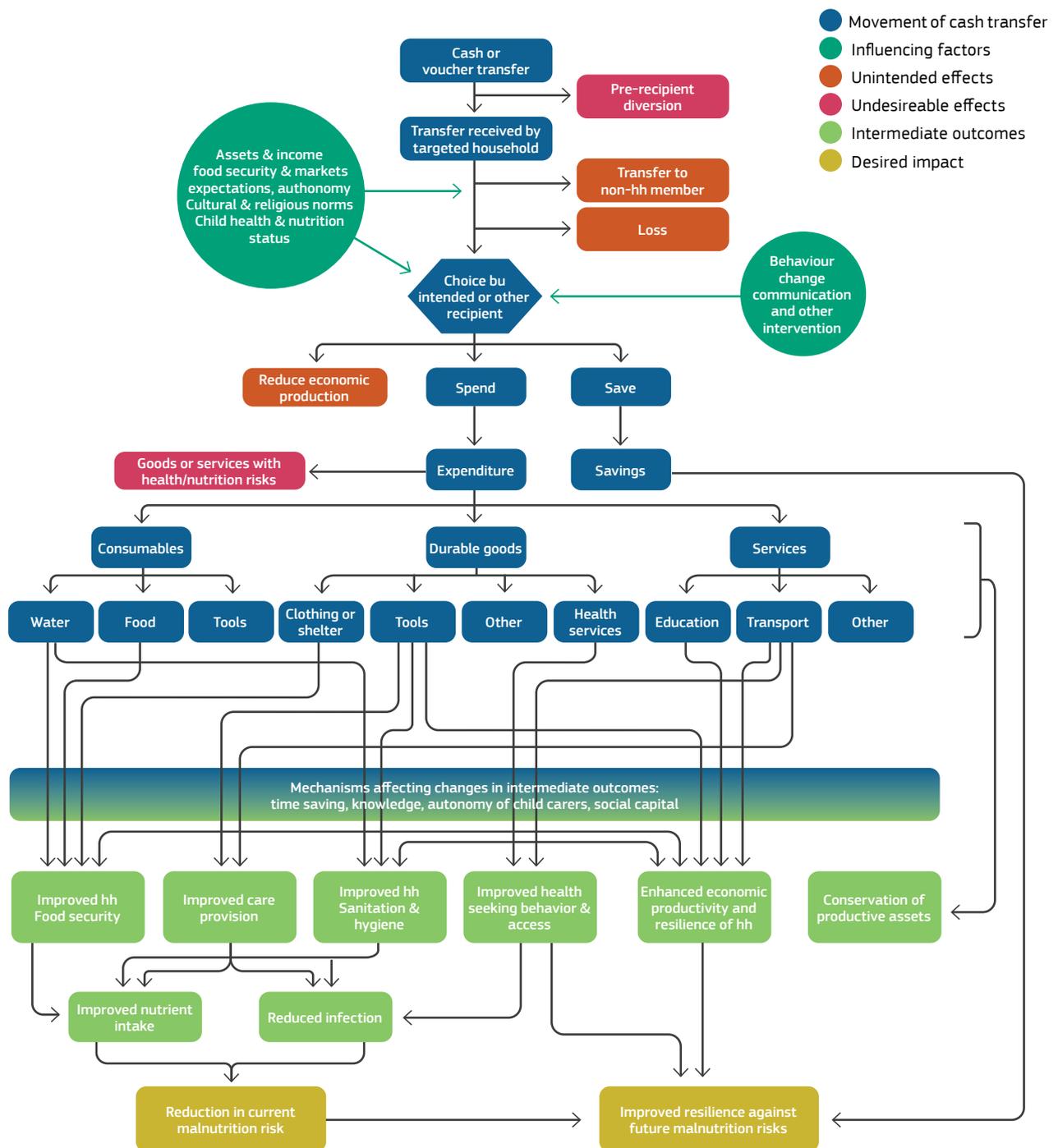
79 Yount et al. (2011).

80 However, the imposition of work as a condition for receipt of a transfer may risk having an adverse impact in this respect.

81 <https://www.enonline.net/jfex/51/cashtransfersandchildnutrition>

Building on the UNICEF conceptual framework of the causal pathways leading to undernutrition, a theory of change can be developed to inform the use of social protection instruments for food and nutrition security across the humanitarian- development nexus. Below is an illustration of how cash transfers may help enhance food and nutrition security.

Towards a theory of change: Cash transfers for enhanced food and nutrition security⁸²



82 Source: https://www.actionagainsthunger.org/sites/default/files/publications/REFANI_Synthesis_Report_online.pdf

Annex 4

Main evidence of impact

An overview of the evidence base:

