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Social Protection Pathways to Nutrition

Synthesis report

August 2023

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Social Protection Pathways to Nutrition

Synthesis report





EL CONDOR Y SUS AMIGOS EN EL PARAMO

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1. Foreword

Latin America and the Caribbean (LAC) is at a crossroads, risking the reversal of the significant progress made in fighting hunger and malnutrition over the past decades. To further complicate this outlook, the region has been affected by multiple economic, health, climate related and geopolitical shocks in recent years. The *2023 State of Food Security and Nutrition in the World Report (SOFI)* estimates that despite of the progress in hunger reduction, 43 million people remain undernourished in the region, denoting a continuous rise between 2019 and 2023. Healthy diets also remain unaffordable to more than 133 million people in LAC as the region experiences the highest cost of diet (US\$4.08 per person per day) compared to the cost worldwide mostly due to inflation and net income declines.


Against this backdrop, progress towards Sustainable Development Goal 2 related to zero hunger has been uneven. No country in the region is currently on track to meet global targets, while all countries are witnessing a double burden of malnutrition that can lead to GDP losses of up to 16 percent. Many governments in the region are convinced that change is needed.

To support people to surmount these multiple economic, health and climate shocks, governments have turned to longstanding social protection systems. Evidence shows that social assistance programmes are critical to safeguard physical and economic access to food as well as access to essential basic services. These programmes were expanded as a response to the COVID-19 pandemic and have continued mitigating the effects of the war in the Ukraine as public spending shows (23.4 percent of GDP in 2021, up from 21.4 percent in 2019, according to ECLAC).

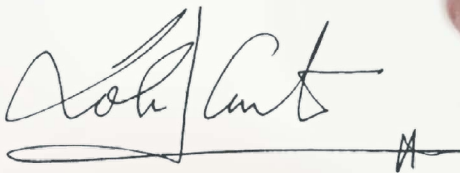
Yet, a growing body of knowledge indicates that enhancing access to food via strengthened social protection systems does not always translate into positive nutritional outcomes, due to the complex interplay of factors that underpin food and health systems, particularly in relation to the double burden of malnutrition. Now, as the region looks to ensure progress amidst crises, we try to answer the question on how social assistance can generate positive nutritional outcomes to unlock the region's potential human capital and reduce the burdens of malnutrition for the future.

This question is what prompted the Institute of Development Studies (IDS), the International Food Policy Research Institute (IFPRI) and the World Food Programme (WFP) to collaborate on the "Social Protection Pathways to Nutrition", which seeks to clarify how social protection systems can be more effective in addressing malnutrition in all its forms. This publication includes an extensive review of the available regional evidence and proposes a policy and implementation roadmap for stakeholders across the region who are involved in the strengthening of national social protection systems. These frameworks or roadmaps are aimed at assisting programmes to perform better for the most vulnerable, harnessing the learnings and opportunities within LAC. We hope this report assists decisionmakers in the region in integrating social protection, health, and food systems, shifting from the traditional emphasis on undernutrition to malnutrition in all its forms.



A close-up, side-profile photograph of a young child with dark hair, wearing a white shirt and a silver hoop earring. The child is holding a spoon to their mouth, eating. In the foreground, there is a stainless steel bowl and a plate with white rice and other food items. The background is softly blurred, showing a yellow object, possibly a corn cob.

As our region looks forward, we are certain that all stakeholders will agree on charting a course that uses our resources to best support people through evidence-based multisectoral action to fine-tune our strong and capable systems to get the results that are truly needed. We hope that this initiative serves as a useful tool that will help to accelerate these actions and put an end to hunger and malnutrition in the region by 2030.

A handwritten signature in black ink, appearing to read 'Lola Castro', with a horizontal line underneath and a small flourish at the end.

Lola Castro
Regional Director for Latin America
and the Caribbean
World Food Programme



2. Summary and recommendations

This report summarises and synthesises the outcomes of a project designed to improve nutritional outcomes that can be achieved through social protection systems in the Latin America and Caribbean (LAC) region. It has a particular focus on systems integration and the need to shift from the traditional focus on undernutrition to malnutrition in all its forms (i.e., undernutrition, including micronutrient deficiencies, combined with the growing prevalence of overweight and obesity, sometimes referred to as the ‘double burden’). It provides a policy and operational roadmap for stakeholders seeking to improve the performance of social protection systems within LAC countries; particularly with a view to reducing vulnerabilities and improving nutritional outcomes throughout the life course.

The project consisted of multiple elements, including a scoping of frameworks, evidence review, framework development, stakeholder workshops, and case studies based on 43 interviews across Peru, Guatemala, the Dominican Republic, and Ecuador. A key outcome of this project is the production of two frameworks, which were developed against the backdrop of broader evidence on social protection pathways to nutrition garnered through the case studies and the evidence review and discussed with key internal and external stakeholders at a workshop in June 2022. The frameworks are designed to be a starting point for discussions with government decision makers at a country level, with responsibility both for policy and for programmes. They are intended to help these decision makers to design and implement better social protection systems and related programmes, crucially integrating nutrition-sensitive planning both from the start and over the entire programme cycle.

Overall, the project found that while there are some healthy examples of nutrition-sensitive social protection in the LAC region, there are many missed opportunities to address nutrition. In general, social protection planning and design across many countries in the region is not yet drawing on the most recent thinking on nutrition and food systems, particularly the need to consider the multiple burdens of malnutrition existing in each country. This is despite

the fact that malnutrition is affecting all countries in the region, adding not only significantly to the health burden but also a significant financial drain on the economy estimated at between 2 and 16 percent of gross domestic product (GDP) (WFP and ECLAC, 2017; CEPAL et al., 2020).

Recommendations emerging from this study and guided by use of the two frameworks include:

- **Avoid starting with an ‘instrument first’ approach** (e.g., choosing Cash or Food): first assess the system, including the existing landscape of programmes, gaps, population inequities and vulnerabilities and the potential to build agency.
- The need to **apply a systems approach simultaneously to social protection and food**, rather than considering these separately. This requires joining the dots of cutting-edge thinking from both the social protection and the nutrition/food systems fields.
- If possible, integrate **multiple nutrition-related objectives across the programme cycle**, from project design, targeting and implementation through to monitoring, evaluation, and learning. Currently many programmes are only monitoring obesity and overweight outcomes, but do not incorporate design features or targets that would address these forms of malnutrition directly.
- **Use the frameworks and other emerging evidence to guide monitoring** along the complete impact pathway to identify gaps in programme assumptions and the need for timely course correction. Monitoring, evaluation, and learning should be adopted as a continual adaptive process with feedback loops to ensure lessons learned improve programme design and implementation.
- **Integrate equity aspects from the outset (i.e., during targeting analysis during design)**, or be prepared to fail in reaching the furthest behind and SDG targets. To reach the overarching ambition of leaving no-one behind, consideration needs to be given to groups who are marginalized by a number of forms of social position, including gender, age, disability, ethnicity, geographical origin, among others, especially when these intersect.

