

Building synergies between child nutrition and social protection to address malnutrition and poverty



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**UNICEF
PROGRAMMING
GUIDANCE**

Building synergies
between child nutrition
and social protection to
address malnutrition
and poverty

Acronyms

DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross domestic product
HCT	Humanitarian cash transfer
CHNW	Community Health and Nutrition Worker
HSNP	Hunger Safety Net Programme
IASC	Inter-agency Standing Committee
IPC	Integrated Phase Classification
ISPA	Inter-Agency Social Protection Assessment
MEB	Minimum expenditure basket
MENARO	Middle East and North Africa Regional Office
MICS	Multiple Indicator Cluster Survey
NICHE	Nutrition Improvements through Cash and Health Education
NuVAC	Nutrition Vulnerability Assessment in Fragile and Conflict Settings
SBC	Social and behaviour change
SDGs	Sustainable Development Goals
SUN	Scaling up Nutrition
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

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SECTION 1

Introduction

BACKGROUND

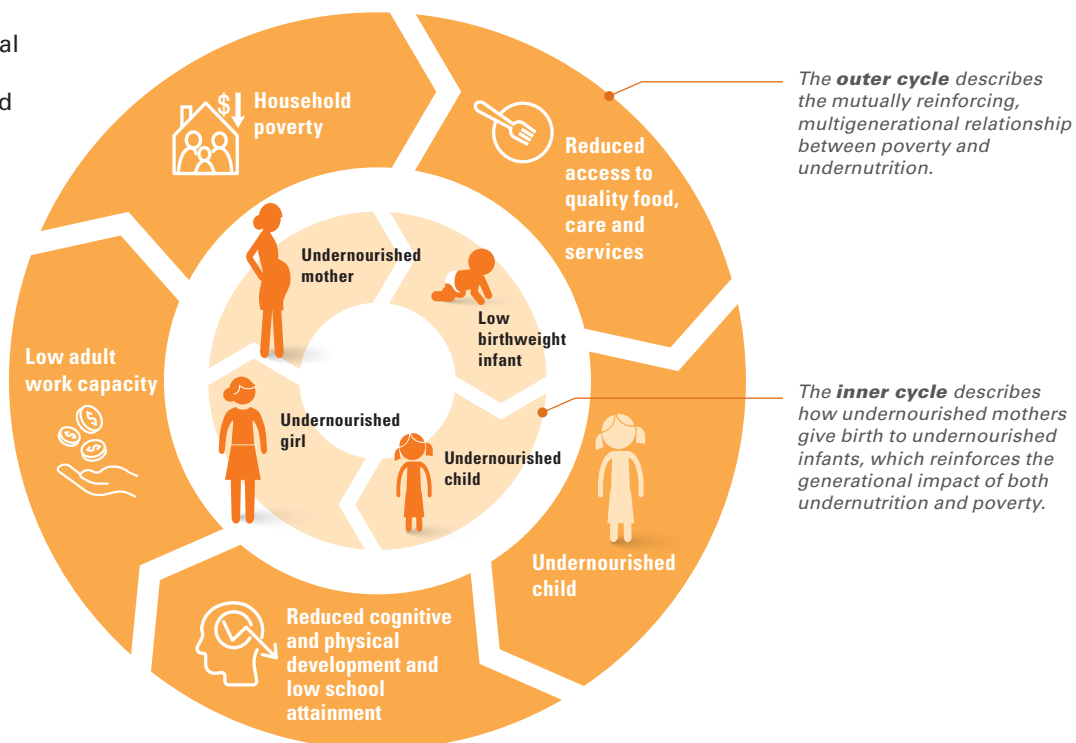
Important progress has been made to improve the situation of children globally. Over the last two decades, the proportion of children under 5 years of age suffering from stunted growth and development has fallen by one third (60 million).¹ Poverty rates are also declining: the global poverty rate declined by 70 per cent between 2000 and 2019 and the proportion of children living in extreme poverty fell from 21 per cent to 16 per cent between 2013 and 2022.^{2,3} Despite these gains, the world remains off track to meet the ambitious Sustainable Development Goals (SDGs), specifically SDG 1 and SDG 2 to end poverty and hunger by 2030.

Today, children are twice as likely as adults to live in extreme poverty. One billion children are experiencing multidimensional poverty and approximately 1.7 billion children below the age of 18 years have no access to social protection.⁴ Almost 3.1 billion people globally are

unable to afford a healthy diet and 202 million children are living in severe food poverty.¹ Poverty and poor diets jeopardize children's ability to grow and develop to their full potential and contributes to child malnutrition. Currently, an estimated 37 million children globally are overweight, 45 million children under 5 years of age suffer from wasting, and 148 million have stunted growth and development. Global shocks, such as conflict, climate change, rising food prices and global pandemics, are worsening existing inequalities and pushing even more children into poverty and malnutrition.

Tackling child poverty and malnutrition requires a synergized approach between multiple systems. This document provides guidance on building synergies between **child nutrition** and **social protection** policies, systems and programmes to help address this challenge.

Figure 1: The intergenerational cycle of child malnutrition and poverty



RATIONALE

Child malnutrition and poverty are inextricably linked and should be tackled together. Malnutrition in early childhood is both a cause and manifestation of poverty, and poverty is both a cause and consequence of malnutrition. The debilitating physical effects of malnutrition lead to children having poorer cognitive skills, fewer years of schooling, lower school attainment and reduced wages in adulthood, leading to increased probability of living in poverty.^{5, 6} In turn, poverty increases the risk of children becoming and remaining malnourished and of relapsing into malnutrition even after they have recovered.⁷ When crises hit, children in the poorest households are often the most affected by malnutrition, with lasting impacts into adulthood. The intergenerational cycle of poverty and malnutrition can persist for generations, as undernourished mothers are more likely to give birth to undernourished children and children born into poor households are at greater risk of being poor in adulthood (*Figure 1*). This cycle exacerbates existing inequalities and undermines the health, development and human capital of entire countries. The World Bank estimates that undernutrition is causing productivity losses that cost low-income countries between 3 and 16 per cent of their GDP each year.⁸

Delivering child nutrition and social protection programmes together can address child malnutrition and poverty. In addition to addressing child poverty, there is evidence, including from the *Transfer Project*, that social protection can improve children's diets by removing economic barriers to nutritious foods, increasing access to nutrition services, and preventing negative coping behaviours.^{9, 10} Well-designed cash transfers can improve child growth, reduce wasting and stunting and improve birthweight.^{11, 12} Impact on child nutrition is enhanced when cash transfers are combined with evidence-based nutrition interventions to improve access to safe and nutritious foods, positive nutrition and care practices and essential child services.^{13, 14, 15, 16} There is evidence that school meals, another form of social protection, can improve nutrition outcomes for school-age children and adolescents.^{17, 18, 19} These outcomes are enhanced when school meals are nutritious and combined with a broader set of essential nutrition services, such as micronutrient supplementation, deworming prophylaxis, food and nutrition education, and healthy food environments in and around schools.



Potential pathways of impact of combined child nutrition and social protection programmes are described in Annex 1 and have also been described by the [Technical Assistance for Strengthening Capacities project](#) and [Research on Food Assistance for Nutritional Impact project](#).

Delivering child nutrition and social protection programmes together is critical in humanitarian and fragile contexts. Shocks often exacerbate and deepen existing poverty and reinforce deprivations, including child malnutrition. Populations experiencing multiple, compounding and protracted crises find it difficult to recover, compounding the risk of chronic child malnutrition. The early expansion of child nutrition and social protection programmes together can help populations withstand shocks and prevent malnutrition and worsening poverty.²⁰ Linked child nutrition and social protection responses can also prevent children from relapsing into wasting following recovery from wasting treatment.²¹

UNICEF is well placed to make a unique contribution to child nutrition and social protection programming. UNICEF is a global leader in advancing child rights and has unparalleled experience supporting nutrition and social protection systems in more than 130 countries, including in humanitarian and fragile contexts. Moreover, the [UNICEF Nutrition Strategy 2020–2030](#) and the [UNICEF Global Social Protection Programme Framework](#) (2019) promote a systems approach that calls for strengthening synergies across child nutrition and social protection policies and programmes to realize children’s right to nutrition and social protection.

In many countries, interventions are not currently addressing the underlying drivers of child poverty and malnutrition, including the financial barriers that families experience in making positive changes for child nutrition and development. UNICEF’s commitment to addressing these gaps is described in UNICEF’s position paper, [Leveraging nutrition and social protection programming to address malnutrition and poverty including in fragile and humanitarian contexts](#) (see *Box 1*).

These commitments are relevant in all contexts, including in countries most affected by the food and nutrition crisis, as described in the [UNICEF No Time to Waste Acceleration Plan for the Early Prevention, Detection and Treatment of Child Wasting](#) (2022–2023).



Box 1

Five priorities in UNICEF’s position paper

1. Build and enhance synergies between child nutrition and social protection policies and programmes at multiple levels.
2. Design integrated maternal and child nutrition and social protection programmes that are agile, fit-for-purpose and impactful.
3. Anticipate, maintain and scale up capacity for risk-informed child nutrition and social protection programmes in fragile and humanitarian contexts.
4. Strengthen implementation capacity to make these changes happen in practice.
5. Invest in gender-transformative programmes to achieve sustainable results in child nutrition and social protection.

PURPOSE, SCOPE AND STRUCTURE OF THIS GUIDANCE

The purpose of this guidance is to assist UNICEF leaders, managers and programme staff to support governments in intentionally developing synergies between child nutrition and social protection within the relevant policies, systems and programmes to effectively and sustainably address child malnutrition and poverty.

Actions and approaches to building synergies between child nutrition and social protection are context specific. However, evidence and practice allow us to propose a set of principles and a programme framework based around five entry points, described in Section II, and 10 actions across these entry points, which are described in Section III. All actions are potentially relevant in any context where child malnutrition and poverty coexist, including in humanitarian fragile and humanitarian contexts. This includes contexts with high burdens of child overweight and obesity where this is closely associated with child poverty²² and contexts experiencing a triple burden of child malnutrition (where stunting and wasting, micronutrient deficiencies and overweight and obesity exist concurrently). Practical examples of country actions are included throughout the document. Additional considerations are outlined for humanitarian and fragile contexts where government systems may be weak, overwhelmed or disrupted and therefore different approaches are needed.



SECTION 2

Framing the Guidance

DEFINING CHILD NUTRITION AND SOCIAL PROTECTION PROGRAMMES

UNICEF Child Nutrition programmes aim to prevent child malnutrition in all its forms across the life cycle. When efforts to prevent malnutrition fall short, UNICEF aims to ensure early detection and treatment of children suffering from life-threatening malnutrition. To achieve this, UNICEF leverages the potential of five systems – food, health, water and sanitation, education and social protection – to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women everywhere. This is explained in the [UNICEF Nutrition Strategy 2020–2030](#).

UNICEF Social Protection supports policies and programmes that aim to prevent and protect all people against poverty, vulnerability and social exclusion throughout the life cycle, with a particular emphasis on the most vulnerable. Social protection programmes include social transfers (cash, food, other in-kind transfers and school meals), social insurance (such as health insurance), labour market policies (including family-friendly policies, such as paid parental leave and care services) and social welfare services and referrals provided by social service workforce. UNICEF promotes child-sensitive social protection systems, with an overall aim to address child poverty and promote child development, as outlined in the [UNICEF 2019 Global Social Protection Programme Framework](#).

Both child nutrition and social protection programmes contribute to early childhood development. Early childhood development encompasses all of UNICEF’s programming for children in early life, bringing together multisectoral expertise to ensure that all children benefit from policies, programmes and practices that protect, promote and support optimal nutrition, stimulation, learning, health, safety and security in early childhood, everywhere. This is described in [Early Childhood Development: UNICEF’s vision for every child](#).

An overview of the different terms and concepts used in this guidance to describe synergies between child nutrition and social protection are described in *Box 2*.



Box 2

Terminology related to synergies

Synergies refers to cooperative interaction between separate entities that creates an enhanced combined effect. Synergies is used as an overarching term in this guidance to describe both linkages and convergence

Linkages refer to the general connections between systems, policies, programmes and services

Convergence refers to the synergies that exist between programmes, interventions or services from multiple sectors when they are delivered to the same geographic area and/or the same households

PROGRAMME FRAMEWORK

UNICEF’s programme framework (*Figure 2*) describes how to intentionally build and strengthen synergies between child nutrition and social protection programmes to address child poverty and malnutrition.

This guidance focuses primarily on social transfers, as this is the most common entry point for synergies between child nutrition and social protection. However, synergies within other parts of the social protection system are also promoted and explored, including social insurance (including health insurance), labour market policies (including family-friendly policies) and social welfare services workforce.

Social transfers (cash, food, food vouchers and other in-kind transfers) may be led and resourced by governments, partners, or both, and may exist at different levels of maturity, coverage and scale. In humanitarian contexts, cash is provided as a critical response for income support and stability. Humanitarian cash transfers (HCTs) may be delivered through national systems, or where systems are unavailable, ineffective or disrupted, HCTs may be delivered directly by UNICEF or partners, or delivered through a hybrid modality.