SOURCE	EVIDENCE OF IMPACT
<p>Review of the evidence on the impacts of cash transfers on individuals and households between 2000-2015 (<i>Bastagli et al. 2016</i>)</p>	<p>This review is particularly important due to the breadth of evidence synthesised coupled with the detailed focus on programme design and implementation features. The range of indicators covered by the review included investment in productive assets, food expenditure, dietary diversity, child stunting and child wasting. However, while the vast majority of studies with statistically significant findings reported increases in productive investments, food expenditure and dietary diversity, there was much less evidence to demonstrate that cash transfers affect child anthropometry (height and weight). At the same time the review also found evidence showing improvement in various outcomes, including nutrition, arising from extended duration of receipt of cash transfers. The review concluded that:</p> <ul style="list-style-type: none"> • Overall the evidence confirms that cash transfers can be a powerful policy instrument with a range of potential benefits for recipients including livelihood support, enhanced food security and important contributions to dietary related nutrition pathways. • That there was limited evidence on improvements in anthropometric measures probably reflects the fact that achieving optimal child growth depends on a wider range of variables than simply increasing the range of foods eaten, although this may be an important requirement for improved nutrition. The review highlighted that the evidence on cash transfer impacts is less strong regarding direct, long-term outcomes such as nutrition due to the fact that such indicators may require longer periods for impacts to become manifest and also depend on a variety of mediating factors including service availability, prevailing social norms and human capital. • The design of core transfer features – particularly the size of the transfer and the duration of its receipt – is crucial to achieving greater impacts. This has important programming implications where resources may be scarce in terms of decisions relating to coverage and targeting. It may be more effective to focus on a smaller geographical area and population than to attempt wider coverage but at the expense of dilution of impact.
<p>Cash transfers and child nutrition: pathways and impacts (<i>de Groot et al. 2016</i>)</p>	<p>A comprehensive review of global evidence from impact evaluation literature to identify critical elements that determine nutrition outcomes at the same time as potential knowledge gaps. The review:</p> <ul style="list-style-type: none"> • Confirms the general challenges associated with generating conclusive evidence for the impact of cash transfers on child anthropometry (e.g. stunting and wasting) while nevertheless highlighting the significant evidence that old-age pensions (e.g. in South Africa) and child grants (e.g. in Zambia) did demonstrate such impact. • Concludes that further research is required in several key areas such as the impact on children's dietary diversity, caregiver behaviours and the significance of stress. • Highlights the importance of factoring in design variables to understand heterogeneity of impacts, in particular the size of transfers; the age of children (larger effects for younger children which is consistent with the evidence that growth impairments occur primarily in the first '1000 days' of life); the effectiveness of targeting strategies; the access and quality of services; and the duration of programme participation. Potentially negative consequences identified across the wide range of programmes covered include increases in women's time burden and the reinforcement of traditional gender norms.

The impact of Ethiopia's productive safety net programme on the nutritional status of children (2008-2012)

(IFPRI, 2017)

Ethiopia's Productive Safety Net Programme (PSNP) is a large-scale social protection intervention aimed at improving food security and stabilising asset levels. It contains a mix of public works employment and unconditional transfers. The PSNP is widely held to have been successful in improving household food security. However, children's nutritional status in the localities where the PSNP has remained poor (48 per cent of children were stunted in 2012 and while this has fallen to 38.4 per cent as of 2018, Ethiopia remains off-track to achieve the international nutrition targets for 2025, while stunting among the poorest quintile is 45 per cent). This study examines the impact of the PSNP on children's nutritional status over the period 2008–2012.

- Doing so requires paying particular attention to the targeting of the PSNP and how payment levels have evolved over time.
- The study finds no evidence that the PSNP reduces either stunting or wasting and notes that child diet quality is poor.
- Likewise, the study finds no evidence that the PSNP improves child consumption of pulses, oils, fruits, vegetables, dairy products, or animal-source proteins.
- Most mothers have not had contact with health extension workers, nor have they received information on good feeding practices.
- Water practices, as captured by the likelihood that mothers boil drinking water, are poor.
- These findings have helped to inform revisions to the PSNP.

Impact of cash transfers on social determinants of health and health inequalities in sub-Saharan Africa: a systematic review

(Owusu-Addo et al. 2018)

A systematic review (of 53 studies) was conducted to synthesise the evidence of CT impacts and to identify the barriers and facilitators of effectiveness. Importantly, the findings were found to be largely consistent with those from Latin America. The review concluded that:

- CTs have a moderate impact on health and nutritional outcomes but that there is a requirement to ensure adequate and appropriate provision of supplementary services and behaviour-change interventions to optimise their impact;
- The key factors found to facilitate or conversely hinder effectiveness were the size of the transfer and the irregularity of transfer payments,
- Studies used savings and credit-related indicators to measure resilience and found that households could use CTs both to pay off their debt and / or to increase their access to credit.

Impact of a multidimensional child cash grant programme on water, sanitation and hygiene in Nepal (Renzaho, 2018)

A recent study in Nepal (using data between 2009 and 2015) evaluated the impact of a multidimensional and unconditional child cash grant programme that incorporated a behaviour-change component along with the cash transfer. The study found that:

- The intervention resulted in a significant reduction in the proportion of households reporting using drinking water from unimproved sources, having unimproved sanitation facilities and practicing unsanitary disposal of children's faeces respectively.
- It is also important to recognise the opportunities presented by social protection to address nutrition status via improved water, sanitation and hygiene outcomes.
- This is particularly the case in countries experiencing complex public health challenges and where, despite the importance of WASH for nutrition, social protection programmes generally do not include WASH indicators.

Social protection in Ghana and Kenya through an inclusive development lens

(Pouw et al. 2018)

This study is of interest because it adopts a comprehensive 'Inclusive Development' framework to systematically explore the complexity of effects arising from cash transfers at various levels.