3. Background to project and project components

The last decade has seen an increased focus on the potential for social protection systems to address nutritional outcomes. The landscape of social protection systems in the LAC region is varied and encompasses countries in which long-standing systems have developed progressively over several implementation and learning cycles to reach impressive levels of coverage and achievement of key outcomes, including for nutrition and diets (e.g., Mexico, Brazil, Peru). But the region also includes countries in which social protection programmes are present in various capacities, but not yet performing well in terms of key outcomes, nutrition and food-related or otherwise (e.g., Guatemala, Ecuador, Jamaica). In some cases, programmes are simply assumed to be nutrition-sensitive, rather than incorporating any nutrition-sensitive design or monitoring features. Individual programmes are also frequently insufficiently integrated, managed and monitored as a system, which has further implications not only for outcomes, but also for resource efficiency. There is now good evidence that social protection programmes can lead to improvements in nutritional outcomes in certain conditions, particularly when designed specifically with these outcomes as a primary or secondary impact objective. Design changes in response to the existing evidence base, such as changes to transfer amounts or the addition of a nutrition education component, can make the difference between failure or success in reaching outcomes. But there is also emerging - though still thin - evidence, that some instruments, such as cash or food transfers can also lead to an unintended worsening of some outcomes amongst beneficiaries, including the propensity to become overweight or obese.

This report summarises and synthesises the outcomes of a project designed to improve nutritional outcomes that can be achieved through social protection systems in the LAC region, with a particular focus on systems integration and the need to shift from the traditional focus on undernutrition to **malnutrition in all its forms**. The latter term highlights not only

undernutrition (stunting and wasting in children, or low BMI in other population groups), including micronutrient deficiencies (such as anaemia); but also, overweight and obesity. Together, these multiple forms of malnutrition are the underlying driver of several health conditions and development deficiencies, including poor child growth and a growing burden of non-communicable diseases. These conditions affect population groups across the region and act as a substantial drag to the economic prospects of each country, estimated to be up to 16 percent of these countries' GDP (WFP and ECLAC, 2017; CEPAL et al., 2020).

This report provides a policy and operational roadmap for users wanting to actively mainstream nutrition into social protection policy and programming to incorporate nutrition along the policy and programme cycle. Two frameworks and an accompanying description are provided to assist respectively, first, policy makers and, second, those with responsibility for systems and programme design to achieve this objective. These frameworks are introduced in Section 4 of this report.



To design and validate these frameworks, this project relied on several distinct components (see Figure 1). These included:

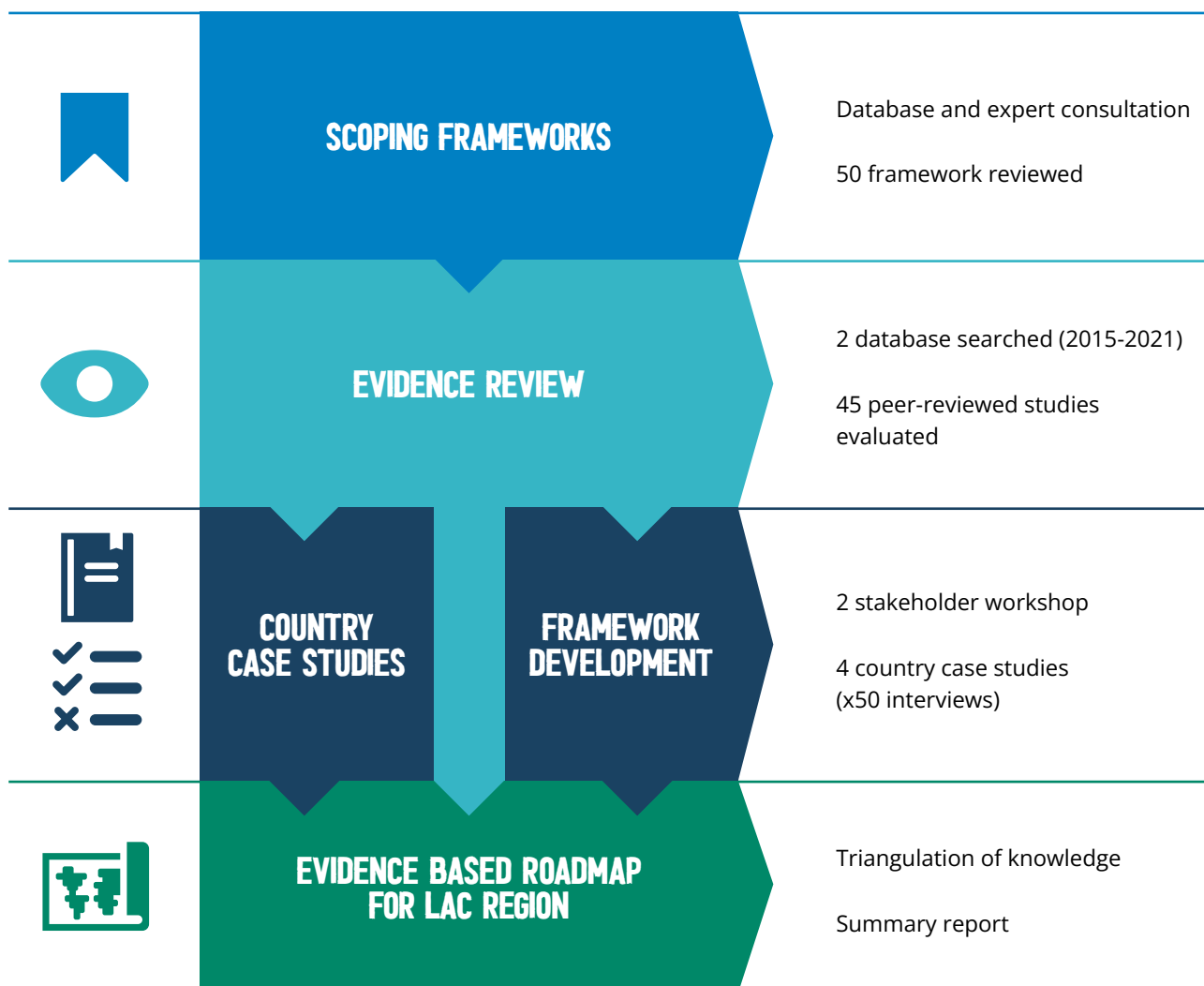
- 1) a review of existing frameworks that link social protection and nutrition and of other frameworks relevant to the study objectives, including those on food systems;
- 2) a structured evidence review and synthesis of the evidence linking social assistance programmes to nutrition outcomes across the LAC region, with a particular focus on the pathways to impact or sub-optimal outcomes identified across the evidence base;
- 3) a set of case studies in four LAC countries – Peru, Ecuador, Guatemala and the Dominican

Republic – selected to illustrate the systemic and operational challenges and opportunities to optimise and improve nutritional outcomes: and

- 4) a series of workshops with the Institute of Development Studies (IDS), International Food Policy Research Institute (IFPRI) and World Food Programme (WFP) team, as well as external policy and programme stakeholders to develop the framework approach.

Components 1-3 are available as separate reports. This report provides a summary across all project components, incorporating feedback from the stakeholder workshops and external academic review; as well as presenting the two frameworks and their guidance notes in full.