Cash transfers combined with one or more complementary interventions are commonly referred to as ‘cash plus’ programmes (*Box 3*). Cash plus programmes are often used as an entry point for delivering child nutrition and social protection programmes in synergy. This guidance builds on the concept of ‘cash plus’ and goes further to describe how synergies can be built between systems for sustained changes and impact at scale. This includes synergies between social protection and nutrition, including in the four systems of health, food, water and sanitation and education.

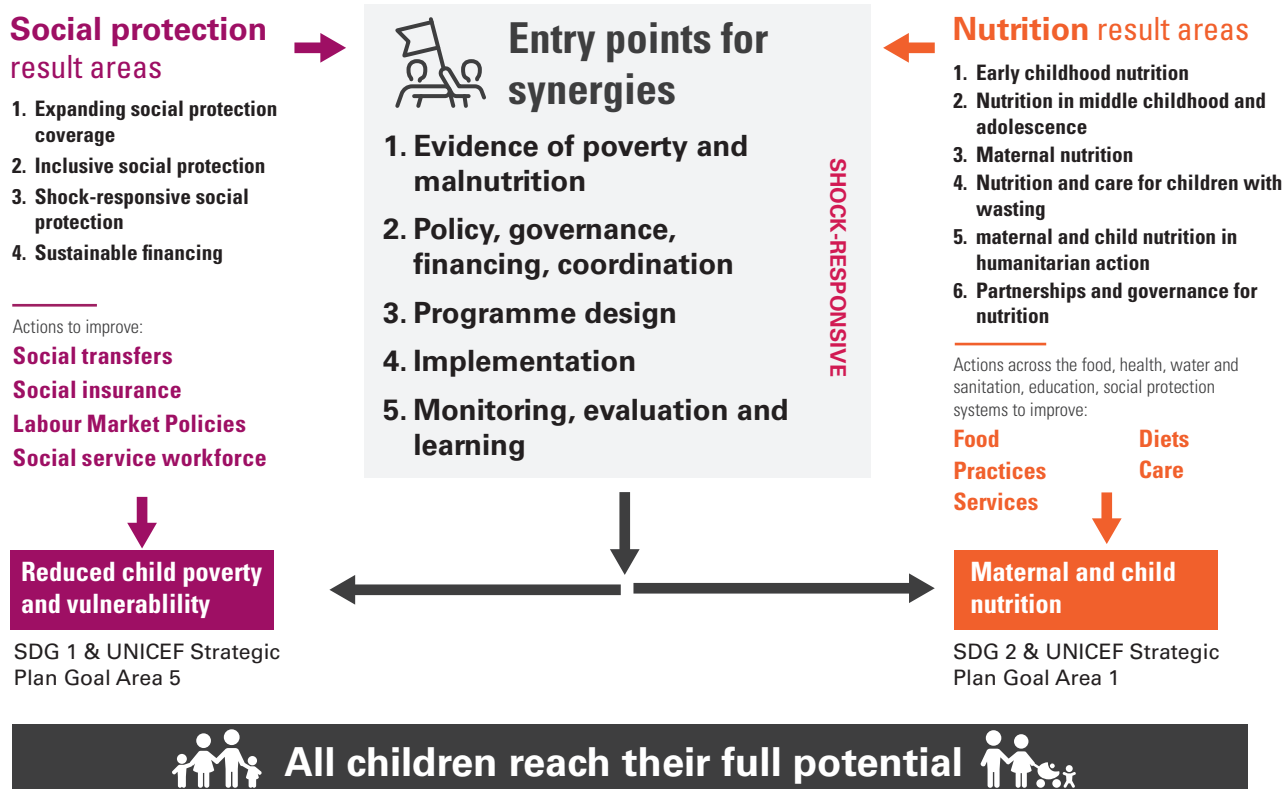


Box 3

Definition of ‘cash plus’ programmes

‘Cash plus’ interventions combine cash transfers with complementary interventions, including child nutrition interventions.²³ Complementary interventions can either be (i) provided as integral elements of the cash transfer intervention, such as additional benefits or in-kind transfers; information, counselling and support; and essential child services; or (ii) delivered externally to the cash transfer intervention by other sectors (including but not limited to child nutrition services) with explicit links with the cash transfer programme.

Figure 2: Programme framework for building synergies between child nutrition and social protection programmes



As shown in *Figure 2*, there are five entry points for synergies between child nutrition and social protection programming:

1. Collation and analysis of evidence to understand the relationship between poverty and malnutrition
2. Development of policies, governance, coordination structures and financing mechanisms
3. Planning, design and coordination of programmes that address both child poverty and malnutrition
4. Implementation capacity to support programme delivery, including staff and data systems
5. Monitoring, evaluation and learning to inform the improvement and scale-up of programmes.

To prevent child malnutrition and worsening poverty for households following shocks, child nutrition and social protection programmes must be **shock-responsive** through the timely scale-up of financing and programme delivery. This requires preparedness to ensure that systems are ready to scale and adapt ahead of a crisis, informed by early warning and surveillance. Shock response mechanisms are ideally built into national systems; but in contexts where national systems do not yet exist or are weak, humanitarian responses will likely be needed.

PROGRAMMING PRINCIPLES

Programming principles that underpin and inform the work to build synergies across child nutrition and social protection include:

- **Context specificity:** Programmes are designed based on an analysis of the situation in terms of child nutrition, poverty and vulnerability to shocks; they are aligned with national priorities and build on existing synergies, platforms, structures and programmes.
- **Prevention first:** Preventing child malnutrition and increased vulnerability are primary objectives, including for crisis-affected populations; but when prevention fails, services for the early detection and treatment of malnutrition are available.
- **Inclusivity:** Policies and programmes are inclusive of and aim to reach the most vulnerable, including women, girls, children with disabilities and children who are displaced or migrants.

- **Gender-transformative:** Policies and programmes explicitly respond to the differentiated needs of girls and women to tackle the underlying, root causes of gender inequality and foster girls' and women's empowerment.
- **Prioritizing greatest risk:** Programmes reach children and women and adolescent girls during the most nutritionally vulnerable stages of the life cycle, such as the first 1,000 days from pregnancy to the child's second birthday and during adolescence for girls. In crisis situations, the most nutrition insecure populations should be reached first.
- **Systems-strengthening:** The capacity of national social protection and nutrition systems are built at national and decentralized levels to deliver services to vulnerable populations. Where parallel HCTs are needed, actions are taken to integrate and strengthen national systems wherever possible.
- **Anticipating and responding to shocks:** Child nutrition and social protection programmes are designed to anticipate, prepare for, withstand and bounce back from shocks through risk-informed programming.
- **Sustainability:** Approaches seek to strengthen the capacity of institutions at national and subnational levels, promote sustainable financing mechanisms and address structural determinants of child malnutrition and poverty, including in fragile and humanitarian contexts.
- **Collaboration at all stages of the programme cycle:** Child nutrition and social protection sectors, ministries and partners deliberately collaborate and work together from the outset of the programme and during all stages of the programme cycle.



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SECTION 3

Making it work in practice

This section describes 10 actions that can be taken to strengthen synergies between child nutrition and social protection across five entry points of evidence, policies and governance, design and implementation and monitoring (illustrated in *Figure 1*). These actions are not listed sequentially or in order of priority; rather, their relevance and use will be determined by the context and existing opportunities.

EVIDENCE AND RELATIONSHIP BETWEEN POVERTY AND MALNUTRITION



Action 1:

Collate and analyse data and evidence of the drivers of child malnutrition and poverty and understand the relationship between them.



Action 2:

Map and analyse child nutrition and social protection policies, systems and programmes to identify opportunities for synergies.



Action 3:

Support and advocate for mutually reinforcing commitments in policies and strengthen multisector, stakeholder platforms that facilitate coordination.



Action 4:

Support governments to leverage public finance to ensure adequate, efficient and secure resources for child nutrition, social protection and the synergies between them.

DESIGN AND SCOPE OF PROGRAMMES



Action 5:

Design social transfers (cash, food, vouchers, school meals) to be nutrition-responsive.



Action 6:

Promote access to nutritious foods, positive nutrition practices and essential nutrition services.



Action 7:

Link to wider systems efforts for sustained food, nutrition and income security.



Action 8:

Make child nutrition and social protection programmes shock-responsive to mitigate increased poverty, vulnerability and prevent malnutrition.

IMPLEMENTATION AND DELIVERY



Action 9:

Strengthen local implementation capacities, including nutrition and social protection workforces and information systems.

MONITORING AND LEARNING



Action 10:

Monitor, track, understand impact and learn, including for the purposes of scale-up.

EVIDENCE AND THE RELATIONSHIP BETWEEN POVERTY AND MALNUTRITION

Evidence is critical for the design of synergized policies and programmes and to support monitoring, evaluation and learning. Actions 1 and 2 describe how evidence can be collated, analysed and used for this purpose.



Action 1: Collate and analyse data and evidence of the drivers of poverty and malnutrition and understand the relationship between them.

An understanding of the relationship between child malnutrition and poverty and their trends is critical for informing advocacy for policy changes, budget allocation and programme design. Data and evidence can be collected and analysed to answer questions such as:

- **What is the level of malnutrition?** Levels and trends of child wasting, stunting, micronutrient deficiencies and overweight and obesity.
- **What is the level of child poverty?** Children living in poor households (monetary poverty and multidimensional poverty), child poverty/deprivation and trends in data.
- **Which children are most vulnerable children to malnutrition and poverty?** Consider age, gender, geographic location, wealth status, disability, and whether the children are migrants, internally displaced or refugees.
- **What are the immediate and underlying drivers of child malnutrition that programmes should address?** Consider multiple drivers described in the [UNICEF conceptual framework for maternal and child nutrition](#), including the quality of diets, disease incidence, care and feeding practices, and access to nutrition and other services including water, sanitation and hygiene (WASH).
- **How does poverty impact the immediate and underlying drivers of malnutrition?** What are the barriers to diverse foods, essential nutrition services and positive nutrition and care practices? What is the status of economic inclusion, such as availability of livelihood supports and sustainable income sources, access to bank accounts, mobile payments or any other means?
- **What inequalities are driving malnutrition and poverty that programmes must consider?** Consider children who are systematically marginalized and excluded, such as children with disabilities and children on the move, household power dynamics and gender inequalities.
- **What are the structural factors that provide important context for child nutrition and social protection programmes?** Consider unequal economic growth, limited jobs and livelihood opportunities, climate change impacts, the rise of the informal economy, urbanization, poor governance, lack of institutional support and political will, inadequate systems, weak investment in the social sector, poor public finance management, lack of human rights protections, and recurrent and protracted shocks.
- **What potential shocks and risks impact levels of poverty and malnutrition and how should they be anticipated, prepared for and responded to?** What support will be needed during recovery? Consider political and economic shocks and shocks related to climate change, the pandemic and conflict/displacement. What is their likelihood and potential magnitude? Who is most at risk during and after?

Existing data should be collated and analysed together (See *Box 4* for possible data sources). Relevant policymakers and practitioners across nutrition and social protection systems should be engaged to understand the findings and their implications, which should inform policies and the design of synergized systems, programmes and monitoring systems (as explained in the remaining actions of this guidance).





Box 4

Possible sources of evidence on child malnutrition and poverty

For data on malnutrition: National nutrition surveys and other household population-based surveys such as [Demographic Health Surveys \(DHS\)](#) and [Multi-Indicator Cluster Surveys \(MICS\)](#); [Standardized Monitoring and Assessment of Relief and Transitions \(SMART\)/SMART+ surveys](#) and assessments such as [Integrated Phase Classification \(IPC\) Acute Malnutrition](#). See UNICEF's [e-learning on the types and purpose of nutrition needs assessment](#).

For data on poverty, income, livelihoods and food security: National poverty analysis/measurements; UNICEF child poverty situation analyses; [DHS](#); [MICS](#); [MICS PLUS](#); [Household Economy Analysis \(HEA\)](#); [Cost of the Diet Analysis](#); [Household Consumption and Expenditure Surveys \(HCES\)](#); [IPC Chronic Food Insecurity and Acute Food Insecurity](#). See UNICEF's guide to measuring child poverty in [A World Free from Child Poverty](#). See [examples of rapid assessments](#) and the [United Nations' Big Data for Sustainable Development](#) for resources and guidelines on innovative data collection methods.

For data on access to and uptake of services: [MICS](#); [DHS](#); [Health Seeking Behaviour Surveys](#); [Health Expenditure Surveys](#); [SQUEAC](#) and [SLEAC](#) surveys; [Availability, Accessibility, Acceptability and Quality framework \(AAAQ\)](#); and [NutriDash](#).

For data on practices and norms: [Infant and young child feeding assessments](#); [knowledge, attitudes and practices surveys](#); [barrier analyses surveys](#); [basic needs assessment](#); [Link Nutrition Causal Analysis](#).

For data on risk of shocks: National and regional early warning systems, [Famine Early Warning Systems Network \(FEWSNET\)](#), [IPC analyses](#).



Spotlight on Thailand

Generating evidence to strengthen the impact of social protection on child nutrition

A study of risk factors for the double burden of child malnutrition in Thailand was undertaken in 2019–2020. The study used nationally representative data from MICS to examine factors associated with child stunting, wasting and overweight. Findings revealed the need for policy and programme interventions to improve maternal and child nutrition and address socioeconomic disparities. Results were used to inform a policy dialogue to enhance nutrition impact of the national Child Support Grant.