- While highlighting several positive effects, it also underscores the tendency for the poorest to remain comparatively excluded, while those people who are less resource-poor are better placed to harness assistance in such a way that builds upon their existing asset base, capabilities and relatively better social relations.
- The study is therefore relevant for understanding the potential impact of social protection on food security and nutrition in crisis contexts as it underscores the challenges faced by the most disadvantaged in realising the full potential of social assistance, for which existing assets and capabilities are often a pre-requisite.
- This highlights the need to better understand the priorities of those most at risk and the way they make strategic decisions, and the study concludes that in all contexts, social protection outcomes tend to be restricted by programme design, implementation/delivery failure and exclusion.

**A review of
evidence of
humanitarian
cash transfer
programming in
urban areas**

(Smith et al. 2015)

The rationale for this review was that despite the scale of urbanisation, nature of urban crises and urban vulnerability, much of the experience and research into cash transfer programming to date remains predominantly rural in focus.

- The review identified a growth in awareness of the potential role CTP can play in meeting urban humanitarian needs within sectors, including livelihoods; shelter; WASH and health.
- However, at the same time, experience of coordination around CTP was found to highlight challenges resulting from the existing coordination architecture being set up to deliver aid sectorally.
- Overall, the review concluded that the diversity of population groups, needs and vulnerabilities in urban settings tended to make cash assistance an effective response for times of crisis, while certain characteristics of urban areas even created an enabling environment for CTP.

Annex 5

Guiding framework – nutrition-sensitive social protection across the nexus

Key questions to guide assessment, analysis and action across the programming cycle:

IDENTIFICATION PHASE	
Situation and causal analysis	<ul style="list-style-type: none"> Has a robust analysis of food insecurity patterns and causes and/or nutrition situation assessment and causal analysis been undertaken?
Response analysis	<ul style="list-style-type: none"> On the basis of the analysis, is there a clear theory of change whereby social protection can support improved food security and nutritional outcomes? Due to the complexity and/or severity of the situation, are multiple instruments required in order to ensure that in the short run lives can be saved while the gradual prevention of malnutrition is achieved in the longer term?
Policy analysis	<ul style="list-style-type: none"> Is there a good understanding of the policy context (both for social protection and nutrition)? To what extent is there policy coherence between policies and strategies around nutrition, the right to food, agriculture and food systems, land ownership, labour, trade, gender, social protection etc.? What is the state of play with relevant legislation and regulations?⁸⁴
Institutional context and capacities	<ul style="list-style-type: none"> Is there a good understanding of institutional roles, responsibilities and dynamics (both for social protection and nutrition)?
Expected impacts	<ul style="list-style-type: none"> Have anticipated nutrition impacts been clearly identified for the programme (and have any potential negative impacts been considered?)
DESIGN PHASE	
Nutrition objectives	<ul style="list-style-type: none"> Does the intervention logic make clear the nutrition objectives at all levels? If the programme has additional objectives related to capacity development and system strengthening, or learning (for example through robust impact assessment), have these been well thought through?
Eligibility and targeting	<ul style="list-style-type: none"> Does the targeting strategy of the proposed programme build on experience and lessons learned (for example with respect to the costs and complexities of targeting mechanisms), while factoring in considerations relating to political economy and the profile of malnutrition?

84 Important legislation from a nutrition perspective includes maternity protection (for example based on the ILO Maternity Protection Convention); implementation of the International Code of Marketing of Breast-milk Substitutes; and ending the inappropriate marketing of complementary food. Promotion of universal health coverage can also have important implications for promoting access to nutrition-related health services.

MONITORING AND EVALUATION	
Indicators	<ul style="list-style-type: none"> • Have 'SMART' nutrition indicators been included at different levels within the M&E framework? • Are indicators sufficiently disaggregated to track reduction in nutrition inequalities related to wealth and gender, for instance, as well as heterogeneity of impact based on other variables (location, ethnicity, caste etc.)? • Has consideration been given to indicators that will measure possible negative impacts as a result of thinking across a range of determinants of malnutrition?
Data collection	<ul style="list-style-type: none"> • Is it clear how much nutrition monitoring data can be derived from existing reporting systems (e.g. HMIS)? • These systems need to be strengthened? • Additional data-collection efforts will be required?
Evaluation design	<ul style="list-style-type: none"> • How will the programme contribute to the strengthening evidence for the impact of social protection on nutrition? • Are there ethical issues to consider e.g. on the basis of excluding the control group from receiving basic, potentially life-saving services. • Are there opportunities to invest in research priorities such as understanding the value of different models of nutrition education, or the relative effectiveness of different transfer levels or targeting models?

Annex 6

The IMAM surge model in Kenya.

An example of a complementary ‘shock-responsive’ instrument for the treatment of severe acute malnutrition in crisis settings:

While social assistance in the form of cash transfers can ensure a life-line for those caught up in humanitarian crises by enabling basic needs to be met while maintaining productive assets and enhancing resilience, at the same time additional social protection instruments can play a key role in saving lives.

Over the last two decades, a type of social care service instrument known as Community Management of Acute Malnutrition (CMAM) or Integrated Management of Acute Malnutrition (IMAM) has been progressively established on the basis of efforts by humanitarians to address dangerously high levels of severe acute malnutrition in young children.⁸⁷ In recent years, the establishment of this service has been increasingly recognised as an essential component of routine health service provision in contexts where a high prevalence of acute malnutrition persists even where there is no obvious crisis.