Figure 1
Elements of the study



4. Summary of framework and evidence reviews, and case studies

A review of existing frameworks and conceptual literature linking social protection and nutrition was carried out as an initial step to guide this project. Academic databases and grey literature sources were searched, further literature was retrieved by snowballing reference lists and expert input from the core team. This retrieved 105 publications relevant for the framework development (section 4) and fifteen systematic review articles that provided a baseline of the evidence and guided our more detailed evidence review. These reviews found that most studies gathered evidence on either the role of social protection programmes (SPP) in reducing poverty, improving women's empowerment, and/or as a means of mitigating the impacts of COVID-19. Conditional cash

transfers (CCT), were the most studied type of SPP, followed by school feeding programmes and health insurance benefits. For nutrition outcomes, studies primarily emphasized undernutrition in young children under the age of 5, diet diversity and diet quantity for school aged children, or dietary diversity measured at the household level. Finally, the 15 reviews also provided insight into potential pathways on how SPP can increase individual and household autonomy over family income and consumption choices, increase the access and availability of (types of) food and improve nutritional knowledge when social behavioural change communication was included in the package of interventions (de Groot et al., 2017; Floate et al., 2019).



WFP/Theresa Piorr

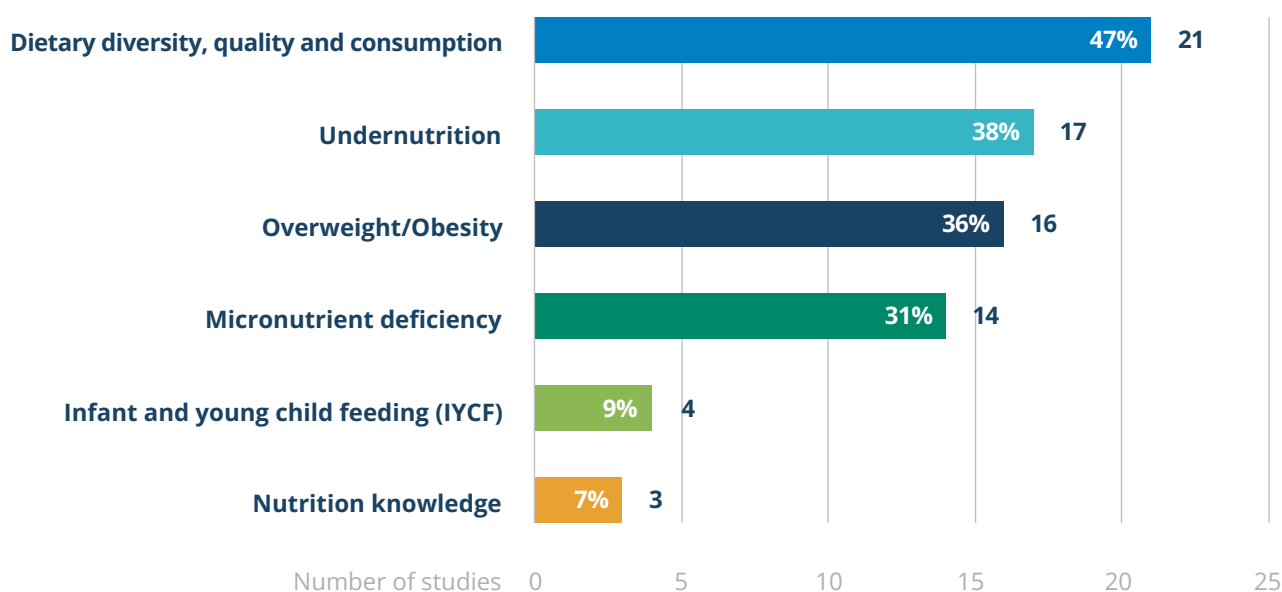
The structured evidence review looked for evidence for any target population across a variety of social protection programmes (with a focus on social assistance: including cash and food transfers, school feeding and youth programmes) across all nutrition outcomes and for all LAC countries, in a six-year period, 2015-2021¹. All study designs were included but only if peer reviewed. We identified and extracted into a framework matrix based on key categories such as type of social protection instrument, population, outcomes, impacts, and any explanation given by the authors around how change happened to influence nutrition outcomes (i.e., the impact pathways). The studies covered the breadth of the continent (though not all countries) with most studies in Brazil (19), Mexico (10), Peru (5) and Colombia (3) with other countries limited to one or two studies (Figure 2).

Nutrition outcomes were clustered into broad categories. Dietary diversity, quality and consumption were the most common set of indicators reported (Figure 3), followed by undernutrition, overweight and obesity and micronutrient deficiencies. Studies tended to report most on positive outcomes (17); though 10 studies reported mixed effects (including negative or no impact) and 5 no impacts or negative impacts including increases in BMI in different population groups including carers and children.

Figure 2
Number of studies per LAC country



Figure 3
Number of studies reporting on each nutrition outcome



¹ This built on and extended earlier systematic reviews and brought in recent evidence on multiple forms of malnutrition.

Pathways identified by the study included pathways that had led to positive change, those that had led to negative or potentially harmful impacts, and those that were specific to the implementation of the programmes (Figure 4).

+ Positive pathways included expected pathways such as increased purchasing power for access to food and access to nutrient dense foods. Some more complex pathways included increased female bargaining power and empowerment and improved nutrition knowledge and cooking skills.




- Negative pathways included the possibility that increased purchasing power might lead to the purchase of unhealthy foods, or referred to the existence of poor external food environments

which incentivise consumption of unhealthy foods or make healthy foods hard to find or less desirable.

✂ Aspects of programme design or implementation that were specified as key elements of impact pathways affecting outcomes included whether programmes were sufficiently designed to consider local contexts, particularly when working with marginalised groups (i.e., language barriers that didn't consider the needs of indigenous women, or other local social norms).

Having key programme design elements correctly adjusted, such as the frequency and intensity of sessions when a behavioural change element was included, were also identified as key pathways.