Humanitarian and fragile context considerations #1

COLLATION AND ANALYSIS OF INFORMATION

The design of any crisis response must be informed by data that describes the children, families and populations most affected, including trend data that can be used to trigger early response. Given that the nature of humanitarian contexts often changes rapidly, the use of real-time data is important for informing the ongoing response. Child malnutrition is often defined by the prevalence of child wasting as this reflects acute changes, but other nutrition indicators can also be useful, including drivers of increased risk, such as access to nutritious foods, services and nutrition practices. See Annex B.4 of UNICEF Humanitarian Cash Transfer field guidance for details and tools.

In humanitarian contexts, the availability of accurate, up-to-date information is often compromised. National data can be used whenever up-to-date data is still available (*Box 4*). Where additional nutrition and food insecurity humanitarian needs assessments have been undertaken, data can be drawn from these too. Data can be found on the country pages of the United Nations Office for the Coordination of Humanitarian Affairs ([UNOCHA](#)) [relief web response](#), [UNOCHA data information exchange](#) and country reports of the [IPC – Acute Malnutrition and Acute Food Insecurity reports](#). Additionally, cash working groups (a sub-group of the Inter-Cluster Coordination Group) and social protection working groups (a coordination body for actors working on social protection) may also provide relevant information. Data can also be drawn from and contribute to the Humanitarian Action for Children Appeal.

More information on analysing nutrition humanitarian needs can be found in the [Global Nutrition Cluster Nutrition Humanitarian Needs Analysis Guidance](#) and the [Global Nutrition Cluster Evidence and Guidance Note on the Use of Cash and Voucher Assistance](#).



Action 2: Map and analyse child nutrition and social protection policies, systems and programmes to identify opportunities for synergies.

Existing child nutrition and social protection policies, strategies, plans, programmes, capacities, stakeholders and resources should be identified, mapped and analysed to help identify existing and potential synergies between child nutrition and social protection. The following components can be considered:

- **Policy environment:** Existing child nutrition and social protection policies, strategies, and plans, and overarching poverty reduction strategies, national development plans, and child-related action plans (including those related to early childhood development). What synergies exist? For example, are child nutrition objectives included in social protection strategies? Is social protection included in child nutrition plans?
- **National social protection system:** The design of social protection programmes, including (i) who is reached; (ii) with what benefits or services (including value of transfer); and (iii) through what delivery mechanisms. How are programmes governed, what workforces are used, what coverage is achieved, what is the total budget, how are programmes delivered and what plans exist for scale-up? To what extent do social protection programmes converge with nutrition programmes at different levels?
- **National systems for nutrition response:** The scope of child nutrition programmes within different systems (food, health, water and sanitation, education and social protection), including (i) who is targeted; (ii) with what services; and (iii) through which platforms. How are programmes governed, what workforces are used, what coverage is achieved and what are the plans for scale-up? What nutrition-responsive programmes exist within other systems (food, water and sanitation and education)? Do nutrition programmes converge or link with social protection programmes in any way?

- **Shock response mechanisms:** The extent to which national nutrition and social protection systems and programmes are prepared to scale up in response to emergencies. To what extent is either sector highlighted in national disaster risk management plans? Are social transfers considered when shocks affect child nutrition? How is this coordinated, triggered and financed?
- **Stakeholders:** Which government ministries are responsible for and contributing to social protection and child nutrition at national, subnational and district levels? Which external partners are involved in financing, technical support and implementation (i.e., United Nations agencies, multilateral organizations, bilateral organizations and NGOs)? What multisectoral coordination platforms exist at different levels and who engages in them?
- **Financing:** How are relevant plans and policies costed and financed? What resources exist for child nutrition and social protection, including government and external financing? What are the financing gaps and potential for greater effectiveness, efficiencies and equity (i.e., improved public finance management)? How shock-responsive are financing mechanisms, and what humanitarian resources may be available? What are the opportunities for joint advocacy to avoid fragmentation of budgets for nutrition and social protection across ministries/agencies?

Tools are available to help identify policies and programmes, including the [Global Database on the Implementation of Nutrition Action \(GINA\)](#) and [NutriDash](#) for nutrition, and the [Inter-Agency Social Protection Assessment \(ISPA\) Core Diagnostic Instrument and Food Security and Nutrition Tool](#) for social protection. [Public expenditure reviews](#) often describe systems and programmes for multiple sectors. Detailed analysis may be required in contexts where there is limited data or fragmentation of information and programmes across different ministries. UNICEF's [Social Protection System Readiness Assessment Tool](#) can be used to determine the shock-responsiveness of the system. Strategy and policy documents, research, evaluations, and system and programme assessments are also useful sources.



Spotlight on Malawi

Policy and programme analysis to strengthen child nutrition-responsive social protection

In 2022, a Food Security and Nutrition Inter-Agency Social Protection Assessment (FSN-ISPA) was undertaken of the Government of Malawi's National Social Support Programme (MNSSP) II to understand the extent to which MNSSP II programmes were nutrition-responsive. The study involved a desk review of key policy and programme documents and primary data using the FSN-ISPA assessment tool, and interviews of national and district-level social protection and nutrition stakeholders and programme participants. The result was a list of recommendations that are now being used to develop a national operational framework for nutrition-responsive social protection.



Spotlight on Spain

Advocacy to tackle the socioeconomic determinants of childhood obesity

The Government of Spain developed a National Strategic Plan for the Reduction of Childhood Obesity (2022–2030) to reduce child and adolescent overweight and obesity by 25 per cent over the next decade. Evidence that the prevalence of childhood overweight and obesity is almost double among children in lower socioeconomic groups compared to higher socioeconomic groups was used to advocate for interventions to tackle child poverty to be included in the Plan.



Humanitarian and fragile context considerations #2

MAPPING POLICIES AND PROGRAMMES

More and different stakeholders are likely to be engaged in social protection and nutrition responses in humanitarian and fragile contexts. This includes multiple national institutions and international non-governmental organizations (NGOs) and civil society organizations and networks. National disaster risk management policies are important sources of information about the scope of national systems involved in the humanitarian response. The Humanitarian Response Plan is useful, as it provides an overall understanding of humanitarian needs in a context, and the scope of different sector responses. It can also be helpful to engage with different humanitarian coordination bodies to support the detailed mapping of programme responses. See humanitarian and fragile context box #3 for more information on relevant coordination bodies.

POLICIES, GOVERNANCE, COORDINATION AND FINANCING

This section describes how synergies between child nutrition and social protection can be built into policies, strategies and plans, and how multisectoral platforms at national and subnational levels can be strengthened to support joint planning and coordination.



Action 3: Support and advocate for mutually reinforcing commitments in policies and strengthen multisector stakeholder platforms that facilitate coordination.

Mutually reinforcing policy commitments

Building linkages between child nutrition and social protection in national policies, strategies and plans paves the way for joint financing and programming and helps to secure political will from sector stakeholders. Disaster management strategies, poverty reduction strategies, national development plans, SDG progress reviews, and early childhood development frameworks also provide opportunities to establish mutually reinforcing policy commitments. Examples of child nutrition and social protection linkages in national policy documents are described in *Box 5*.

Results of the mapping and analysis of policies, strategies and plans (Action 2) can be used to identify gaps and opportunities to strengthen policy linkages. Scheduled revisions of national policies can be leveraged to advocate for policy changes. UNICEF's advocacy briefs on SDG1 (Ending Child Poverty) and SDG2 (Ending Child Malnutrition) summarize key asks for governments as part of their Voluntary National Review. The Scaling up Nutrition (SUN) guide for advocating for SDG nutrition-related targets in national plans provides helpful guidance on advocating for policy change.



Box 5

Social protection and nutrition linkages in country policies and strategies

Examples of nutrition policies that include social protection actions:

In **Ethiopia** – a key strategy of the 2018 National Food and Nutrition Policy is to “*strengthen social protection programmes for ensuring equitable distribution of diversified, safe and adequate foods, cash transfers and other services at all levels.*”

In **Rwanda** – the National Food and Nutrition Strategic Plan and Policy (2013–2018) outlines multisectoral actions needed to address malnutrition across the lifecycle, including in social protection: “The clear linkage and synergy between household food security, optimal nutrition, and social protection requires a truly multisector approach.”

In **Nepal** – the Multi-Sector Nutrition Plan-II (MSNP) 2018–2022 emphasizes the role that local governments play in “*improving nutrition, including through social mobilization and the administration of cash transfers and social protection.*”

In **Burundi** – the Multisectoral Strategic Plan for Food Security and Nutrition II (2019–2023) includes social protection and resilience as one of five strategic areas that aim to prevent undernutrition.

Examples of social protection policies that include nutrition objectives:

In **Ethiopia** – the National Social Protection Strategy (2016) recognizes child stunting as a key indicator of current and future deprivation. A main objective of the strategy is the reduction of food insecurity and malnutrition.

In **Rwanda** – the National Social Protection Policy (2020) recognizes the critical role of social protection in reducing malnutrition and includes a key priority to “*increase the responsiveness of Rwanda’s social protection system to the risk of malnutrition among children in low-income households.*”

In **Mozambique** – the National Basic Social Security Strategy (2016–2024) includes “*improvements in nutrition and in access to health and education services*” as one of four planned ‘axes’ of intervention.

In **Nepal** – the National Framework for Social Protection adopts a life cycle approach, ensuring that the social protection system addresses needs and vulnerabilities across all stages of life and includes nutrition as a major objective and output of social protection programmes.

Linkages between social protection and nutrition in wider policies:

In **Bangladesh** – the 2020 Voluntary National Review of progress against the SDGs recognizes the role of social protection in improving nutrition outcomes and highlights progress made through the Social Safety Net Programme for Nutrition to address poverty and malnutrition.

In **Brazil** – the National Plan for Social and Solidarity Economy recognizes the importance of social protection and nutrition as key components of poverty reduction and economic development.

In **Botswana** – the National Development Plan 11 (2017–2023) includes a comprehensive social protection and nutrition component that seeks to address the root causes of poverty and malnutrition among vulnerable groups, including women, children and people living with HIV/AIDS.

In **Ethiopia** – the National Policy and Strategy on Disaster Risk Management recognizes the importance of the integration and coordination of social protection and nutrition to reduce food insecurity and the deterioration of nutrition in the face of shocks.

Multisector stakeholder platforms

Programmes that address complex challenges, such as child malnutrition and child poverty, require multiple stakeholders from multiple sectors to come together to plan and coordinate their activities and track joint progress. Effective multisectoral platforms at national, subnational and local levels can be used to develop and strengthen synergies between social protection, nutrition and other sectors around joint programming (Box 6).



Box 6

Multisectoral and multi-stakeholder platforms for nutrition

Multisectoral and multi-stakeholder platforms are semi-structured mechanisms that allow actors from different economic and social sectors and government departments to **convene to facilitate coordination, planning and tracking shared results**. These platforms work best when solving a specific problem requires expertise and resources beyond that of a single sector.

Multi-stakeholder platforms are not designed to promote full integration of resources and strategies but to enhance cooperation, coordination and collaboration. Four key principles that make them effective are their ability to: embrace systematic change; acknowledge power dynamics to promote collaboration; address internal conflict; and communicate effectively.

Adapted from the SUN multi-stakeholder platforms for nutrition toolkit.

Context matters when determining where multi-stakeholder platforms can be most effective. Consider:

- **What child nutrition, social protection, and multisectoral governance and coordination mechanisms already exist at national, subnational and local levels** (identified during Action 2). What functions do they serve? Who participates? Which ones work well, which ones do not, and why?
- **To what extent is social protection represented within child nutrition governance and coordination mechanisms, and vice versa?**
- **Are child nutrition, social protection and other sectors currently engaging and coordinating at national, subnational and local levels to support programme convergence?**
- **How can multi-stakeholder platforms be further leveraged, designed and strengthened to support child nutrition and social protection synergies?**

Once opportunities have been identified, existing platforms can be strengthened and nutrition and social protection stakeholders can be engaged to support programme synergies.



Spotlight on Rwanda

Decentralized coordination to support synergized child nutrition and social protection programming

The Modelling Nutrition-Sensitive Social Protection Interventions pilot project delivered multiple services to vulnerable households in several districts of Rwanda between 2019 and 2021. Services included cash transfers, integrated case management and referral, support for agricultural livelihoods and kitchen gardens, nutrition services, access to a village savings and loans scheme and financial literacy training. The successful convergence of multisectoral programmes was enabled by strong district multisectoral coordination and monthly local-level coordination meetings attended by all community-level workforces and village coordinators to review challenges and manage cases.



Humanitarian and fragile context considerations #3

COORDINATION PLATFORMS

Multiple opportunities exist within humanitarian responses to coordinate child nutrition and social protection activities. National disaster management platforms are often present at multiple levels to support multisectoral planning and coordination of the response. Within the international humanitarian architecture, the Inter-Agency Standing Committee (IASC) coordinates sectoral activities through cluster coordination bodies. Nutrition programming is coordinated by The Nutrition Cluster. There is no cluster specifically for the coordination of social protection or cash programming. The coordination of cash transfers is often managed by a cash working group of the Inter-Cluster Coordination Group, or within other clusters (for example, Food Security or Nutrition), depending on programme objectives. The objectives and funding streams of the different coordination bodies may not be the same, but it is important to seek to coordinate as closely as possible to support a synergized humanitarian response, coordinated financing and systems building.