The historical challenge of treating SAM was that specially formulated milks were often only accessible in hospital-based feeding centres that tended to be very difficult for most people to get to, especially in a crisis setting. Even if transport-related challenges could be overcome, treatment then involved being stuck in a ward for weeks while the child was treated, and this was often simply not possible for women with other children to take care of as well as many additional responsibilities.

The shift from a clinical perspective to a community outreach focus led to the birth of CMAM, with the critical elements of the programme being timely access to care and high programme coverage. It was found that wherever possible, treatment was much easier to provide at home in the community. This was made possible by two innovations: (i) the development of ready-to-use therapeutic food,⁸⁸ and (ii) the introduction of a focus on mid-upper-arm assessment to rapidly and simply identify at-risk and affected children.

A key element of Kenya’s strategy to scale up high-impact nutrition interventions in recent years has been the integrated management of acute malnutrition (IMAM), which has been embedded into the national health system. In the event of crisis intensification, the surge model associated with IMAM in Kenya has facilitated the shock-responsive scaling up of treatment in the most nutritionally at-risk arid and semi-arid lands (ASAL). This has also served to reinforce the nutrition-sensitivity of a comprehensive portfolio of social protection programmes in Kenya including the Hunger Safety Net Programme (HSNP) and Ending Drought Emergencies (EDE) framework for enhanced resilience, as well as several other cash transfer initiatives and social protection programmes for orphans and vulnerable children, the elderly and the severely disabled.

An important challenge faced has been the maintenance of community mobilisation and outreach of IMAM after the ‘surge’ process has been initiated (e.g. following declaration of emergency) and as a result, SAM coverage levels in Kenya remain comparatively low. Another key challenge is the risk of imbalance between the humanitarian-development nexus focus on nutrition-specific activities and the levels of investment required to ensure greater coverage for nutrition sensitive interventions.⁸⁹

87 Severe acute malnutrition affects up to 20 million children under the age of five worldwide and, with a high case-fatality rate, can cause anywhere from between 500,000 to 2 million deaths per year.

88 A nutrient-dense paste often based on peanut butter and fortified with milk, sugar and micronutrients.

89 A recent field-based case study suggests that nutrition is in danger of being left behind in context of policy and programming associated with the humanitarian and development nexus and that nutrition should be positioned centre stage as a fundamental design consideration as opposed to simply being understood as an impact indicator (e.g. stunting and / or wasting). Dolan and Shoham et al. (2018) <https://www.ennonline.net/fex/57/nexusnutpolicykenya>

Annex 7

Avoiding narrow approaches to nutrition-sensitive social protection

A critical review of the potential risks associated with an overly prescriptive approach and narrow definition of social protection:

TYPICAL FEATURES ASSOCIATED WITH NARROW APPROACH	POTENTIAL CHALLENGES THAT MAY ALSO UNDERMINE NUTRITION OUTCOMES IN THE CONTEXT OF CRISES
<p>The application of overly narrow targeting criteria such as ‘1000 day’ women (i.e. pregnant women or mothers of children under the age of two) or families with children identified as acutely malnourished or families identified as the ‘poorest’.</p>	<p>Although it may seem intuitive that in order to optimise food security and nutrition outcomes with scarce resources, the most food-insecure and malnourished households and individuals should be identified and targeted, in fact the high costs, targeting errors and missed opportunity to enhance resilience means that such logic can, in practice, often lead to less effective SP interventions. A narrow targeting approach may be especially unsuitable in a high-risk or crisis context where the majority of families may be affected by various forms of malnutrition, and where the challenges of ensuring coverage and accurate identification of severely malnourished children may lead to <i>de facto</i> exclusion⁹⁰. Likewise, a focus only on ‘1000 day’ mothers does not address in a timely way the poor nutritional status of many more women of reproductive age who may be about to become pregnant, or the requirement to enhance the overall resilience of the affected population.</p> <p>It can also be very difficult to implement an accurate ‘means test’ in the context of economies where a large share of the population work in the informal sector and / or are engaged in subsistence farming. The proxy means test (PMT) was developed to address this challenge on the basis of measuring household characteristics other than income. However, in practice PMTs have proved complex, costly and associated with significant errors of exclusion. By comparison, eligibility criteria based on age such as universal child grants or pensions require tend to be much more straightforward to implement and more accurate.</p>

90 For example, in the Philippines, and in the context of planning a National Emergency Cash Transfer Programme following post-Haiyan experience, defining mechanisms through which households are identified as ‘most vulnerable to and/or affected by hazards and disaster risk’ is reported to have been perceived as a key issue by local stakeholders. The national poverty database is only updated every five years and by no means corresponds to the proportion of the population actually and potentially experiencing food insecurity and various forms of malnutrition.

and safe water as well as the sanitation environment. However, it was decided to launch a nutrition capacity assessment, supported by the EU along with the UN Nutrition Network, to shed additional light and to contribute towards improved nutrition governance for a multi-sectoral approach that addresses the causes of malnutrition at all levels.