Figure 4
Pathways identified in the evidence review

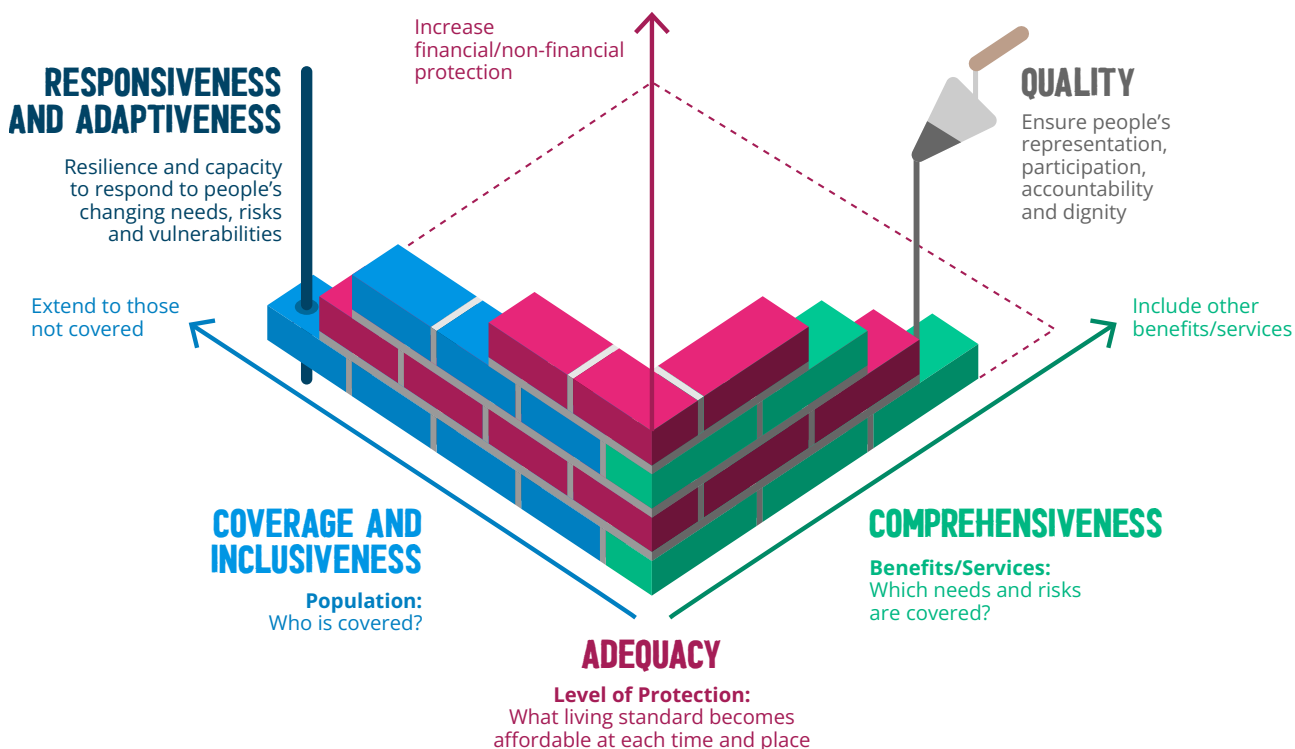
 <p>POSITIVE PATHWAYS</p>	<ul style="list-style-type: none"> • Improves purchasing power for food • Increasing access to health services • Increased female bargaining power & empowerment • Access to nutrient dense foods • Improved nutrition knowledge and cooking skills • Increased hh resources – purchase of higher qual foods • Agri subsidies to farmers – increases HH food security
 <p>NEGATIVE PATHWAYS</p>	<ul style="list-style-type: none"> • Increased purchasing power – purchase unhealthy foods (UFPs, alcohol) • Externalities –unhealthy food environments
 <p>IMPLEMENTATION PATHWAYS</p>	<ul style="list-style-type: none"> • Language barriers for indigenous women, training of primary care givers, interpretation of programme guidelines • Tailoring to individual nutritonal needs, in case of HIV • Assumptions about norms • Frequency and intensity of sessions

Wider gaps identified by the review included a failure by many programmes and many studies to consider impact pathways, or collect relevant intermediate indicators along the impact pathway; a failure in many studies and programmes to consider negative outcomes; a gap in thinking how social protection programmes and each country's social protection system is embedded or interacting with wider systems - particularly health, but also key social sectors such as education – and a particular gap in targeting multiple burdens of malnutrition, particularly overweight and obesity, micronutrient deficiencies and dietary diversity, alongside undernutrition.

The **case studies** included 43 interviews with 50 people in Ecuador (16); Guatemala (11); Peru (17) and the Dominican Republic (6). Stakeholders were selected from across programme operations and policy departments within governments and from WFP and other agency positions. The countries were chosen because they provide examples of countries with quite different nutrition burdens as well as different levels of systems development and associated governance capacity in social protection. Systemic capacity was assessed across the dimensions of effective social protection systems in use by WFP (Figure 5): coverage, adequacy, comprehensiveness, quality, and responsiveness.

Figure 5

Dimensions of effective social protection systems



Source: <https://docs.wfp.org/api/documents/wfp-0000134798/download/>



Each country case emphasises different nutritional problems. Ecuador and Guatemala focus on stunting, the Dominican Republic on broader food insecurity targeted based on multiple deprivation, while Peru has added an additional and strong focus on anaemia to its existing focus on stunting. But despite a growing burden of overweight and obesity in all these countries, this was not a nutritional focus of most social assistance programmes examined in the country case studies. There is lack of engagement with issues of excess weight and its associated health problems and/ or how this might combine with existing nutritional problems. In most cases, the burden still falls largely on the health sector, with limited consideration within SPPs.

To highlight one example, Peru is well known for its national level reduction in stunting prevalence. It is widely considered to have a solid social assistance system. Social assistance in Peru is framed under a clearly defined strategy and organised along a nutrition life cycle approach. The first two stages of that approach were operationalised in 2019 in a multisectoral budgetary programme aiming to promote children's development and adequate nutritional status. Having a lifecycle strategy helps to organise the package of social assistance programmes and to operationalise nutritional aspects into each programme as relevant, such as in the graduation-style programme *Haku Wiñay* (We will grow).

There are important lessons for the region from all the country cases examined. This includes the positive aspects of childcare such as Ecuador's Centros de Desarrollo Infantil (CDI) and Creciendo con Nuestros Hijos (CNH) programmes and Peru's Cuna Más programme, which incorporate behavioural change components and integrate nutrition status and children's development.

In the Dominican Republic, successes include the recent strengthening of technical capacity, especially regarding technical manuals and eligibility criteria, as well as the increase of the budget of the School Feeding Programme, and the major scale up of the SUPERATE ALIMENTATE programme. The use of a multidimensional poverty index (instead of a monetary indicator) has also helped to improve targeting. In the Dominican Republic, positive lessons

include the incorporation of people with disabilities and populations affected by HIV or Tuberculosis as vulnerable households to be served by the social assistance programmes.

Despite the progress, all countries face several challenges, particularly in terms of coverage and comprehensiveness. Pockets of particularly vulnerable populations are being missed out, links from social assistance programmes to health or key sectors are weak, and the incorporation of actions to contribute to the reduction or prevention of obesity and overweight are not considered. Guatemala and Peru have enacted family farming laws to link social assistance programme purchases with family farming production; however, action by the agricultural sector is needed to promote the productive development, registration, and certification necessary to make these laws a reality. Social protection programmes quality improvement measures also differ substantially in each country; from sophisticated monitoring and evaluation systems which include community level input as well as national level datasets, to country contexts where continual monitoring and evaluation have not yet been implemented substantially. In some cases, indicators have not been adequately chosen to reflect operational concerns or were never incorporated into design and thus do not allow timely course correction.

The responsiveness of each SPP has also been tested in extremis by the arrival of the COVID-19 pandemic. Examples of shock-responsiveness provided by the cases include the move from face-to-face to telephone counselling, the flexibility to suspend conditions or co-compliance measures in the case of some relevant programmes where it was seen impossible for clients or services to continue to function as normal, and the provision of additional food packages for vulnerable clients during the height of the pandemic. However, responsiveness at a system level is challenged by the lack of laws that limit the system to react in an emergency context: only the Dominican Republic has laws and a defined system to respond to emergency events.

5. Analytical and operational frameworks

Development process

The development of the social protection pathways to nutrition frameworks employed a systematic process of scoping existing frameworks, collating key features, reviewing regional evidence, and receiving expert consultation (see Figure 6). The methodology is largely guided by the 'best-fit framework synthesis' model developed by Booth & Carroll (2015). This process acknowledges and builds upon the established literature and evidence, whilst also breaking new ground by bringing multiple systems, ideas, and evidence into one integrated space.