Action 4: Support governments to leverage public finance to ensure adequate, efficient, and secure resources for child nutrition, social protection and the synergies between them.

Effective child nutrition and social protection programmes require prioritization of national budgets and financing. In Action 2, financial resources for child nutrition and social protection programmes were identified. This information can be used to identify opportunities and overcome barriers to secure sufficient budget allocations from national coffers, facilitate more efficient and transparent use and execution of funds and increase the availability of surge funds for crisis response. UNICEF uses a range of public financial analysis tools to improve public spending, promote efficiencies and ensure equity and investment in essential services for children. These are described in [UNICEF's public finance toolkit](#) and the [Public Finance for Nutrition \(PF4N\) e-learning course](#).

Presenting government with costed plans for child nutrition and social protection can help to inform budget decisions. *Box 7* provides guidance on how to develop a joint budget.



Box 7

Developing a joint budget for a social protection and nutrition programmes

Developing a joint budget for child nutrition and social protection programmes requires incorporating realistic costs for both child nutrition and social protection programme elements, including the cost of filling current gaps in programming and developing programme synergies.

The budget estimation for cash transfers is determined by the: (i) target population (number of households); (ii) transfer value; (iii) duration (number of transfers); and (iv) support costs for implementation (delivery, monitoring and evaluation, grievance and redress mechanisms, etc.). Budget estimates for cash transfers can then be combined with the cost of the child nutrition programmes for the same population, considering the cost of essential supplies (e.g., items for the early prevention, detection and treatment of child wasting) and preventive interventions. A joint budget should also include the cost of coordination platforms, workforces and management information systems needed to support delivery.

An **investment case** can support advocacy for large financial investments by demonstrating to governments and donors the high return on investment offered by child nutrition and social protection programmes. Building an investment case typically involves costing and modelling the intervention, data collection, development of scenarios to model scale-up, generation of cost and impact results, and assessment of current and projected costs and resource gaps. Evidence from the monitoring, evaluation and costing of pilot programmes provides important evidence to inform this process. See the [United Nations Population Fund toolkit on developing investment cases for transformative results](#) and the [WHO OneHealth Tool on Planning and Costing Nutrition Interventions](#).

Where gaps in public finance exist, **international financing** can be mobilized from multilateral organizations, international finance institutions and bilateral donors. UNICEF can play a role in influencing donor priorities and commitments, as with the [No Time to Waste Acceleration Plan](#) and the [Global Accelerator on Jobs and Social Protection for Just Transition](#).



Spotlight on Sri Lanka

An investment case to support advocacy for an expanded national voucher programme

UNICEF's nutrition and social protection teams worked together to advocate for the expansion of the national voucher programme for pregnant and lactating women to reach children within the first 1,000 days of life. To support this effort, an investment case was developed to demonstrate how expanding the programme to reach all children universally until their third birthday would be more effective and less costly than a poverty-targeting approach, with costs peaking at 0.17 per cent of GDP in 2024 and decreasing to 0.16 per cent of GDP by 2030. As a result of this advocacy, the 2022 budget included a clause to expand eligibility for the voucher scheme from 10 months to 24 months.



Humanitarian and fragile context considerations #4

FINANCING

As part of preparedness in settings vulnerable to recurrent shocks, national finance mechanisms can be put in place to rapidly release funds to support the scale-up of child nutrition and social protection programmes in response to early warning triggers. These national mechanisms may also be complemented with humanitarian financing.

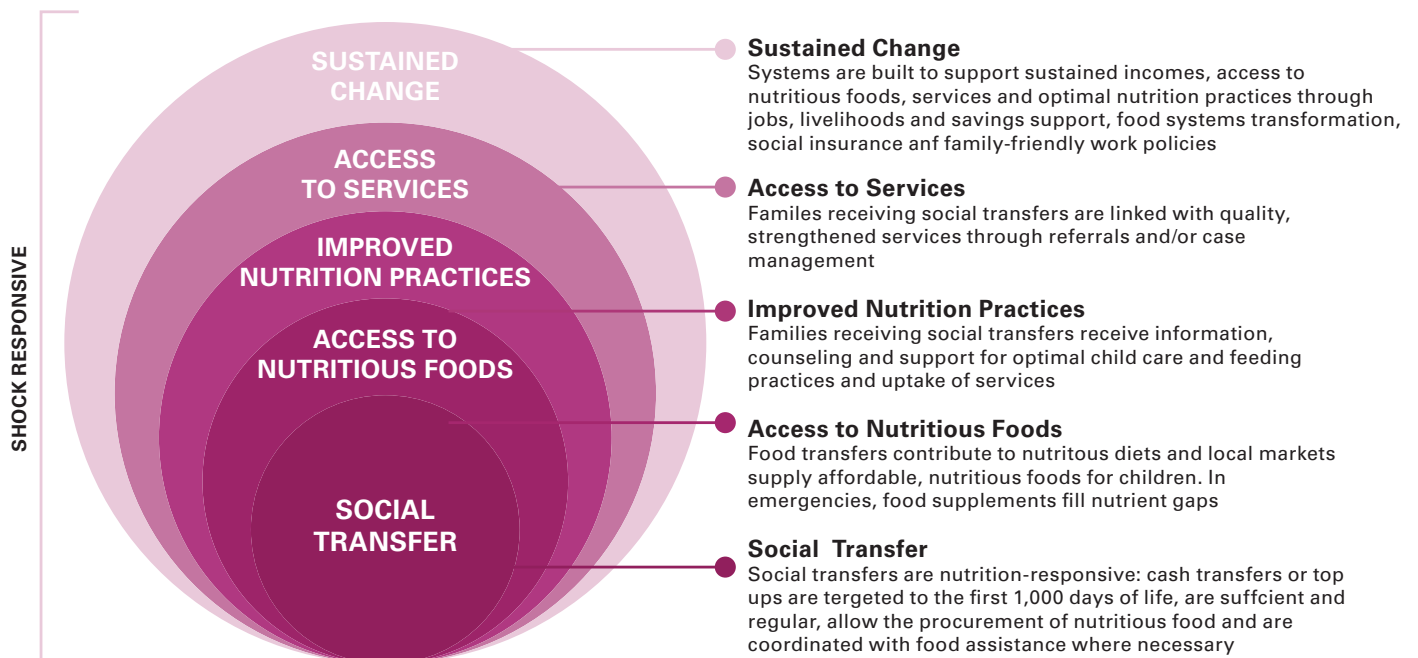
Budgets for nutrition and social protection programmes, including the extra costs associated with programme linkages and convergence, should be included within budgets for humanitarian response plans, particularly as these costs are often higher in humanitarian and fragile contexts than other settings. For more information, see the [UNOCHA guidance on methodology options for the costing of humanitarian response plans](#).

DESIGN AND SCOPE OF PROGRAMMING

This section describes how to develop synergies between child nutrition and social protection in the design of programmes. As illustrated in *Figure 3*, design can be understood in terms of five layers. This begins with the design of social transfers (cash, food, vouchers and other in-kind transfers) (layer one). To enhance nutrition impact, nutritious foods must be available to pregnant women and young children (layer two), and pregnant women and caregivers should have access to nutrition information,

counselling, and support (layer three) and multiple essential services to support child health and nutrition (layer four). For sustained change, households must have access to income and livelihood opportunities, food systems must be working to ensure sustained access to nutritious foods for children, and broader social protection measures should be in place to protect child health and well-being (layer five). Preparedness and shock response must be designed into all five layers.

Figure 3: Entry points for building synergies between social protection and nutrition





Action 5: Design social transfers (cash, food, vouchers, school meals) to be nutrition-responsive.

Social transfers may take the form of cash transfers or in-kind transfers (food transfers and food vouchers). This action describes how social transfers can be designed to be nutrition-responsive in their objectives, targeting, modality, value, and mechanism for delivery. School meals are a form of social transfer that can also be designed to have enhanced nutrition impact (as described in *Box 10*).

Objectives

Social transfers provide families with income that they can use to meet multiple needs. Often social transfers have specific objectives that contribute to national priorities, such as the reduction of child malnutrition (see *Box 8* for examples). Nutrition objectives can help to support clear communication and provide an important foundation for monitoring and tracking nutrition impact.



Box 8

Examples of nutrition objectives for social transfer programmes

In **Kenya** – the objective of the Nutrition Improvements through Cash and Health Education (NICHE) programme (2016–2018) was to intentionally improve the nutritional status of children in the first 1,000 days of life through the provision of cash transfers combined with nutrition and parenting counselling.

In **Nigeria** – the Child Development Grant Programme (2013–2019) aimed to address widespread poverty, food insecurity, hunger and malnutrition through predictable cash transfers, counselling and behaviour change campaigns for pregnant women and children under 2 years of age.

In **Nepal** – the objective of the Child Grant Programme (introduced in 2009) was to support better nutrition for children under 5 years of age.

In **Sudan** – the objective of the Mother and Child Cash Transfer Plus programme is to enhance the dietary intake and diversity of pregnant and lactating women until the child's second birthday.

Targeting

Social transfers use eligibility criteria to target a particular population. Eligibility criteria can be categorical (such as age, gender, disability), geographical, socioeconomic, or a mix of these. The choice of criteria depends on multiple

factors, including contextual needs, implementation capacity, fiscal space, and objectives. UNICEF supports the progressive realization of universal coverage to achieve the right to social protection for every child. Where resources are limited and universal coverage is not immediately possible, eligibility criteria should be selected that prioritize reaching the most vulnerable, with a plan to expand coverage to every child over time.

Where addressing nutrition deprivation is a priority, careful and context-specific decisions should be made to ensure that the most nutritionally vulnerable populations are reached. Key factors to consider include:

- **Categorical targeting** can be used to reach the most nutritionally vulnerable (i.e., pregnant women and children under 5 years of age; or, where this is not feasible, pregnant women and children under 2 years of age – known as the first 1,000 days and the most critical window of opportunity to improve a child's growth and development potential). The social transfer can target this group only, or this group can be included as one target category within a wider national social transfer programme.
- **Geography** – targeting subnational areas with the highest levels of malnutrition (i.e., child stunting or wasting), poverty, socioeconomic deprivation, or geographic areas facing seasonal or crisis-induced food and nutrition insecurity.
- **Socioeconomic characteristics** – targeting the most socioeconomically vulnerable. This should include economic and social conditions that make children vulnerable, such as poverty, vulnerability to poverty, gender, disability, migration status, and vulnerability to crises and shocks.

Targeting, selection, registration and administration mechanisms should be as simple and transparent as possible to avoid exclusion errors, payment delays, and communication problems. For example, solely relying on proxy-means-testing (a targeting method that uses statistical modelling to estimate household income based on household/individual characteristics and assets), can lead to the exclusion of vulnerable families, especially where poverty rates are high and information and administration capacities low. Multi-step validation procedures can also be difficult to implement leading to delays. Universal targeting of a single group (e.g., all pregnant women and young children) can help to minimize exclusion and is often easier to administer and communicate.

**Box 9****Social transfers integrated into the design of child nutrition programmes**

Individual nutrition status should not be used alone as a targeting criterion for social transfers. Rather, social transfers can be designed to reach all nutritionally vulnerable children to help prevent child malnutrition as part of a comprehensive set of interventions. This will ensure that children who require treatment, or who have been discharged from treatment, are already reached.

In addition to this, social transfers can be included in the design of nutrition programmes. For example, a social transfer (or top-up to an existing cash transfer) can be included as part of a package of nutrition treatment services to facilitate access to treatment (e.g., to cover transport or loss of livelihoods due to long stays at the health facility), or to prevent relapse for the immediate period after discharge as part of a comprehensive package of discharge services. Families can also be linked to other types of social protection, such as health insurance or individual case management, and other sectoral interventions, including health, education and WASH.

Modality

The different modalities for social transfers are primarily cash, food or vouchers. UNICEF recommends unrestricted, unconditional cash wherever markets are functional and accessible and food is available. This is because cash allows choice and dignity for families, carries less administrative cost, is rapid, and can have an even greater impact on nutrition when combined with nutrition interventions. In highly food insecure contexts

where markets are dysfunctional, food inflation is high and/or nutritious foods are unavailable, food transfers may be preferable (see 'additional considerations for humanitarian and fragile contexts'). Vouchers are sometimes used by governments and partners to support access to nutritious foods, although there are several drawbacks to this modality (see Table 1). Where vouchers are used, measures must be taken to mitigate associated risks.