The assessment unfolded over a three-month period, enabling the consultants to speak with several participants. The REACH Facilitator played an integral role, with support from the UN Secretariat to promote learning from similar assessments in other countries (e.g. Burkina Faso, Lesotho and Senegal).

Taking the form of a qualitative study, information was gathered through a desk review, key informant interviews and focus groups with representatives from government and the respective SUN networks, including the UN Network. The assessment team measured capacities in four strategic areas: 1) the integration of nutrition into four main sectors; 2) enabling environment; 3) capacity building; and 4) advocacy, communications, data and networking. It also took into account the eleven pillars of the National Food and Nutrition Policy, 2014 – 2025 (*Politique Nationale de Nutrition et d'Alimentation* or PNNA), understanding that these constitute the functions of the CTPNA, and thus should be part and parcel of the assessment.

The study focused on the functional capacities of the Permanent Technical Food and Nutrition Committee (*Comité Technique Permanent de Nutrition et d'Alimentation* or CTPNA), led by the SUN Focal Point and supported by eight SUN networks. In addition, it also encompassed newly-established food and nutrition committees in five regions, looking at their respective capacity to plan, manage and coordinate nutrition actions. Not only did the assessment identify a series of capacity development needs, it also documented strengths and achievements. This enabled country actors to build upon these strengths when tackling the current challenges. In this light, the report positioned the members of the CTPNA both as change agents and recipients of capacity development activities, outlined in the 5-year nutrition capacity development plan.

Among the key findings, the assessment revealed that sectoral participation in monthly CTPNA meetings is variable, as is the functionality of the regional coordination committees and the extent to which nutrition is institutionalised within related sectors. The assessment recommended efforts to mainstream nutrition within the line ministries, including in sectoral policies for Social Protection. Country actors found the exercise to be useful in that it provided a context-specific diagnostic and avenues for action-based solutions. A Nutrition Stakeholder and Action Mapping was launched on 10 December 2018, thanks to UNN-REACH support and generous EU funding, to ascertain the coverage levels of core nutrition actions. The mapping will further build government capacity to better coordinate nutrition action across diverse stakeholders and sectors in pursuit of common nutrition goals.

Annex 10

Regional support for social protection in Sahel and West Africa

A region-wide approach supporting National Social Protection Initiatives to Tackle the Food and Nutrition Crises in Sahel and West Africa:⁹⁶

Without effective and shock- responsive national social protection systems in place, and committed to finding a more holistic response to break the cycle of dependency on unsustainable humanitarian assistance, in 2012 the region established the Global Alliance for Resilience (AGIR) in which the first two pillars address social protection and nutrition agendas. In recent years, most countries in the region had started to develop and implement national social protection policies (although coverage remained limited) and at the regional level in 2012, the Economic Community of West African States (ECOWAS) adopted a General Convention on Social Security while supporting the development of a regional mechanism for developing expertise on social transfers.

The role of region-wide institutions and associated initiatives in driving the commitment to change the strategic approach cannot be underestimated. These intergovernmental structures and mechanisms have ensured strong policy visibility to the requirement for linking humanitarian and development initiatives for food security and nutrition. In addition to ECOWAS as a policy making and political body, these included the technical mechanism for food security and nutrition (the Permanent Interstate Committee for Drought Control in the Sahel or CILSS) and the G5 Sahel with a primary focus on cross border governance, security and resilience. These bodies led to the launch of three initiatives, including AGIR, the Food Crisis Prevention Network (referred to as RPCA) and the Cadre Harmonise which became the reference instrument for assessing food security and providing early warning of a crisis.

A key concern was that national initiatives were predominantly reliant on external funding sources and therefore their sustainability was in doubt. Furthermore, the continued relevance of narrow targeting approaches associated with projects of the past was also questioned, given the scale and severity of the food insecurity and malnutrition faced. It was clear that regular national social transfer programmes would be far more appropriate and effective, and that there should be enhanced consistency between humanitarian assistance and the longer-term policy response. Correspondingly, chronic food insecurity in the Sahel has been progressively reframed as a long-term development issue and, at the same time, cash transfer initiatives were reoriented to support national social protection policy frameworks to link social protection, nutrition and resilience, and often incorporated into national level Multi-Sector Strategic Plans for Nutrition.

Key lessons arising from this regional experience can be summarised as follows:⁹⁷

- The importance of promoting intersectoral coordination while recognising that this remains a challenge;
- Improving data analysis and use – with the opportunity to strengthen investment in comparative analysis across countries to promote policy exchange and learning, as well as to strengthen linkages between early warning systems data and social protection interventions,
- Supporting social protection development in general, recognising the importance of gradually expanding routine social protection as a crucial contribution to resilience and a productive investment in human and social development.

96 For further details, reference can be made to the 2016 Background Document on Nutrition and Social Protection https://www.oecd.org/site/rpca/meetings/RPCA-social-protection-draft_EN.pdf

97 O'Brien C. and Barca V. (2017) 'Regional approaches to addressing food insecurity and the contribution of social protection: the Sahel'. Policy Brief. Oxford Policy Management, Oxford, UK.