Figure 6
Process of framework development





STEP 1 CURATING AN INTERDISCIPLINARY TEAM

This process was performed by an interdisciplinary team, with members from IDS, WFP, and IFPRI. As a collective, this team had a wealth of cross-disciplinary experience to draw from including social protection programming, food and nutrition drivers and interventions, the double burden of malnutrition, food systems, critical food policy, evidence synthesis, as well as regional expertise. It is recognized that complex real-world problems require creative solutions that transcend single disciplines in the quest for new ways of understanding and knowledge generation (Petticrew et al., 2019 Salm et al., 2021).



STEP 2 COLLECTION & COLLATION OF EXISTING FRAMEWORKS AND EVIDENCE

Several databases and grey-literature websites were searched for existing frameworks that consider social protection, nutrition, food systems, health systems, among others. Web of Science, PubMed and SCOPUS were identified as key databases for the topic while WFP, IFPRI and socialprotection.org provided additional grey literature resources. Further frameworks were identified from snowball searches within reference lists of these resources, as well as through internal consultation within the study team. Over 50 frameworks were gathered and analysed for similarities, the novelty of approaches, and relevance to our objectives. Ten frameworks were selected as key resources to draw from. These were selected for their relevance in demonstrating food systems considerations, the double burden of malnutrition, social protection pathways to nutrition outcomes, resilience, and food equity considerations (Alderman, 2015 Carter, 2019 Hawkes et al., 2020 HLPE, 2020 Menon et al., 2014 Nisbett et al., 2022 Olney, 2021 WFP, 2017 WFP, 2021 Leroy et al., 2009 Aulo Geili, 2021). A parallel process to assessing the relevant frameworks was conducting the evidence review (section 3) of social protection programmes and their impacts on nutrition and reporting of pathways towards those outcomes in the LAC region. The findings of this review were also incorporated into the framework design.



STEP 3 FRAMEWORK DEVELOPMENT WORKSHOPS

The top selection of frameworks was discussed across the interdisciplinary team in a virtual workshop. The merits and relevance of each framework were discussed, and essential components were identified. Key questions guiding this discussion included thinking about who the target audience is, and how the framework(s) will be utilised. In response to these questions, we saw the need for two frameworks, one that works at a policy level with policymakers and decision makers as the primary target audience, and a second framework that works on an operational level, which targets implementers of social protection interventions.

An iterative process of framework building, and feedback sessions led to the frameworks below. A second workshop brought in external expertise to validate these frameworks for their intended purposes and receive additional input. Participants included policy and social protection experts from the region (ICLAC) and from the international finance institutions, Nutrition international, FAO and other experts from project partners IDS, IFPRI and WFP.



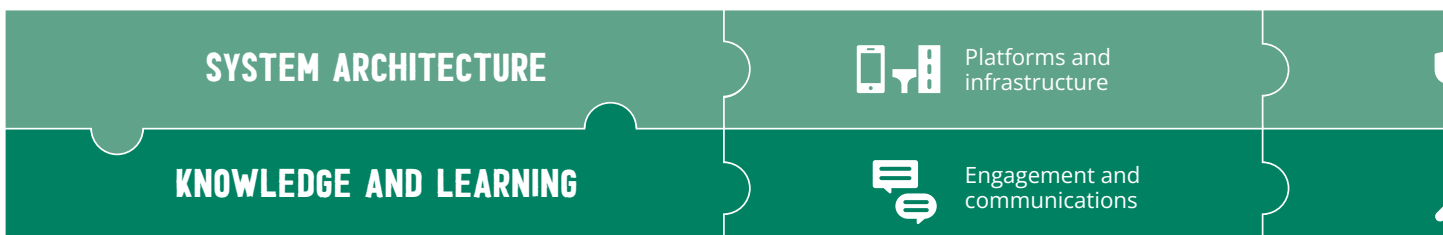
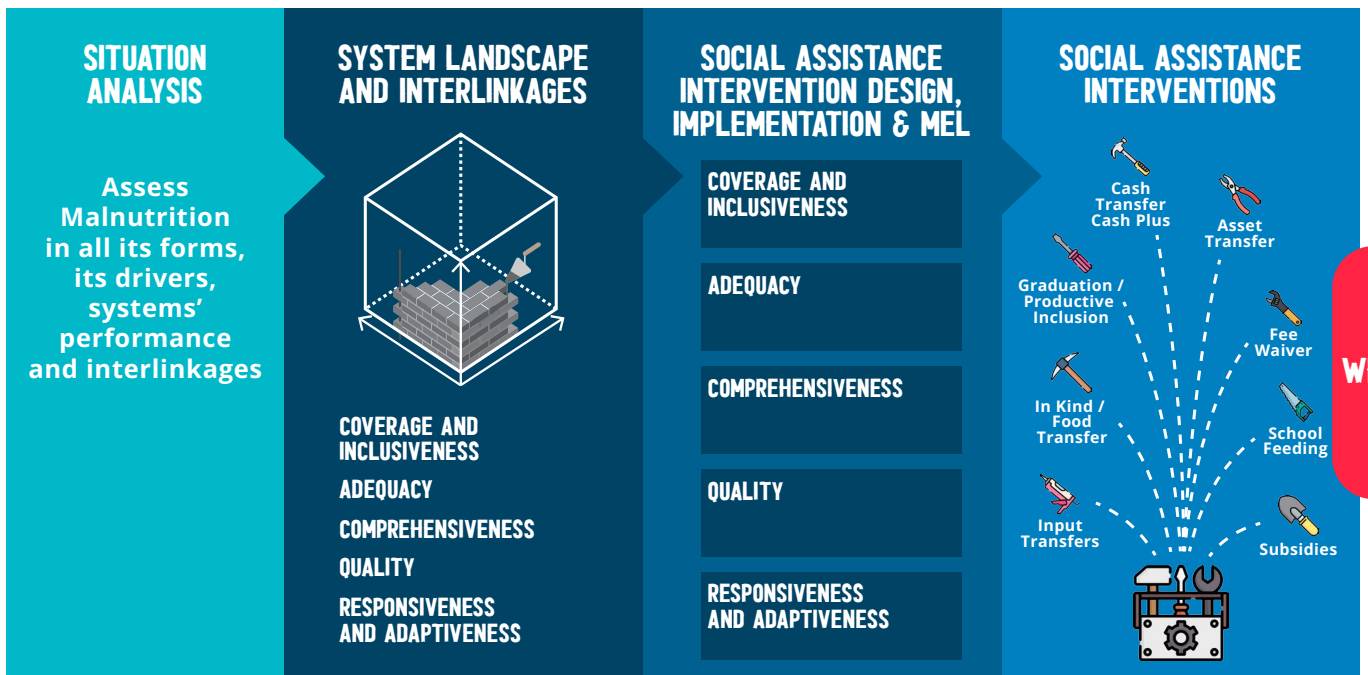
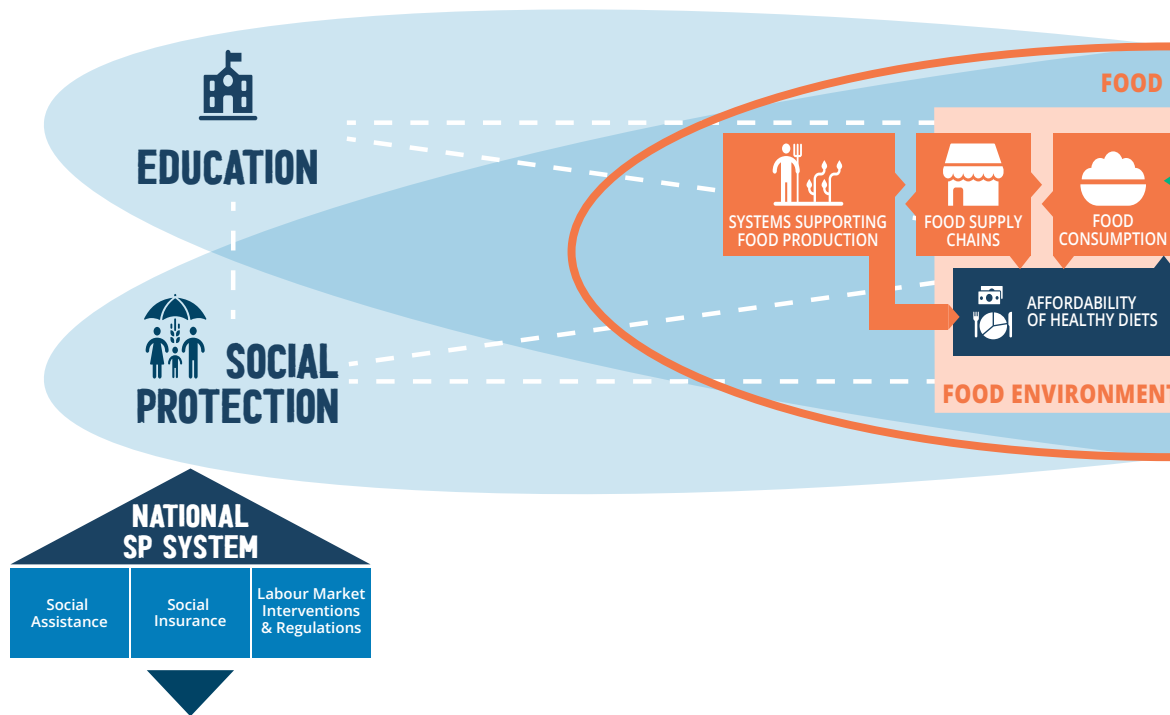
STEP 4 DISSEMINATION, TRAINING AND CAPACITY STRENGTHENING