Table 1: Considerations for selecting a social transfer modality

Modality	Suitability	Benefits	Limitations/Drawbacks
Cash	<ul style="list-style-type: none"> Food markets functioning Population able to move freely and access markets 	<ul style="list-style-type: none"> Stimulates local economy More choice/ empowering for participants and more control for women Often preferred by participants Rapid response Often lower operating costs 	<ul style="list-style-type: none"> Will not lead to food security/nutrition outcomes if food and markets are not available
Vouchers	<ul style="list-style-type: none"> Food markets functioning Population able to move freely and access markets Where there may be security concerns around use of cash Relevant when the main objective is to improve diet diversity 	<ul style="list-style-type: none"> Stimulates local food economy Can support dietary diversity 	<ul style="list-style-type: none"> Does not help families address nonfoodrelated causes of malnutrition Limits choice and can lead to monopolistic/ oligopolistic behaviour by traders and increased risk of genderbased violence Slow to establish, and high cost and administrative burden Risk of market deregulation Potential for leakage with trading or sale of vouchers
Food	<ul style="list-style-type: none"> Where there is extremely low availability of food or where food markets are not functioning Banking/ cell phone systems disrupted Population unable to move freely/ unable to access markets 	<ul style="list-style-type: none"> Stimulates local/ regional food economy but only where local/ regional foods are used Can improve micronutrient status if foods are fortified. Can increase household cash availability through reduced spending on food 	<ul style="list-style-type: none"> Limits choice and empowerment of participants Does not help families address nonfoodrelated causes of malnutrition High setup and ongoing costs (very high if imported foods are used)

Transfer value

An inadequately sized social transfer is less likely to lead to food expenditures and improved nutrition outcomes.²⁴ Determining transfer size is a context-specific and complex process that includes considerations around programme objectives, the poverty situation, household consumption patterns, the cost of goods in local markets, alignment with other social transfers, financing and political support. To optimize child nutrition impact, the transfer value must be high enough to cover the cost of a nutritious diet for children, considering household size.

In practice, national transfer values are often inadequate due to fiscal constraints, false assumptions about household resources, and/or the anchoring of transfer values to standards that are below the real cost of living. To lead to basic increases in food consumption, evidence suggests that the cash transfer value should be at least the equivalent of 20 per cent of household baseline consumption,²⁵ although this is unlikely to be sufficient to ensure a nutritious diet for all household members. The [Fill the Nutrient Gap/Cost of Diet analysis](#) can be used to help determine the true cost of a nutritious diet for household members.

In situations where the social transfer value is insufficient to cover the cost of a nutritious diet, UNICEF can:

- Advocate for an increase in the transfer value, based on the cost of a nutritious food basket
- Advocate for a top-up transfer for children at greatest risk of malnutrition
- Provide food supplements and micronutrient supplements for women and young children in food insecure contexts
- Explore other types of support for families, including other forms of social protection, income-generation support and food systems interventions that support access to nutritious diets.

Delivery mechanisms

Cash transfers can be delivered in person at payment sites or electronically via bank transfer or mobile phone. Both mechanisms offer opportunities to link participants with nutrition information, counselling, support and essential services. The choice of delivery system should be informed by existing infrastructure and capacities, the mobility and security of participants (especially women), literacy levels, liquidity, disability accessibility, ownership of mobile phones, network coverage and the security and reliability of online payments. Whichever system is used, strong mechanisms for risk management and grievance redress should be put in place.

Frequency, duration and seasonality

The frequency and duration of payments will influence programme impact. While consequences vary, in general, evidence finds that longer intervals between transfers, with a higher value per single transfer, lead to investments in productive assets, while shorter intervals between regular transfers help meet daily consumption needs.²⁶ Regardless of frequency, good communication with participants around the expected delivery schedule is essential, and every effort should be made to **maintain predictability and regularity** to allow households to plan and make optimal choices.

The duration of transfers also influences impact. Evidence shows that transfers over shorter durations can improve household food security or diet diversity, but improved nutrition outcomes for children (particularly stunting) take time to achieve and therefore require transfers over a longer period of time. Wherever possible, national social transfer programmes should be institutionalized and implemented for long enough to achieve nutrition impact.

Transfers that aim to address seasonal hunger and malnutrition can be targeted during the most vulnerable periods of the year. These can be stand-alone transfers or as top-ups to routine transfers for affected households.

Gender considerations

Social transfers should aim to be gender-responsive and gender-transformative to support gender equality,²⁷ which in turn fosters positive impacts on child nutrition and well-being. Approaches to achieving this will vary according to the context and can be informed by literature and guidance on gender-responsive programme design. See the [UNICEF's Gender Action Plan 2022–2025](#) and the [Gender-responsive age-sensitive social protection conceptual framework](#) for more information. Evidence shows that social transfers delivered to female caregivers are more likely to reach vulnerable household members, including children. Social transfers are a valuable resource for girls living in the poor households, as girls are often the first to have nutritious meals withheld when food is scarce. Delivering transfers to women can also increase their economic empowerment and improve intra-household dynamics. Social transfers can be designed to support women's participation in the labour force while protecting their health and nutrition during pregnancy and time for childcare and feeding (see country example 14).

When social transfer delivery mechanisms are not designed with gender in mind, they can have unintended negative impacts. For example, collecting cash transfers can increase the burden on women’s time and increase the risk of violence during transit. Women may be inadvertently excluded from mobile cash payments if they do not have ownership of or access to mobile phones or mobile bank accounts. Use of vouchers can increase women’s risk of being coerced into exchanging sex for commodities. Gender-responsive and gender-transformative approaches are therefore needed to mitigate context-specific risks and maximize benefits for women.

Conditionality

UNICEF does not promote conditionality in cash transfers and the term ‘nutrition-responsive’ does not imply conditional cash. Conditionalities do not comply with the human rights approach to social protection, may further marginalize the vulnerable, and carry a higher financial and administrative burden. Evidence shows that the impacts on child outcomes achieved with unconditional cash programmes are generally as strong as those achieved with conditional cash programmes; therefore, conditions yield little benefit. Read [UNICEF’s paper on conditionality in cash transfers](#) and the [Core Commitments for Children in Humanitarian Action \(2.2.8 Humanitarian Cash Transfers\)](#). UNICEF instead supports the provision of information and support to cash participants to encourage and support positive behaviours and the intentional referral of participants to essential services (See Action 6).



Box 10

School nutrition

School meals are a form of social transfer that aim to provide nutritious foods for school-going children and adolescents. School meals are most effective when delivered alongside:

- A skills-based curriculum on food and nutrition education
- Nutrition information, counselling and support targeted to school-age children and adolescents
- Multiple micronutrient supplements and deworming prophylaxis
- Healthy food environments and access to safe and palatable drinking water in and around schools.

Home grown school feeding should be used whenever possible; this approach uses locally produced foods for school meals, making them a source of income for local farmers. Wider food policies and standards may also be needed to support healthy food environments in and around schools, along with multisectoral coordination and convergence of services to deliver a package of integrated services.

For more information, read the [UNICEF programming guidance on nutrition in middle childhood and adolescence](#) and read about the [stepping up effective school health and nutrition partnership](#).





Spotlight on Nepal

Expanding child grants to support the purchasing of nutritious foods for children

The Government of Nepal has implemented the Child Grant Programme since 2009. The programme was designed to reduce disproportionately poor growth and development of Dalit children caused by malnutrition in early childhood. In 2016, the Government committed to the gradual expansion of the programme to cover more children and doubled the benefit value to NPR 400 per month, per child (approximately \$US3.00), for up to two children per household, to increase household income and expenditure on essential goods and services, including nutritious foods.



Spotlight on Mexico

Food transfers to support healthy child diets during the COVID-19 pandemic

In response to increasing rates of overweight and obesity in children, UNICEF Mexico worked with the National Welfare Agency, Chedraui Foundation and Calimax Supermarkets to distribute nutritious food baskets and food vouchers to 37,000 families in five states during the COVID-19 pandemic, benefiting 65,000 children. Food transfers were complemented with information and counselling on hygiene, COVID-prevention and infant and young child feeding practices to support optimal nutrition practices.



Spotlight on Afghanistan

A seasonal HCT to tackle seasonal food and insecurity

UNICEF, WFP and partners are implementing a seasonal HCT programme in Afghanistan to help families at risk of food insecurity cope with the harsh winter months. Multipurpose cash assistance (US\$140–160 per month, plus a single top-up of US\$105) is provided to households with pregnant and breastfeeding women, children with disabilities and female-headed households in select provinces for three months during the winter season to help meet basic survival needs, including food purchases.



Humanitarian and fragile context considerations #5

DESIGN

Objectives: HCTs often include a nutrition objective, especially in contexts of deteriorating food and nutrition security, whether the HCT is sector-specific or

multipurpose. This may be to improve nutrition, reduce food insecurity or prevent child wasting.

Targeting: In humanitarian contexts, social transfers with a nutrition purpose can be prioritized for the most nutritionally vulnerable, geographic areas with highest levels of wasting, or all pregnant women and children less than 2 years of age. Other at-risk groups may need to be included, such as children with disabilities. See [UNICEF’s essential actions checklist on disability-inclusive humanitarian action for nutrition](#). The targeting strategy must be feasible and can build on the horizontal or vertical expansion of existing schemes.

Modality: In humanitarian contexts, unrestricted and unconditional cash transfers remain the preferable transfer modality. However, in food insecure environments where markets are dysfunctional, food transfers (food assistance) may be preferable (see Table 1), and UNICEF should take a role in advocating for a nutritious food basket. More than one modality may be required to prevent malnutrition in highly food insecure contexts, (e.g., cash and food transfers) as well as nutrition supplements. UNICEF has a role in ensuring that the different transfer modalities and nutrition services are well-coordinated.

Transfer value: The transfer value of HCTs is often set higher than in national transfer programmes. This is because needs are often greater in humanitarian contexts due to loss of homes, essential goods and livelihoods. In these circumstances, the [minimum expenditure basket \(MEB\) value](#) is often calculated to guide the transfer size. However, MEB values are based on estimates of what a household requires to meet its minimum needs, not the cost of a nutritious diet; therefore, it may be inadequate to support child diets. To estimate the real cost of a nutritious diet, methods such as the [Fill the Nutrient Gap/Cost of Diet](#) can be used. This will likely translate into a higher recommended transfer value than the MEB.

UNICEF can convene partners to calculate an appropriate recommended transfer value for the HCT. This can often be done within the cash working group. Harmonizing transfer values across multiple programmes is recommended to avoid resource inefficiencies and negative impacts on social cohesion.

When the transfer value of the HCT is not enough to cover the costs of a nutritious diet for pregnant women and children, additional nutrition support may be needed. This may include additional top-ups for at-risk categories (such as children under 2 years of age), balanced energy-protein supplementation for pregnant women and/or small-quantity lipid-based nutrient supplements delivered through child nutrition services. Read more about this

in the UNICEF guidance note on small supplements for the prevention of malnutrition in early childhood and the UNICEF programming guidance on maternal nutrition.

Transfer duration and frequency: HCTs usually have shorter durations (and higher transfer amounts) compared with national cash transfers, as they are designed as temporary emergency responses. The frequency of the transfer depends on the programme objectives. If the HCT is designed to prevent child wasting, it will need to be frequent (e.g., delivered monthly) and predictable to support the purchasing of nutritious foods for children, and linked to nutrition services.

Gender considerations: In fragile contexts, security risks are an important consideration, especially risks that undermine the safety of women and girls. For more information about this read [UNICEF’s key considerations for GBV risk mitigation in humanitarian cash transfers \(HCT\)](#).

For more information about the design of HCTs, including nutrition considerations, read [UNICEF’s field guide on HCTs in humanitarian settings](#).



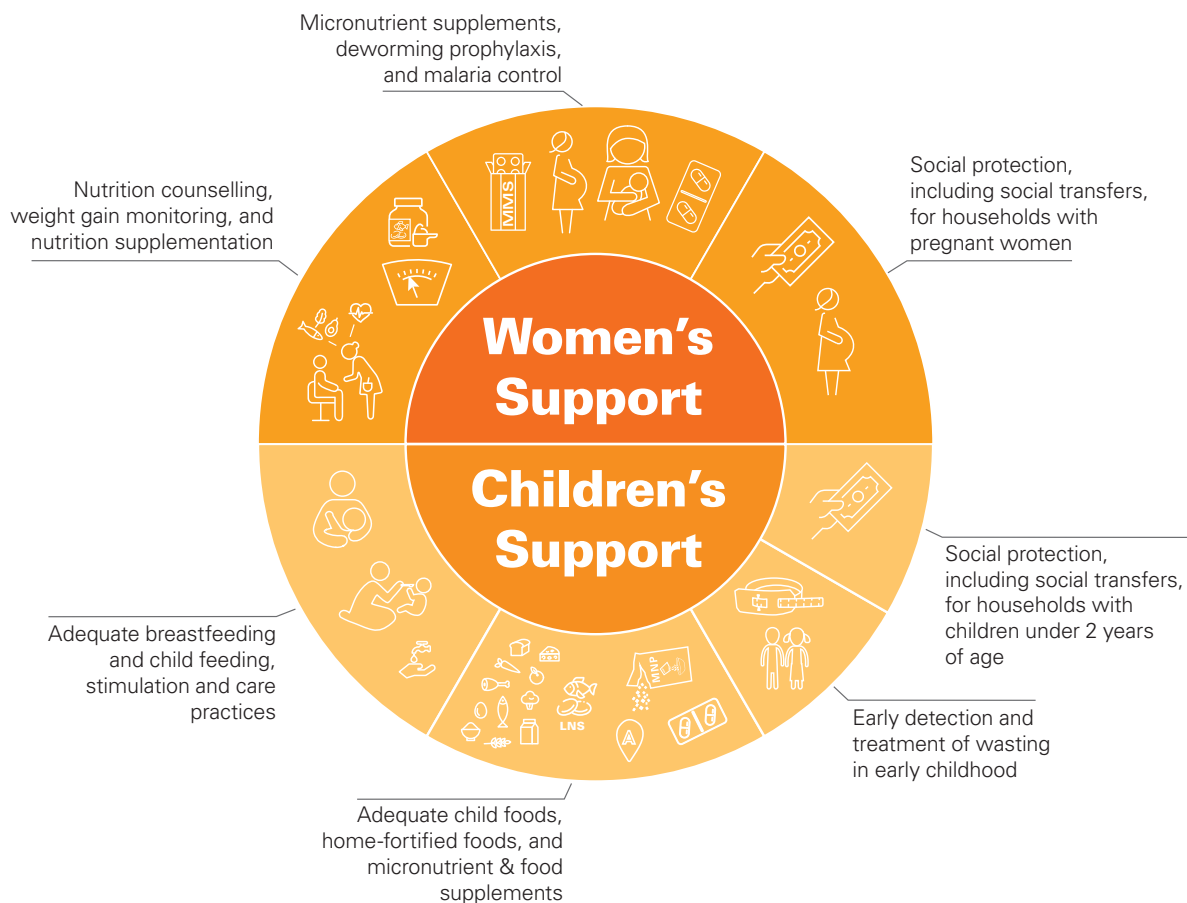
Action 6: Promote access to nutritious foods, positive nutrition practices and essential nutrition services.