Furthermore, despite extremely encouraging results, ensuring the political commitment required to sustain adequate financing and therefore optimal coverage remains a key challenge to date. Tackling this challenge will require increased recognition that the cost of inaction in social, human and economic terms is far higher than the cost of action, and that investing in shock-responsive social protection systems is an inherently affordable and cost-effective investment. The rationalisation of existing programmes and subsidies, while politically complex, also presents significant opportunities to increase the budgetary resources available. Such a transition needs to involve both national governments and international donors, with the latter estimated to be currently spending over USD 1 billion annually for humanitarian assistance (with relatively high overhead costs) in the Sahel region in response to chronic needs.

Annex 12

Overview of three key tools to strengthen knowledge for policy

A BRIEF OVERVIEW OF THREE KEY TOOLS FOR KNOWLEDGE IN SUPPORT OF THE PROGRAMMING OF SOCIAL PROTECTION FOR FOOD SECURITY AND NUTRITION THAT CAN BE CONSIDERED PARTICULARLY APPROPRIATE IN CONTEXTS OF CRISES:

Integrated Phase Classification (IPC) www.ipcinfo.org

- Supported by the EU and of key strategic significance from a humanitarian-development nexus perspective, the Integrated Food Security Phase Classification (IPC) is an innovative multi-partner initiative for improving food security and nutrition analysis and decision-making.
- The main goal of the IPC is to provide decision-makers with a rigorous, evidence- and consensus-based analysis of food insecurity and acute malnutrition situations, to inform emergency responses as well as medium- and long-term policy and programming.
- By using the IPC classification and analytical approach, governments, UN agencies, NGOs, civil society and other relevant actors work together to determine the severity and magnitude of acute and chronic food insecurity, and acute malnutrition situations in a country according to internationally-recognised scientific standards.
- With over ten-years of application, the IPC has proved to be one of the best practices in the global food security field, and a model of collaboration in over 30 countries in Latin America, Africa and Asia.

Nutrition Causal Analysis www.linknca.org

A nutrition causal analysis (NCA) is a method for analysing the multi-causality of undernutrition, as a starting point for improving the relevance and effectiveness of multi-sectoral nutrition security programming in a given context. In order to strengthen the analytical foundation on which its programmes are built, Action Against Hunger invested in the development of a structured method for conducting a nutrition causal analysis, which it has called the 'Link NCA'.

Link NCAs aim to answer six key study questions combining both qualitative and quantitative research methods, and drawing conclusions from a synthesis of results:

- What is the prevalence and severity of wasting and/or stunting in the study population?
- What is the prevalence of known risk factors for undernutrition among the population and key 'nutrition vulnerable groups'?
- What are the causal pathways of undernutrition by which certain children in this population have become stunted and/or wasted?
- How have the stunting and/or wasting in this population and its causes changed a) over time due to historical trends, b) seasonally due to cyclical trends, c) due to recent shocks?
- Which causal pathways are likely to explain most cases of undernutrition? Which sets of risk factors and pathways are likely to be the most modifiable by stakeholders within a given context and within a given period?
- Based on the causal analysis results, what recommendations can be made for improving nutrition security programming? How can the analysis be linked to a programmatic response?

Cost of Diet Analysis www.heacod.org

The Cost of the Diet (CotD) is an innovative method and software developed by Save the Children to estimate the amount and combination of local foods that are needed to provide individuals or a family with foods that meet their average needs for energy and their recommended intakes of protein, fat and micronutrients. The method was developed as a response to research which demonstrated that the impact of traditional nutrition education programmes has been limited because of poverty rather than a lack of knowledge.

The results from an assessment can be used for the following:

- To understand the extent to which economic poverty, typical dietary habits and the availability of food prevents households and vulnerable individuals from consuming a nutritious diet.
- To inform and influence nutrition and food security-related policy and advocacy processes and debates at a national and global level.
- To help understand changes in food and nutrition insecurity in a particular context and as an indicator within food security and nutrition early warning systems.
- To inform nutrition, food security, livelihood and social protection programmes.

Annex 13

Learning from maternal/child cash transfer programming in Myanmar

Insights from the LIFT ‘Maternal and Child Cash Transfer’ initiative in Myanmar:

Background: The aim of the LIFT⁹⁹ funded MCCT (2016–2018) has been to improve nutrition outcomes for mothers and children through the delivery of nutrition-sensitive – but unconditional – cash transfers to pregnant women and mothers during the first 1000 days. MCCT has been implemented in 338 villages in a region where one in every four children under five are stunted, and often high rates of stunting occur in the same areas (as well as coexisting in the same child). Evidence shows that seasonality affects both, with stunting peaking a few months after wasting has peaked.

Approach: Following registration from the second trimester of pregnancy, all pregnant women receive monthly cash transfers of around nine euros every month until their child is two years old. The purpose of the cash transfer, also communicated to the women, is to contribute to the purchase of nutritious food. At the same time, regular Social and Behaviour Change Communication (SBCC) sessions were conducted with pregnant women, their family and other key stakeholders in the community. A Randomised Control Trial was designed to assess the impact of the MCCT together with the SBCC on stunting prevalence of children under two. The provision of cash-only as well as cash-plus SBCC was assessed alongside a control group receiving neither

Insights: After one year of implementation, and prior to endline assessment of anthropometric indicators, the midline survey showed significant impact on nutrition and IYCF practices. In particular, the analysis suggests impressive improvements in dietary diversity. In general, the effect of the cash transfers when accompanied by the SBCC was found to be greater than when cash alone was provided. In addition to the insights obtained from midline data, other important lessons included:

- Counselling skills of SBCC facilitators needed to be improved, and smaller groups allowed for greater discussion.
- Nutrition awareness needed to include more emphasis on hygiene and sanitation, and not only diet and feeding practices.
- There was a clear need to move towards a whole-of-household approach to addressing the drivers of malnutrition (including fathers, mothers-in-law, neighbours, the elderly and adolescents etc.)