Key to the development process has been involving internal and external stakeholders in the steps described above. Further dissemination will take place at international and regional/national levels. An important element of the approach taken and the recommendations for the deployment of the framework is that it is not a static instrument, but instead used as a discussion tool for systems and programme design, capacity building and ongoing monitoring, evaluation, and learning.

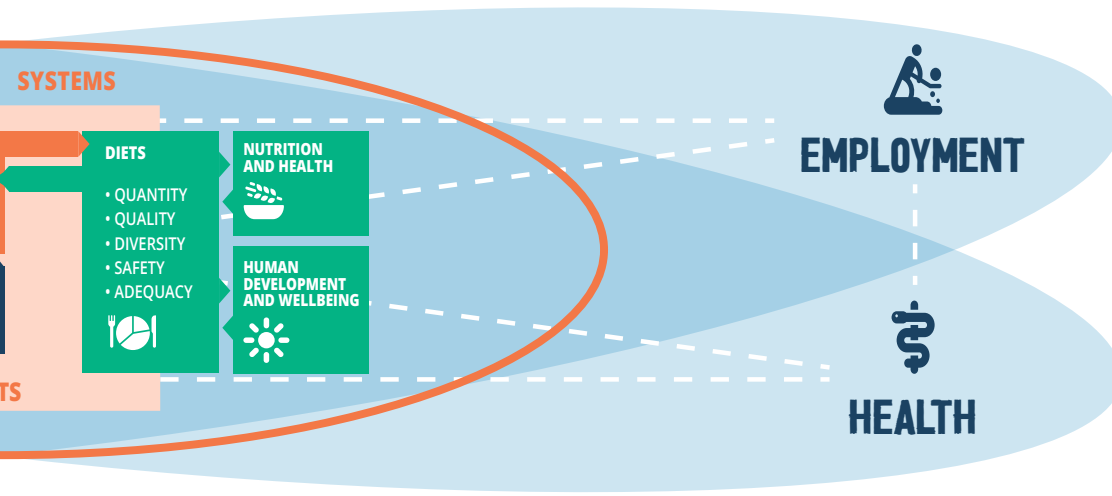
Figure 7

Framework 1 - Policy framework

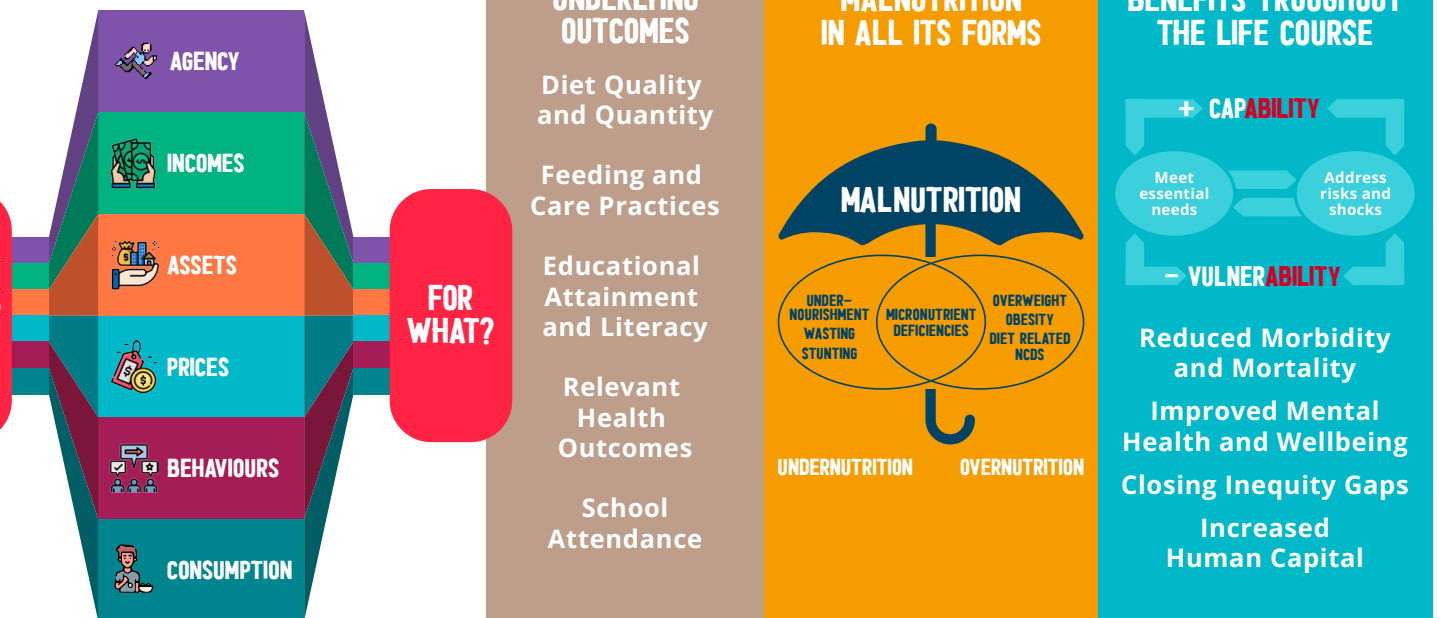
Intervention



ion Space



MODES OF IMPACT



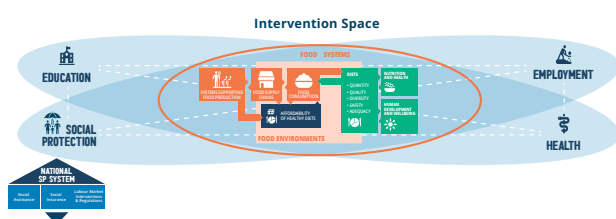
Framework 1 – Policy level framework

OBJECTIVES

This framework aims to give policy makers a high-level understanding of the interaction between sectoral policies within the overall intervention space, to highlight the importance of systems design considerations – viewing social protection systems as linked to and acting in tandem with food, health, and other systems – and to detail the linkages between social assistance interventions, impact pathways and outcomes.