The positive impact of social transfers will be enhanced and made more sustainable where there are intentional synergies with nutrition programmes to promote access to safe nutritious foods, positive nutrition practices and essential services.²⁸ This includes the convergence of social transfers; strategies to support the availability of nutritious foods; information, counselling and support; and essential services, to reach the same children and households. These services are important in all contexts where child malnutrition and poverty coexist, whether the programme is a national transfer programme or HCT, and are illustrated in *Figure 4*.

Access to safe and nutritious foods

Market assessments can be undertaken to determine the availability and affordability of safe and nutritious foods for children in local markets, and how accessible these markets are to women. Nutrition information, counselling and support should be tailored to include messages

Figure 4: Comprehensive set of essential services for women and children adapted from the [No Time to Waste Acceleration Plan](#)



around the uptake of foods that are available and affordable in local markets, or through local homestead production. Where social transfers are delivered in person, these can be delivered close to food markets. Where safe and nutritious foods are not available and affordable in local markets, additional support may be needed through food system interventions (Action 8).

Information, counselling and support for positive nutrition practices

Children and families receiving cash transfers will benefit from information, counselling and support that encourages positive nutrition practices, which are often facilitated through social and behaviour change strategies for child nutrition.



Box 11

Social and behaviour change strategies for child nutrition

Social and behaviour change (SBC) for child nutrition involves the promotion of essential, evidence-based preventive and protective behaviours and child nutrition practices. Effective SBC for child nutrition must also create a supportive environment for change and social transformation; for example, by building self-efficacy, supporting positive social norms, and promoting community engagement and empowerment. This involves more than messaging and communication: it requires a comprehensive, community-based social and behaviour change (SBC) for nutrition strategy that uses multiple interventions and platforms at individual, household, community and facility levels. The aim is to reduce barriers and alleviate bottlenecks to positive nutrition and care practices.

An SBC child nutrition strategy should be informed by robust evidence of the underlying determinants of child undernutrition (Action 1) and an understanding of contextual knowledge, attitudes and practices. SBC interventions should aim to empower women, families and communities through knowledge, decision-making and transformative strategies to advance gender equality. In addition, SBC interventions should seek to include marginalized groups, such as children with disabilities who often have feeding difficulties. Engaging SBC and nutrition expertise nationally and globally can help to design context-specific, effective SBC interventions. Read more in the [UNICEF guidance on SBC](#).

Information, counselling and support can be delivered at cash payment sites where cash is delivered in person and at public works sites. However, to be effective, information, counselling and support must go beyond a one-time intervention and become part of regular engagement with families in the community as part of

wider SBC strategies for early childhood nutrition and development. Mobile phones are used to deliver social transfers in some settings and can also be leveraged to communicate nutrition messages and promote services.

Access to essential services

In addition to social transfers, children and women also require access to quality essential services that support good nutrition. This includes services delivered through the food, health, water and sanitation and education systems. Essential preventive and treatment services to support optimal nutrition are summarized in the [WHO Essential Nutrition Actions](#). Implementing them requires effective coordination, programme convergence and systems-strengthening of multiple systems to ensure that children receive the services they need to support their growth and development.

A system of referrals or individual case management can be designed to link social transfer participants to essential services in multiple systems. In settings where a social service workforce exists that is already identifying households with protection needs for counselling and referral to social services, this role can be expanded to link children to multiple other services (referred to as “integrated case management”). In settings without an existing social service workforce, the capacity of health or nutrition workers can be explored to play this role.

Where transfers are delivered in person, different cadres of staff from multiple systems can converge on payment days to deliver them and promote services that support uptake. Reverse linkages can also be made, for example, by health workers identifying households eligible for the social transfer and linking them to the social transfer programme or even registering them directly.



Spotlight on Kenya

Community-based counselling with cash to support positive nutrition practices

The NICHE programme in Kenya provides support to households with children under 2 years of age that are registered to receive government cash transfers in five counties with high levels of stunting. Support includes a cash top-up, plus nutrition counselling delivered by community health promoters under the Baby-Friendly Community Initiative approach – a government initiative that aims to strengthen routine community nutrition services. An evaluation of the NICHE pilot (2016–2018) showed positive changes in child diets, infant feeding and hygiene practices. Consequently, an expansion of NICHE intentionally combines cash with nutrition information, counselling and support.



Spotlight on Ethiopia

Boosting capacity to refer vulnerable households to multiple services to improve nutrition

The five-year Integrated Safety Net Pilot was launched in 2019 by the Government in four woredas of Ethiopia, with technical support from UNICEF. The programme is testing a case management approach through which participants in the Government's cash transfer programme (the Productive Safety Net Programme) are supported by a cadre of social work staff called community service workers. These workers identify needs of the most vulnerable households and refer them to information, counselling and support services, health and nutrition services and education and livelihoods support. This is supported by a digital information system that supports and tracks enrolment and referrals.



Spotlight on Thailand

Linking social protection with nutrition through an early childhood development approach

The national Child Support Grant initiated in 2016 is an unconditional cash transfer disbursed to caregivers of children aged 0 to 6 years of age living in poor and vulnerable households. Cash transfer participants are encouraged to attend prenatal and postnatal services, parenting programmes, well-child clinics, community child service and early child education centres. Parents and caregivers, including Grant participants, also have access to an online parenting message platform programme 'Early Moments Matter on Mobile' that aims to improve nurturing and care practices during the early years, including in nutrition.



Spotlight on Yemen

Screening and referral of children with wasting for treatment, services and cash

The Yemen Unconditional Cash Transfer Project was established in 2017 by UNICEF and the World Bank to reach extremely poor and vulnerable households. To enhance child outcomes, UNICEF piloted a Cash Plus approach in specific project districts where Case Referral Officers regularly visited participating households to screen children to detect wasting, refer them for treatment, and provide deworming, micronutrients, information, counselling and support. Services for the treatment of wasting were scaled up and strengthened, and an additional cash voucher system was put in place to cover costs associated with treatment, such as transport.



Humanitarian and fragile context considerations #6

ACCESS TO FOODS, OPTIMAL PRACTICES AND ESSENTIAL SERVICES

Access to safe and nutritious foods:

Where markets are disrupted or inaccessible, food transfers (food assistance) may be needed instead of or in combination with cash until markets are restored and/or food systems are functional with a supply of nutritious foods (see Action 8). Local procurement of foods for food transfers can potentially strengthen the local food supply chain and local economy. Where nutritious foods for children are not available or insufficient, food supplementation may be required for a short period.

Information, counselling and support for positive nutrition practices:

Materials for information, counselling and support should be tailored to the emergency context and focus on life-saving behaviours for early prevention, detection and treatment of wasting. For example, where severe food insecurity exists, materials may need to be adapted so that messages refer to foods that are available. Existing community health and nutrition workers may need to be supported with additional capacity through community-based partner organizations to achieve coverage of information, counselling and support services. This should be well-coordinated, with the delivery of social transfers to converge on the same participants.

Access to essential services:

Families and children living in food and nutrition insecure contexts require access to multiple services, as described in the [UNICEF Core Commitments for Children in Humanitarian Action](#). Coordination of humanitarian partners is needed to achieve programme convergence and linkages between different services. Service delivery may need to be adapted and expanded during humanitarian response to facilitate access and achieve coverage; for example, through the use of mobile and outreach teams, 'find and treat' campaigns (to identify and treat children with wasting), and service delivery through community-based partner organizations. Essential services in humanitarian and fragile contexts are described in the [UNICEF No Time to Waste Acceleration Plan](#).



Action 7: Link to wider systems efforts for sustained food, nutrition and income security.

Sustained food, nutrition and income security can be supported by linking households participating in synergized nutrition and social transfer programmes with wider systems efforts. While UNICEF may not necessarily engage directly in all of these, it is important to build and establish synergies and convergence to foster sustained change.

Income generation, livelihoods and savings

Linking social transfer participants with income generation, livelihoods and savings opportunities can improve incomes to help address poverty, gender inequalities and sustained access to nutritious foods. Social transfer participants can be linked to existing programmes and government institutions, such as seed banks, one-off productive cash transfers, agricultural extension support, financial literacy training, and skills training. The effectiveness of these linkages is highly dependent on context- and population-specific design and implementation.

Occasions where children and families enrolled in social transfers and nutrition programmes are convened (e.g., at public works sites, on payment days, or nutrition counselling and support groups) offer an opportunity to deliver additional training and support. For example, mother-to-mother support groups can be provided with training sessions on group savings, financial literacy, and income-generating projects. To enhance nutrition impact, livelihood support can be made more nutrition-responsive by supporting the production of diverse foods for households through kitchen gardens and the keeping of small livestock and poultry. See the Food and Agricultural Organization of the United Nations (FAO) [nutrition-sensitive agriculture and food systems toolkit](#).

Wider social protection policies and programmes

Social protection interventions beyond social transfers also have the potential to support sustained nutrition, food and income security and gender transformation. Wider social protection interventions are described in the [UNICEF global social protection programme framework](#) and the [FAO nutrition and social protection guidance document](#). For sustained positive changes in nutrition and income security, the following are particularly relevant:

- **Social insurance** is a form of social protection that pools economic risks across the life-course to prevent children and families from falling into poverty when shocks or unexpected life events occur. Social insurance includes health insurance, employment and livelihoods insurance, and social security. Children and their families may be referred if they are eligible. Furthermore, waivers for health service fees for social transfer participants can improve access to health services, particularly for pregnant and young children.
- **Public works** programmes provide temporary employment to vulnerable households in exchange for cash or food transfers. Usually these involve labour-intensive, low-skilled work on community infrastructure or social services. Measures can be taken to ensure that public works programmes are nutrition-responsive; for example, by providing exemptions for pregnant women and caregivers of young children to support positive pregnancy outcomes and infant and young child feeding and care practices, and by providing information, counselling and childcare at public works sites. Public works programmes can also focus on community assets that support local food production, such as land and water management projects or value-added food processing.
- **Family-friendly labour policies**, such as paid parental leave, breastfeeding support, and affordable quality childcare, can help support optimal infant and young child feeding and early childhood development.²⁹ Evidence suggests that a one-month increase in the legislated duration of paid maternity leave is associated with a 5.9 percentage point increase in the prevalence of exclusive breastfeeding.³⁰ For more information about family-friendly policies, see [Breastfeeding and Family-Friendly Policies Evidence Brief](#), [Early Childhood Development Family-Friendly-Policies](#), and [Breastfeeding and Family-Friendly Policies](#)

Food systems transformation

Sustained access to safe and nutritious foods to support child diets requires the transformation of the food systems, particularly in the context of the devastating impacts of climate change on food production and supply.³¹ Food systems refer to all elements and activities related to the production and consumption of foods and their effects, including economic, health and environmental outcomes. UNICEF actions to help transform food systems for children are described in [UNICEF’s Transforming Food Systems for Children](#) and the [UNICEF Programming Guidance for Improving Young Children’s Diets During the Complementary Feeding Period](#).

These actions include:

- **Improving the quality of children’s foods** through actions in public policy, guidelines and standards, and food supply chains, including fortified foods, food supplements and therapeutic foods. This includes engaging with agencies such as FAO to ensure that agriculture support for households facilitates the production of diverse foods for children. Improving the quality of children’s foods may also include direct support for the local production, processing and marketing of fortified complementary foods for young children. Where these interventions converge with the delivery of social transfers, the purchase and preparation of nutritious foods are more likely.
- **Improving children’s food environments** including in the places where children live, learn, and meet. This can be achieved through actions in public sector policies and programmes, promoting healthy food in and around schools, and in private sector products and practices, such as food labelling and marketing. School meal programmes can be combined with advocacy for regulations, guidelines, and monitoring mechanisms to regulate the nutritional quality of school meals and ensure healthy food environments in and around schools.
- **Improving children’s food practices** through policies, strategies and programmes that promote positive individual behaviours, caregiver practices and social norms. Action 6 outlines how information, counselling and support can be targeted to the same children and families receiving cash transfers to support improved food practices.