Challenges: Even after the intervention, it was found that a high proportion of women and children still did not increase the diversity of their diets. A Cost of Diet study indicated that for many families the cash transfer would need to be increased or even doubled in order to enable adequate purchasing power for a nutritious diet. Furthermore, a significant number of families were found to be increasing the purchase of unhealthy snack foods following receipt of the transfer. This highlights the need to increase the intensity of SBCC if nutrition objectives are ultimately to be achieved.

Scaling Up: The Ministry of Social Welfare, Relief and Resettlement has already adopted the MCCT and implementation has begun in two states with government budget funding. There are plans to expand further.

99 LIFT is a multi-donor trust fund to improve the lives of rural poor people in Myanmar. Funding contributors include the UK, the EU and Australia as well as many other international donors. www.lift-fund.org

References

- CFS (Committee on World Food Security), (2015), Framework for Action for Food Security and Nutrition in Protracted Crises, FAO, IFAD and WFP.
www.fao.org/3/a-bc852e.pdf
- Development Initiatives (2018). *2018 Global Nutrition Report: Shining a light to spur action on nutrition*. Bristol, UK: Development Initiatives.
www.globalnutritionreport.org/reports/global-nutrition-report-2018/
- DFAT (2015) Guidance Note on Social Protection and Nutrition.
www.dfat.gov.au/about-us/publications/Pages/social-protection-and-nutrition.aspx
- Dolan C. and Shoham, J. (2017), *Humanitarian-Development Nexus: Nutrition Programming and Policy in Kenya*, ENN.
www.ennonline.net/hdnkenya
- EC (European Commission), (2010) An EU policy framework to assist developing countries in addressing food security challenges COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT, COM(2010)127 final, Brussels, 31.3.2010.
<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0127:FIN:EN:PDF>
- EC (2012), *Social transfers in the fight against hunger - A resource for development practitioners*. Reference Document N°14, EuropeAid Development and Cooperation Directorate-General, European Commission, Brussels/ Luxembourg.
www.europa.eu/capacity4dev/file/14257/download?token=IbfIFj5
- EC (2013), *Enhancing Maternal and Child Nutrition in External Assistance: an EU Policy Framework*, Communication from the Commission to the European Parliament and the Council, Brussels, 12.3.2013, COM(2013) 141 final.
www.ec.europa.eu/europeaid/documents/enhancing_maternal-child_nutrition_in_external_assistance_en.pdf
- EC-DG DEVCO (European Commission Directorate-General Development and Cooperation – EuropeAid), (2015), *Action Plan on Nutrition*.
www.ec.europa.eu/europeaid/sites/devco/files/action-plan-nutrition-2015_en.pdf
- EC-DG ECHO (European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations), (2013), *Humanitarian Food Assistance – From Food Aid to Food Assistance*, Thematic Policy Document n° 1, Brussels.
www.ec.europa.eu/echo/files/policies/food_assistance/them_policy_doc_foodassistance_en.pdf
- EC-DG ECHO (2013), *Nutrition – Addressing Undernutrition in Emergencies*, Thematic Policy Document n° 4, Brussels.
www.ec.europa.eu/echo/files/policies/sectoral/nutrition_thematic_policy_document_en.pdf
- EC (2018) *Gender equality matters for nutrition - How EU development cooperation can improve both gender equality and nutritional outcomes in the rural sector*. An informative brief. European Commission, Directorate-General International Development and Cooperation, Brussels.
www.europa.eu/capacity4dev/file/86592/download?token=KfNAjBT3
- ENN (Emergency Nutrition Network), (2018), 'Child Wasting and Stunting. A briefing note for policy makers and programme implementers.'
www.reliefweb.int/sites/reliefweb.int/files/resources/WaSt%20Policy%20Brief%20FINAL%20June%202018.pdf
- FAO (Food and Agriculture Organization of the United Nations), (2016), *The rights to social protection and adequate food. Human rights-based frameworks for social protection in the context of realising the right to food and the need for legal underpinnings*. FAO Legal Papers No. 97.
www.fao.org/3/a-i5321e.pdf
- FAO (2018), *State of Food Security and Nutrition in the World 2018*.
www.fao.org/3/i9553en/i9553en.pdf
- FAO (2018), *FAO and Cash+: How to Maximize the Impacts of Cash Transfers*.
www.fao.org/3/I8739EN/I8739en.pdf
- FAO and USAID (2016), *Minimum Dietary Diversity for Women A Guide to Measurement*, Rome, the Food and Agriculture Organization of the United Nations and USAID's Food and Nutrition Technical Assistance III Project (FANTA).
www.fao.org/3/a-i5486e.pdf
- FAO and WHO (2014) Rome Declaration on Nutrition, outcome document of the Second International Conference on Nutrition, Rome, 19-21 November 2014.
www.fao.org/3/a-ml542e.pdf
- Fertig, A. and Mafiolli, E. (2018), *Maternal Cash Transfer – Final Report*. IGC (International Growth Centre), S-53307-MYA-1.
www.theigc.org/wp-content/uploads/2018/02/Fertig-et-al-final-report.pdf
- Filmer, D., Friedman, J., Kandpal, E. and Onishi, J. (2018). *General Equilibrium Effects of Targeted Cash Transfers : Nutrition Impacts on Non-Beneficiary Children*. Policy Research Working Paper, No. 8377. World Bank, Washington. DC.
www.openknowledge.worldbank.org/handle/10986/29557