KEY FEATURES

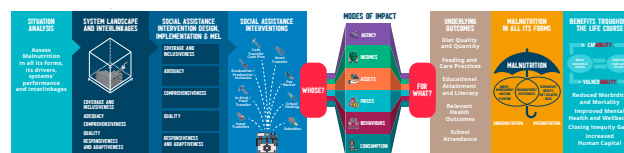
Top – the intervention space



The framework takes a systems approach to food systems and to social protection. Social protection is positioned as operating within the context of multiple systems (e.g., food, health, education, labour). Social protection has multiple dependencies and interactions with these other systems that need to be considered when addressing system design and implementation choice.

Social protection systems play an important part in the food systems landscape and can be better leveraged to achieve nutrition outcomes throughout the life course, which is the focus of this framework. Social protection systems include different forms of social assistance (such as cash and food transfers, school feeding); social insurance (such as unemployment or health insurance); and forms of labour market interventions and regulations.

Middle – social protection pathways to nutrition



The framework zooms in on social assistance as a subcomponent within social protection and describes the process(es) through which social assistance can impact malnutrition in all its forms, and therefore provide benefits throughout the life course.

Different countries have considerably different malnutrition burdens to contend with, affecting different population groups. Before any decisions are made on nutrition sensitive social protection it is important to undertake a situation analysis. National Data sources such as national **Demographic and Health Surveys (DHS)**, **Multiple Indicator Cluster Survey (MICS)** data but also global compendiums of data such as the <https://foodsystemsdashboard.org/>, the Global Nutrition Report [country profiles](#) can be used for this purpose, or tools such as WFP's [Fill the Nutrient Gap](#).

Next, the framework illustrates how it is important to assess the social protection landscape at a systems level, particularly before settling on a particular social protection instrument, to ensure that new interventions are working within the existing social protection system and mindful of existing capacities, opportunities, and challenges. These include assessing the responsiveness, coverage, comprehensiveness, adequacy and quality (see also Figure 5 above Table 1 below), which can be helped via tools provided by Inter Agency Social Protection Assessments.

Having assessed these aspects at a systems level, it is equally important to think in terms of responsiveness, coverage, comprehensiveness, adequacy, and quality when considering the design, implementation and ongoing monitoring, evaluation, and learning (MEL) for particular social assistance programmes. These factors

thus appear again in the framework as considerations to undertaken before, during and after selection of social assistance instruments.

Next, social assistance instruments are illustrated as a range of tools in the social assistance toolbox. These include traditional programmes, such as cash and food transfers – either conditional or unconditional – but also newer generation programmes focusing on a range of different support mechanisms to support poor peoples’ graduation from poverty and cash plus programmes, which, for example, combine cash transfers with nutrition education.

The modes of impact that sit roughly at the centre of the framework (price, income, behaviour, assets) were originally developed by Alderman (2015) to explain how nutrition outcomes might be achieved by social protection programmes. To these modes of impact, we add and prioritise the concept of agency, in recognition that each of these modes is focused on supporting agency amongst the poor (rather than as passive recipients of support) and also in recognition of the new stress placed on agency within current food systems thinking advanced by the Committee on Food Security’s High-Level Panel of Experts (HLPE, 2020, p. 8-9). To reach the Sustainable Development Goals (SDG) overarching ambition of leaving no-one behind, particular consideration needs to be given to groups who are marginalized by dint of a number of forms of social position, including gender, age, disability, ethnicity and geographical origin, among others. To ensure that equity considerations are mainstreamed through these modes of impact, the framework also prominently illustrates that not only *how* nutrition outcomes are achieved by these modes of impact, but *whose* agency is achieved, *whose* incomes are improved and so on, and *for what?*

Continuing with this focus on *for what*, the framework then describes how these modes of impact influence the underlying outcomes of diet quality and quantity, feeding and care practices, and improved health outcomes – corresponding to the classic model for malnutrition derived from the UNICEF 1990 Conceptual Framework and updated in the Lancet 2013 series (Bhutta et al., 2013). Because school-based interventions and some other forms of social protection and nutrition interventions can improve school attendance or lead over the longer term to

broader forms of educational attainment and literacy, these outcomes are also flagged at the underlying level.

Ultimately, these modes of impact have different effects on malnutrition in all its forms. There is ample potential for positive impacts, including improvements in undernourishment including stunting, wasting, micronutrient deficiencies as well as obesity and overweight. However, there is also potential for unintended consequences among certain populations, such as increasing overweight and obesity. Therefore, malnutrition in all its forms needs to be carefully considered to identify both the potential for double duty actions, but also what the risks of harm may be (Hawkes et al., 2020).