Spotlight on Burundi

Cash and complementary interventions to support nutrition resilience

The Merankabandi programme is Burundi’s national social transfer programme, initiated in 2018–2022 with World Bank funding. Its aim is to reach extremely poor households with children under 12 years of age in four provinces with regular cash transfers and complementary interventions to build nutrition resilience. Complementary interventions include nutrition counselling and cooking demonstrations and enrolment in ‘solidarity groups’ for access to community savings, financial literacy training, agricultural extension and jobs creation support.



Spotlight on Ghana

Social transfers plus health insurance to support health and well-being

The Livelihood Empowerment Against Poverty (LEAP) 1,000 cash transfer pilot programme in Ghana provides regular cash transfers plus free health insurance to pregnant women and caregivers of children up to 1 year of age. A mixed-method evaluation led by the Transfer Project found that the nutrition and well-being of participating women improved across multiple domains, beyond the explicit objectives of the programme, including increased health-seeking behaviours and increased dignity, self-esteem and confidence of women.³²



Spotlight on Ethiopia

Nutrition- and gender- responsive public works

The Rural Productive Safety Net Programme (PSNP) V in Ethiopia (2021–2026) targets 8 million extremely poor rural households with regular cash or food transfers. Households with labour capacity receive transfers in exchange for public works. Measures have been taken to make the public works programme nutrition- and gender-responsive by reducing the physical workload for women and excusing pregnant and postpartum women from public works until their child’s first birthday, while continuing to provide them with the social transfer. Childcare centres are also established at work sites to care for preschool children after the child’s first birthday, staffed by women as their public works contribution.



Spotlight on Argentina

Family-friendly policies to support maternal and child health and well-being

The Government of Argentina has instituted a universal maternal protection programme as part of its social protection system. This includes a universal child allowance and pregnancy allowance – a monthly cash transfer to households with a pregnant woman or child, as well as paid maternity and paternity leave, unpaid parental leave after maternity leave, access to affordable health care, and workplace protections for new mothers, including the guarantee of two 30-minute breaks during the workday to breastfeed or express breastmilk for up to 1 year after giving birth in the private sector and up to 2 years in the public sector.³³



Spotlight on Rwanda

Improving access to protein-rich foods for young children

UNICEF is working with the Government and partners in Rwanda to provide vulnerable households with cash and referrals to services through the Modelling Nutrition-Sensitive Social Protection project. These services include the provision of small livestock and support to improve protein-rich food. This programme is delivered alongside a ‘one egg per child per day’ national campaign to support the consumption of eggs by children.



Humanitarian and fragile context considerations contexts #7

SUPPORTING SUSTAINED FOOD, NUTRITION AND INCOME SECURITY

Food and nutrition insecurity can be both acute and chronic in humanitarian and fragile contexts. Therefore, systemic efforts are needed to support sustained improvements in food, nutrition and income security. This implies efforts to link to and strengthen national systems for livelihood and agricultural recovery where they exist.

Agricultural and livelihood assistance is a priority to support local production of nutritious foods. This can contribute to bridging short-term gaps in food and nutrition security and nutrition and can prevent negative coping mechanisms (e.g., reduced food consumption or switching to less nutritious foods), while supporting long-term recovery and resilience. Agricultural and livelihood assistance to support improved child diets requires collaboration with FAO and other partners. See [FAO’s programming to enhance agricultural production in emergency contexts](#) for more information.



Action 8: Make child nutrition and social protection programmes shock-responsive to mitigate increased poverty, vulnerability and prevent malnutrition.

The global rise in shocks due to climate-related crises, macro-economic instability, and health pandemics underlines the urgent need to enhance the shock-responsiveness of child nutrition and social protection systems. This is important to protect the most nutritionally vulnerable, who are likely to be most affected by shocks, and to prevent the deterioration of child nutrition in crisis situations. Shock-responsive child nutrition and social protection systems rapidly adapt and scale up in anticipation of and in response to shocks, and are embedded within national preparedness and disaster response plans. Where national social protection programmes do not exist or are severely disrupted and unable to rapidly scale, parallel HCTs may be required as a temporary measure.

Shock-responsive child nutrition and social protection systems can be built at **four levels**, informed by [UNICEF's shock-responsive social protection framework](#) and [UNICEF's position paper on famine prevention and mitigation](#):

- **Evidence-level:** Available evidence can be used to develop a joint understanding of priority risks likely to impact child poverty, child food poverty and nutrition (see Action 1). The relevant indicators can be incorporated into assessments and surveillance systems to trigger the need for the scale-up of child nutrition and social protection programmes.
- **Policy-level:** Policies, strategies and legislation to support child nutrition and social protection shock response need to be put in place prior to the shock. This should include finance mechanisms to enable the rapid draw down of funds in response to emergency triggers to enable the timely and predictable expansion of services. Triggers may include increased levels of food insecurity and nutrition vulnerability based on indicators within national early warning systems or the [IPC Acute Food Insecurity or Acute Malnutrition reports](#). Existing national multisectoral coordination platforms may need to be strengthened to be effective during periods of crisis.

- **Programme-level:** Shock-responsive child nutrition and social protection programmes are designed to rapidly expand in response to triggers. An existing social transfer can be **expanded vertically** by increasing the transfer size or providing an additional top-up or food transfer. Social transfers can also be **expanded horizontally** to cover more people. In both cases, social transfer expansion will need to converge with the expansion of nutrition programmes to ensure that nutritionally vulnerable pregnant women and children are rapidly reached to prevent malnutrition. Particular attention should be paid to reaching people at high risk of vulnerability during crisis.

Routine delivery modalities may not always be effective, sufficient or possible when shocks occur, and **alternative delivery modes** may be necessary. For nutrition services, this might include the use of mobile health teams. Cash transfers may need to be complemented with, or temporarily replaced by, food transfers and/or a nutrient supplement to support child diets where markets are dysfunctional and food is in short supply. Security risks may also require the need to change the modality or delivery mechanism. For example, electronic transfers may pose less of a security risk in some contexts.

- **Administration-level:** Delivery systems may need to be strengthened to allow uninterrupted service delivery during shocks, especially in terms of ensuring accessibility for the most vulnerable. This will require the strengthening of communications, registration and enrolment, delivery, information and grievances systems. For more information see [UNICEF's shock-responsive social protection framework](#).



Spotlight on Kenya

Expanding social transfers in response to drought emergencies

The Hunger Safety Net Programme (HSNP) is a national social transfer programme implemented by the National Drought Management Authority of the Government of Kenya. The HSNP provides cash transfers to poor households in counties vulnerable to drought in the Arid and Semi-Arid Lands of Northern Kenya. The HSNP expands horizontally in response to drought status according to the Vegetation Condition Index to cover additional households during droughts, funded by the Catastrophe Deferred Drawdown Option of the National Drought Emergency Fund.



Spotlight on the Sudan

Strengthening nutrition resilience through the Mother and Child Cash Transfer Plus programme

After intense clashes between the Sudanese Armed Forces and the Rapid Support Forces in April 2023, the Sudan's already precarious humanitarian situation deteriorated further. With a surge in internally displaced people and escalating humanitarian needs, the existing Mother and Child Cash Transfer Plus programme evolved into an HCT. UNICEF Sudan allocated around US\$100 million for 250,000 households under the programme to increase health and nutrition resilience by providing cash and essential services to vulnerable children and women.



Humanitarian and fragile context considerations #8

SHOCK-RESPONSIVE PROGRAMMING

The UNICEF Core Commitments for Children in Humanitarian Action outline UNICEF's core policy and framework for humanitarian action, including social protection and cash transfers. This includes commitments on coordination, support to social protection systems, access to social transfers, and community engagement/accountability to affected populations. This reflects UNICEF's commitment to global humanitarian reform that calls for cash-based programming as the preferred and default method of support where appropriate.³⁴

Where national social transfer programmes do not exist, are severely disrupted or unable to rapidly scale to reach all those in need, HCT programmes may be required in complement. HCTs may be government-led, partner-led and funded, or may use a hybrid model. Wherever possible, HCTs should build on national systems as a contribution to systems-strengthening.

The prevention, early detection and treatment of malnutrition in humanitarian contexts requires a comprehensive set of services, as described in the UNICEF No Time to Waste Acceleration Plan. HCTs should be layered with nutrition in emergencies programming and other sector responses to ensure that the multiple needs of nutritionally vulnerable people are met. This requires strong linkages between services and strong partner coordination.

Considerations for the design and implementation of nutrition-responsive HCTs are included in boxes throughout this guidance. General guidance on HCTs can be found in the UNICEF field guide on HCTs in humanitarian settings.

IMPLEMENTATION AND DELIVERY



Action 9: Strengthen local implementation capacities, including nutrition and social protection workforces and information systems.

Effective delivery of child nutrition and social protection programmes requires implementation capacity. In terms of delivering products, this refers to a reliable payment mechanism for social transfers and an efficient and reliable national supply chain for nutrition supplies. Equally important for implementation capacity is sufficient capacities and information systems, which requires sustained investment.

Workforce capacities

Strong workforce capacities are critical to building synergies between child nutrition and social protection programmes. This includes investment in predictable payments for the workforce (salaries and/or incentives) funded as part of national budgets. Two cadres of staff are most critical:

- The **primary health care workforce** delivers nutrition services in the health system. This includes facility-based health workers and **community-based health and nutrition workers (CHNWs)**. CHNWs often live in the same community in which they serve. CHNWs can be paid salaries, incentives or expenses, or they may even be unpaid. CHNWs are increasingly being engaged to extend health and nutrition services and are increasingly being formally recognized as part of public health systems, with their salaries included as part of national budgets. CHNWs are often overburdened and their skills often need to be developed to support effective service delivery.
- The **social service workforce** provides direct outreach, case management and referral services to children and families. While not always explicitly included in national social protection frameworks, UNICEF recognizes this social care function as integral to effective social protection for children. Professional social service staff often work together with community social service volunteers to support the delivery of social transfers and identify when children or families need referral to social welfare professionals or other social services or programmes (e.g., health, education, etc). The social service workforce is often under-resourced and requires investment.

Collaboration between these two cadres of workforces, as well as others such as agriculture extension workers, is essential for building synergies across child nutrition and social protection. In practice, collaboration can be built through use of an integrated case management model, through establishing platforms for sharing and analysing programme data together including at local level, shared training opportunities and communication of shared results. Collaboration between workforces is reinforced through a clear framework embedded within a policy or joint commitments from the relevant ministries.



Box 12

Synergies between child nutrition and social protection workforces

In Mozambique – as part of the Child Grant Programme, social assistance volunteers are trained to provide basic nutrition and health SBC to Child Grant participants on payment days, and health workers are trained to identify vulnerable households for enrolment in the social assistance programme.

In Ethiopia – an integrated case management model is used as part of the Integrated Safety Net Pilot, which aims to link participants of the national social transfer programme to multiple services. A new cadre of social work staff (community service workers) identify participant needs and refer them to multisectoral services.

In Sudan – participants in the Maternal and Child Cash Transfer Plus programme attended local health facilities to receive cash transfers and SBC for nutrition, as well as services related to health, WASH, childcare, child protection and referrals to additional services, including social services and livelihoods.

In Nepal – Female Community Health Volunteers are trained to deliver messages on nutrition and other topics during monthly Women's Health Group meetings, including how to access and use the Child Cash Grant to improve child nutrition.

In Egypt – social workers from the Takaful ('Solidarity') Programme are trained to detect and refer nutritionally at-risk children to public health care services and other government and NGO services to support income-generation, kitchen gardens and household budgeting.

Information systems

The sharing of data and information between systems can be an effective entry point for building synergies between child nutrition and social protection. On a basic level, social workers can share a list of social transfer participants with CHNWs to ensure that they are reached with information, counselling, support and services. At the most sophisticated level, interoperable digital management information systems can be built for both nutrition and social protection; for example, they are designed to share information to trigger referrals and follow-up actions.

Building information synergies begins with an understanding of each information system. In general terms:

- Effective **social protection information systems** are 'ecosystems' with three main pillars.³⁵ The first pillar supports the social protection delivery chain, including outreach, registration, enrolment, payments, service delivery, grievances, and case work. The second pillar supports operations and functions across the social protection sector. The third pillar encompasses a broader set of registries and information systems (e.g., civil registry, disability registry, education, health and nutrition information systems) to support sector-specific and child outcomes.
- Effective **nutrition information systems** enable the collecting, storing, organizing, analysing, and dissemination of nutrition-related data from multiple sectors, including health, agriculture, education, and others. Effective nutrition information systems provide data for monitoring nutrition-related priorities and programmes at national and subnational levels to support informed decision-making and enhance nutrition outcomes, aligned to national priorities. See UNICEF and WHO guidance on [national nutrition information systems](#).