- FSIN (Food Security Information Network), (2019), *The Global Report on Food Crises 2019*.
www.fsinfo.org/sites/default/files/resources/files/GRFC%202019_Full%20Report.pdf
- Gillespie et al. (2013), 'The politics of reducing malnutrition: building commitment and accelerating progress', *The Lancet*, Aug 10, 382(9891):552-69.
- Gram, L., Skordis-Worrall J., Saville N., Manandhar D.S.4, Sharma N. and Morrison J. (2019) 'Exploring women's agency over cash in a combined participatory women's groups and cash transfer programme to improve low birthweight in rural Nepal.' *Social Science & Medicine*, 2019 Jan; 221:9-18.
- Haddad, L. and Isenman, P. (2014), 'Which aid spending categories have the greatest untapped potential to support the reduction of undernutrition? Some ideas on moving forward', *Food and Nutrition Bulletin*, Jun, 35(2):266-76.
- HLPE (High Level Panel of Experts on Food Security and Nutrition), (2012), *Social protection for food security*. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome.
www.fao.org/3/a-me422e.pdf
- Hoddinott, J., Alderman, H., Behrman, J.R., Haddad, L. and Horton, S. (2013), *The Economic Rationale for Investing in Stunting Reduction*. GCC Working Paper Series, GCC 13-08..
- Idris, I. (2017), *Conflict-sensitive cash transfers: social cohesion*, helpdesk report, GSDRC, University of Birmingham, 8 September.
www.gsdrc.org/wp-content/uploads/2017/09/201-Conflict-sensitive-cash-transfers-and-social-cohesion.pdf
- Irenso A. and Atomsa, G. (2018), Implications of Ethiopian Productive Safety Net Programme on household dietary diversity and women's body mass index: a cross-sectional study. *Food and Nutrition Research*, 2018 Nov 1:62.
www.ncbi.nlm.nih.gov/pubmed/30574045
- Khara, T. and Dolan, C. (2014), *Technical briefing paper: Associations between wasting and stunting, policy, programming and research implications*. Emergency Nutrition Network, Oxford, UK.
- Krishna, A., Mejía-Guevara, I., McGovern, M., Aguayo, V.M., and Subramanian, S.V. (2017), 'Trends in inequalities in child stunting in South Asia', *Maternal and Child Nutrition* 2018:14(S4):e12517.
www.onlinelibrary.wiley.com/doi/pdf/10.1111/mcn.12517
- Leroy, J., Ruel, M., Habicht, J.P. and Frongillo, E.A., (2014), 'Linear Growth Deficit Continues to Accumulate beyond the First 1000 Days in Low- and Middle-Income Countries: Global Evidence from 51 National Surveys', *The Journal of Nutrition*, Vol. 144, Issue 9, September 2014, pp. 1460-1466.
- O'Brien C. and Barca V. (2017) 'Regional approaches to addressing food insecurity and the contribution of social protection: the Sahel'. Policy Brief. Oxford Policy Management, Oxford, UK.
- Ruel, M.T. and Alderman, H. (2013) 'Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?', *The Lancet*, Aug 10, 382(9891):536-51.
- Seall, A., Dolan, C. and Trenouth, L. (2017). *REFANI Synthesis Report*. Research on Food Assistance for Nutritional Impact (REFANI) Consortium.
www.actionagainsthunger.org/sites/default/files/publications/REFANI_Synthesis_Report_online.pdf
- UNICEF (United Nations Children Fund) and WHO (World Health Organization), April 2018, 'Advocacy Brief - Breastfeeding in Emergency Situations'.
www.unicef.org/nutrition/files/8_Advocacy_Brief_on_BF_in_Emergencies.pdf
- UN (United Nations), (2018), *Promoting Inclusion through Social Protection: report on the World Social Situation*. Department of Economic and Social Affairs, United Nations, New York.
www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2018/07/1-1.pdf
- WHO (World Health Organization), 2014, *Global Nutrition Targets 2025: Policy brief series*.
www.who.int/nutrition/publications/globaltargets2025_policybrief_overview/en/
- Woodward, A., Griekspoor, A., Doocy, S., Spiegel, P. and Savage, K. (2018), 'Research agenda-setting on cash programming for health and nutrition in humanitarian settings', *Journal of International Humanitarian Action*, 2018, 3:7.
www.jhumanitarianaction.springeropen.com/articles/10.1186/s41018-018-0035-6
- Yount, K., DiGirolamo, A.M. and Ramakrishnan, U. (2011), 'Impacts of domestic violence on child growth and nutrition: A conceptual review of the pathways of influence', *Social Science & Medicine*, 2011 May, 72(9):1534-54.



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