Building the **interoperability of nutrition and social protection information systems** can improve the flow of information between the social protection programme, other aspects of the social protection system, and nutrition programmes. This can support effective targeting, referral, enrolments, monitoring and follow-up. For example, registration for antenatal care services or birth registration can be linked to enrolment in the social transfer programme. Alternatively, a single digital application can be used by community workers to register and monitor the uptake of several services, including social transfers, nutrition services, and health services.

While the ecosystems of information systems vary significantly across different contexts, some key elements for building interoperability include:

- Digitization of nutrition, health and social protection information systems
- Investment in registry/database development, information and communications technology infrastructure, software/applications, and human resources
- Use of national IDs to support the tracking of individual data
- Alignment of types of data and identifiers across sector information systems; for example, use of household/individual data versus aggregate surveillance data
- Introduction of digital tracking of individual children receiving health services through DHIS2
- Ensuring social protection registries and programme systems collect nutrition-related data
- Building links with disability registries to identify children with disabilities for programming
- Design of cross-sectoral information flows and the establishment of common standards
- Legal frameworks to protect data protection and privacy and govern data sharing
- Alignment of information systems with financial monitoring systems

This is an emerging area of programming. For further information, see the paper on [Building an integrated and digital social protection information system](#).



Spotlight on Brazil

A social protection information system to better target the families most in need

In Brazil, the Cadastro Único database contains information on households receiving support from multiple sectors. By 2015, 26.8 million households were registered in the system (43 per cent of the country's population). The main role of the database is to support the identification and socioeconomic characterization of low-income households to better target social assistance, including the Bolsa Família cash transfer programme. Information is also used to support implementation of other national government social programmes (30 in total). States and municipalities are also encouraged to use the Cadastro Único database to support the implementation of local social programmes.



Humanitarian and fragile context considerations #9

IMPLEMENTATION CAPACITY

Workforce capacities: In crisis situations, national community workforce capacities may need to be complemented with those of staff from local NGOs or community organizations or strengthened through payment of incentives. Humanitarian coordination platforms can be used to support synergies between the capacities and functions of different workforces involved in the response.

Information systems: The interoperability of information systems is also relevant to humanitarian partners and the information systems used to support humanitarian response, including the IASC cluster system. A key emerging opportunity in this area is the development of the Humanitarian Cash Operations and Programme Ecosystem (HOPE) database, supported by UNICEF, which enables the collection and processing of data required for humanitarian cash programmes to support the targeting of programmes based on vulnerabilities. Find more information about HOPE [here](#).

MONITORING, EVALUATION AND LEARNING



Action 10: Monitor, track, understand impact and learn, including for the purposes of scale-up.

Shared monitoring, evaluation and learning of child nutrition and social protection programmes is critical for building and sustaining synergies and for developing a shared set of results. This practice is also fundamental for building the evidence base for joint advocacy purposes.

Monitoring

Monitoring systems will already be in place within each child nutrition and social protection programme to track progress. Analysing and interpreting child nutrition and social protection information together can demonstrate impact and provide justification for the further strengthening of synergies. This process requires the selection of appropriate indicators (Table 2) and the development of a robust and context-specific theory of change from the outset (theory of change example in Annex 1). While there are generic elements to a theory of change for child nutrition and social protection, it must be adapted to context.

- Child nutrition indicators can be informed by the [UNICEF conceptual framework on maternal and child nutrition](#). While it is important to measure nutrition outcomes (stunting, wasting and overweight) to demonstrate impact in the longer term, changes in nutrition outcomes (especially stunting) take time, and a lack of change does not necessarily mean that the programme is ineffective. Indicators that measure change in the immediate and underlying determinants of child nutrition should be included to demonstrate change over shorter periods, and to demonstrate pathways to change when nutrition outcomes do improve. Indicators that show changes in the quality of child diets, access to nutritious foods, uptake of positive child care and feeding practices and uptake of services are very relevant. Registration forms and post-distribution monitoring surveys provide a useful opportunity for collecting this kind of information.
- Child poverty indicators can also be measured as an indicator of the success of linked child nutrition and social protection programmes. Both monetary poverty and multidimensional poverty are important to measure. These also often require long-term sustainable approaches to make a significant impact.

Measurements of multidimensional child poverty consider the child’s right to nutrition, health, housing, education, information, sanitation, clothing, play, and water. For more information, read [UNICEF’s guidance on measuring and monitoring child poverty](#). As highlighted in [UNICEF Innocenti’s Research Brief](#), indicators related to changes in consumption, assets and production, access to and inclusivity of services, behaviours and well-being are useful for capturing a wide range of impacts.

Process indicators are useful for measuring incremental progress in building synergies between child nutrition and social protection programmes and systems. Suggested indicators are described in Table 2.

Nutrition and social protection programme teams can develop a shared system for combining data from their respective information systems to report against an agreed set of indicators (Table 2). Establishing a mechanism and process for regularly reviewing and reflecting on progress will develop a sense of shared results and provide critical information to inform course corrections. These data can also be used to inform the design of each programme iteration.

Table 2: Overall monitoring framework for social protection and nutrition programmes

	Social protection	Nutrition
Impact	<p>Reduced child poverty:</p> <ul style="list-style-type: none"> • Monetary child poverty • Multidimensional child poverty 	<p>Improved maternal and child nutrition:</p> <ul style="list-style-type: none"> • Stunting • Wasting • Overweight • Maternal anaemia
Gender empowerment		
Outcomes/ outputs	<p>Access to social protection</p> <ul style="list-style-type: none"> • Coverage of social protection • Adequacy of benefits • Shock-responsiveness • Inclusiveness (e.g., in terms of gender, disability, migration status) 	<p>Immediate drivers (child)</p> <ul style="list-style-type: none"> • Child diets • Child care <p>Underlying drivers (household)</p> <ul style="list-style-type: none"> • Foods • Practices • Services
Process	<p>Evidence: research/evidence showing relationship between poverty and malnutrition</p> <p>Policy/financing/coordination: policy commitments /linkages in place, advocacy for financing and coordination platforms in place</p> <p>Programme design: targeting, modality and size; linked with SBC; facilitates access to essential services; links to other systems</p> <p>Programme implementation: integrated data management, local coordination, work force capacity</p> <p>Monitoring, evaluation and learning: monitoring and evaluation framework</p>	

Evaluations

Programmes should be periodically evaluated to provide rigorous evidence of results and impact. The evaluation approach should be agreed by nutrition and social protection actors from the outset and included in budget lines. Evaluation methodology can be selected according to the evaluation's objectives, timeline, budget, and capacity. As ultimate results in the reduction of malnutrition and poverty take time, progress against a combination of short, medium, and long-term indicators along the theory of change should be evaluated. Evaluations can also include a cost analysis to help inform future investments and scale-up. Nutrition, social policy, and evaluation colleagues should be involved in planning and conducting evaluations and analysing results. For more information about conducting evaluations, see [UNICEF's Evaluation of Impact – Strategy and Action Framework](#). See also an example of a [cost-efficiency and cost-effectiveness analysis of two UNICEF cash plus programmes in Lebanon and the Democratic Republic of the Congo](#).

Learning

Periodic pauses for learning and reflection can inform programme design iterations and advocacy for policy change. Learning can take the form of research studies, assessments, case studies, evaluations, webinars and technical and policy dialogues. Mutual commitment to the learning process reinforces joint ownership.



Spotlight on India

A platform for dialogue, collaboration and learning to make social protection more nutrition-responsive

The Government of India hosts a plethora of social protection and nutrition programmes implemented at national, state, district and village levels. Across the country, social protection and nutrition stakeholders have been seeking to create deeper synergies between these efforts to enhance results for children. In 2022, UNICEF and the Institute of Economic Growth established the Social Protection for Nutrition Community of Practice (SP4N-CoP) to provide a platform for dialogue and collaboration between stakeholders and support central and state governments to make social protection programmes more nutrition-responsive. Key activities include collating relevant research, evidence and learnings to drive improvements in programme design, practices and policy.



Humanitarian and fragile context considerations #10

MONITORING, EVALUATION AND LEARNING

Where national information systems are weak or severely disrupted, systems need to be put in place to collate and use data to demonstrate the impact of humanitarian programmes, strengthening national monitoring systems wherever possible. Digital technology applications can be used to maximize the efficiency, speed and accuracy of data collection to inform programming. See Chapter 8 of the [HCT Field Guidance](#) for more tools and approaches to monitor and evaluate HCTs.

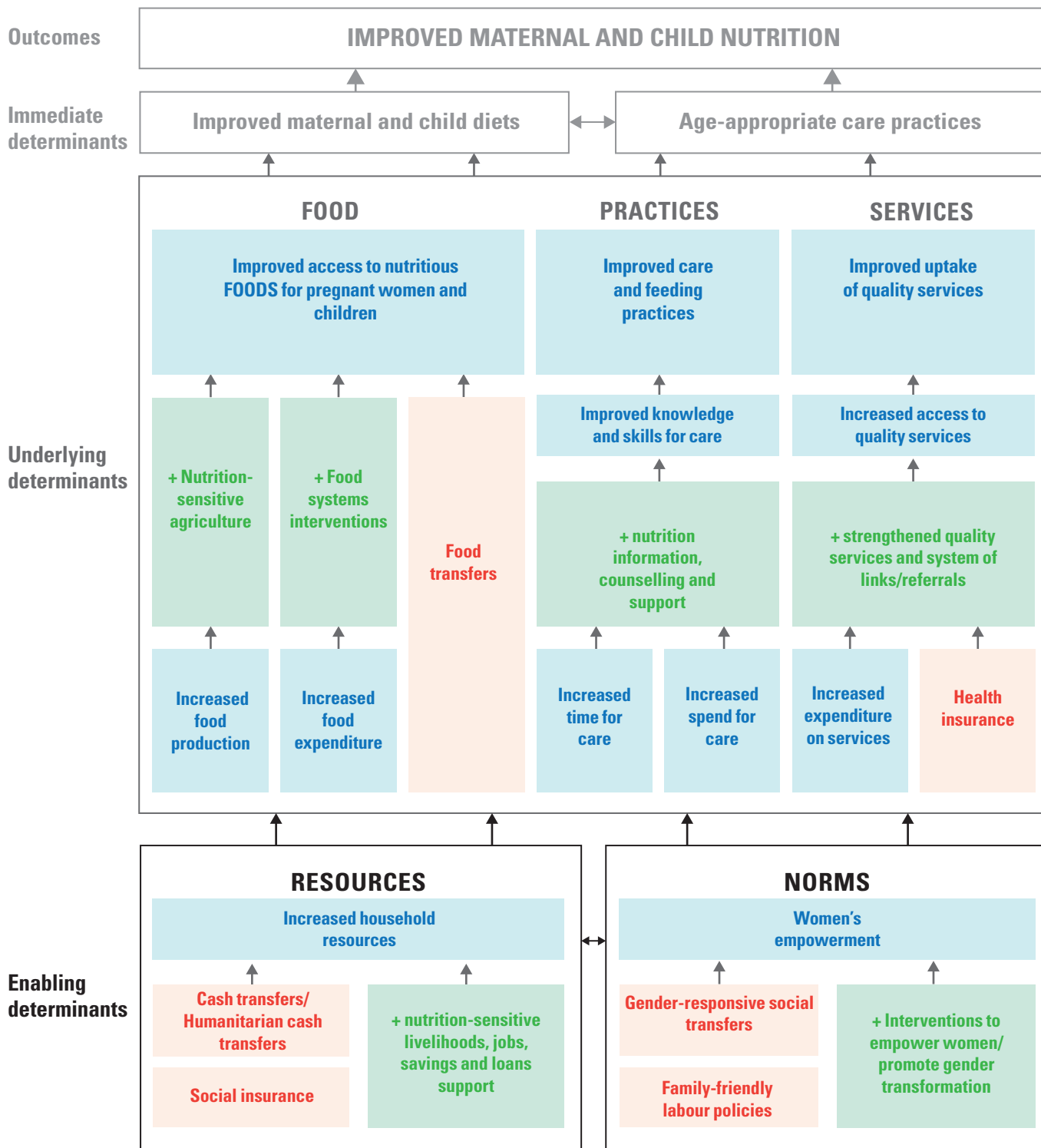
Access to information on the nutritional status of a population can be severely constrained in humanitarian contexts. To fill this gap, UNICEF and WFP are piloting the Nutrition Vulnerability Assessment in Fragile and Conflict Settings (NuVAC) approach, which aims to support data collection and analysis in contexts where information is constrained and demand for information to inform decision-making is high. At time of writing, NuVAC is being piloted with plans for further expansion.

Evaluations of HCTs are often prioritized as this is a relatively new form of humanitarian assistance and there are calls for evidence on their impact. These evaluations can be used as an opportunity to understand nutrition impact by including nutrition indicators along the theory of change (example provided in Annex 1). Findings can be used to inform scale-up, design of future HCTs, and to mobilize resources to build national systems.

ANNEXES



Annex 1: Social protection and nutrition impact pathway



Annex 2: Country case studies

The following case studies were developed by UNICEF and have informed the development of this guidance:

Burundi, Merankabandi Programme (2018–2022)

Egypt, Takaful and Karama Programme (2017–2022)

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