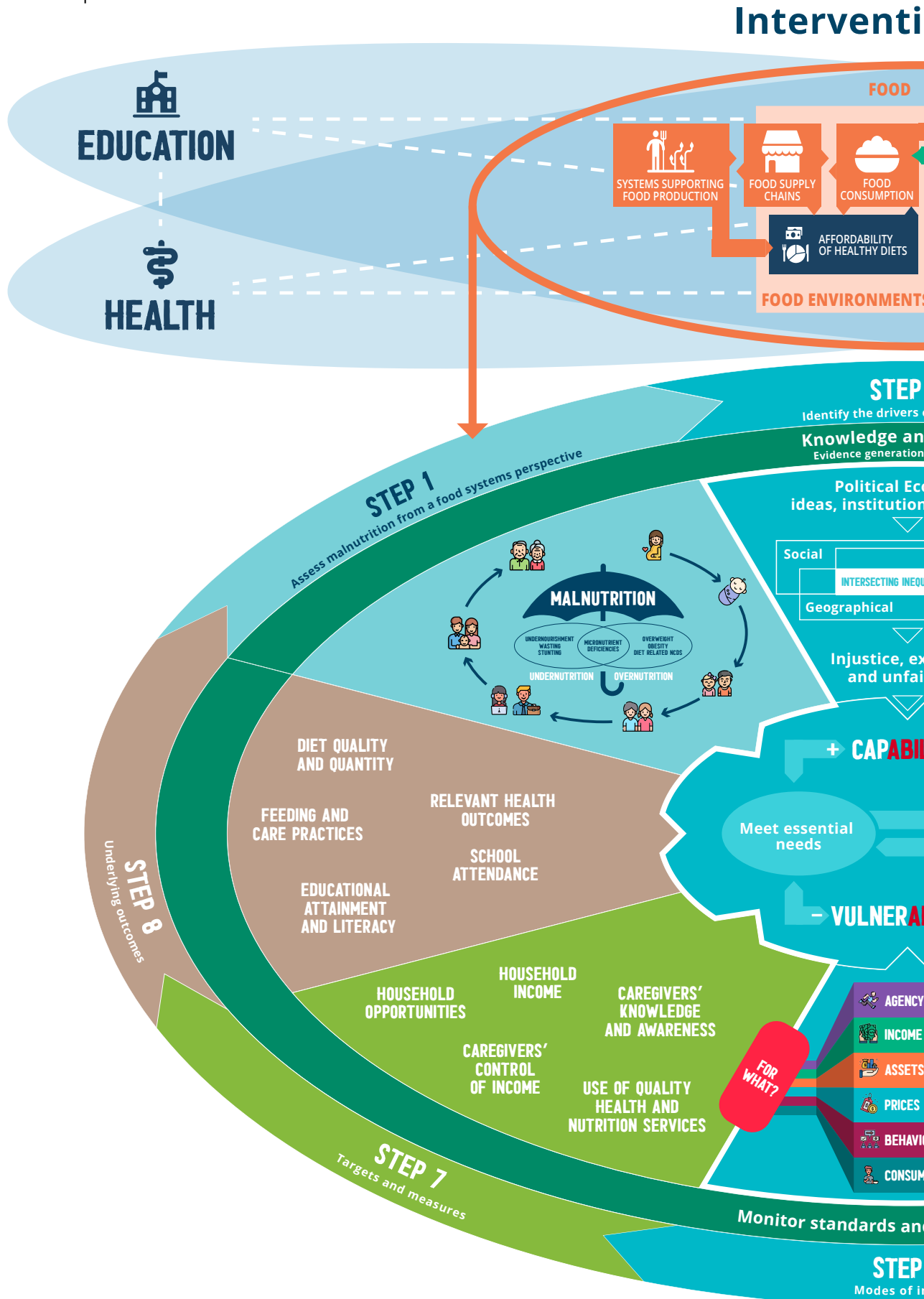
The final part of the middle section describes how nutrition-sensitive social assistance programmes can have benefits throughout the life course. The broader benefits and goals of social assistance include the reduction in vulnerabilities and improvements in capabilities that are achieved through meeting essential needs and providing support to withstand risks and shocks. Tackling malnutrition in all its forms has benefits throughout the life course, including reduced child morbidity and mortality, increased cognitive, motor, and socioemotional development, increased work capacity and productivity, and improved mental health and well-being. All these aspects are important closing the nutrition inequity gap (Development Initiatives, 2020).

Bottom – underpinning systems architecture, knowledge, and learning

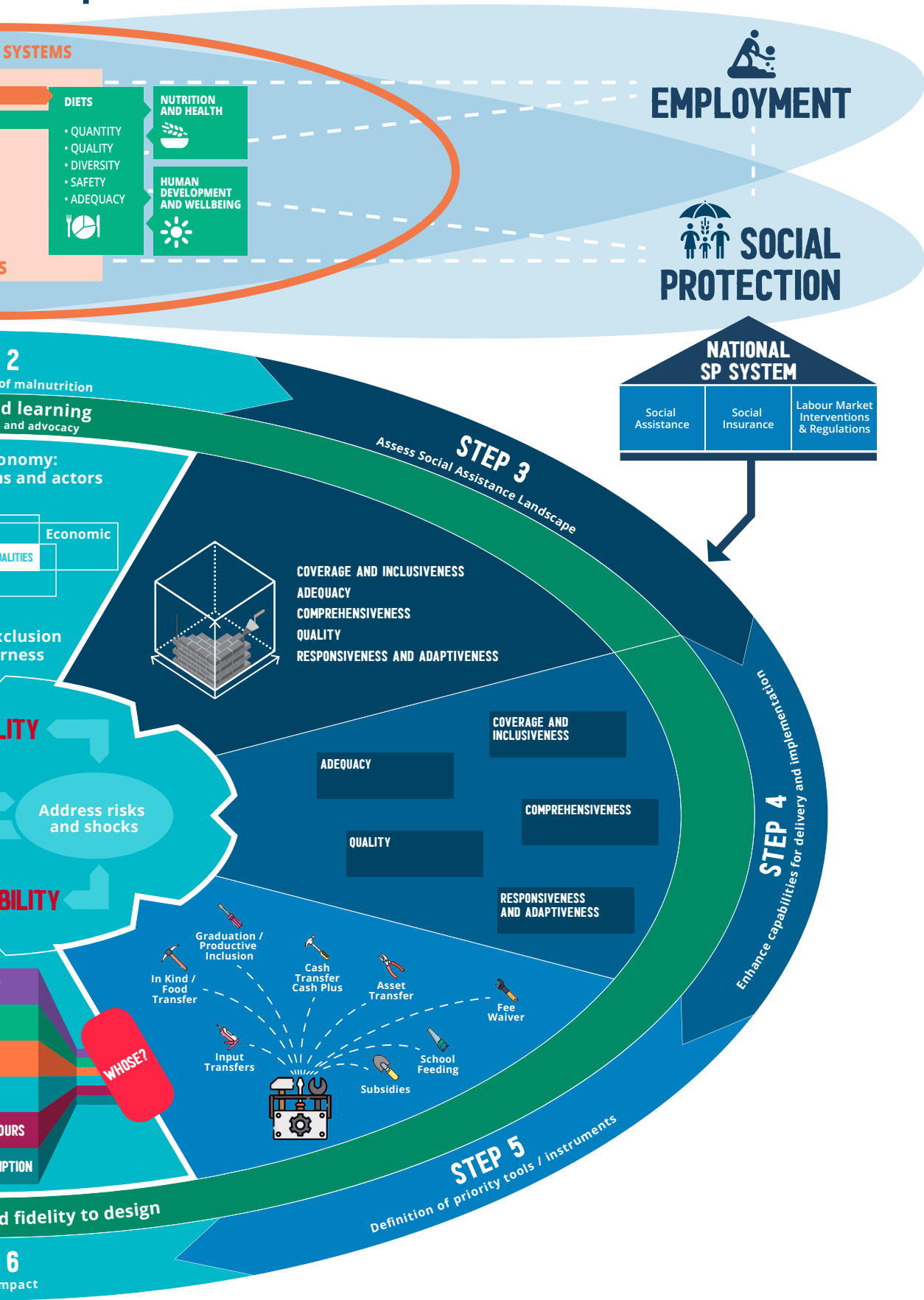


Critical underpinnings for a successful process of ultimately reaching benefits across the life course include strong system architecture, governance and knowledge and learning dimensions. These include platforms and infrastructure, policy, and legislation, planning and financing, and wider aspects of governance and co-ordination. As highlighted by our case studies, the most effective social protection systems are also supported by effective knowledge and learning platforms, including engagement and communications, assessment and analysis, monitoring, evaluation and learning and advocacy.

Figure 8
 Framework 2 - Operational framework



on Space



Framework 2 – Operational framework

AN 8-STEP PROCESS

OBJECTIVES

The key purpose of this framework is to allow a stepwise process of considering systems and intervention level considerations to best achieve equitable improvements in nutrition through social protection systems and programmes.

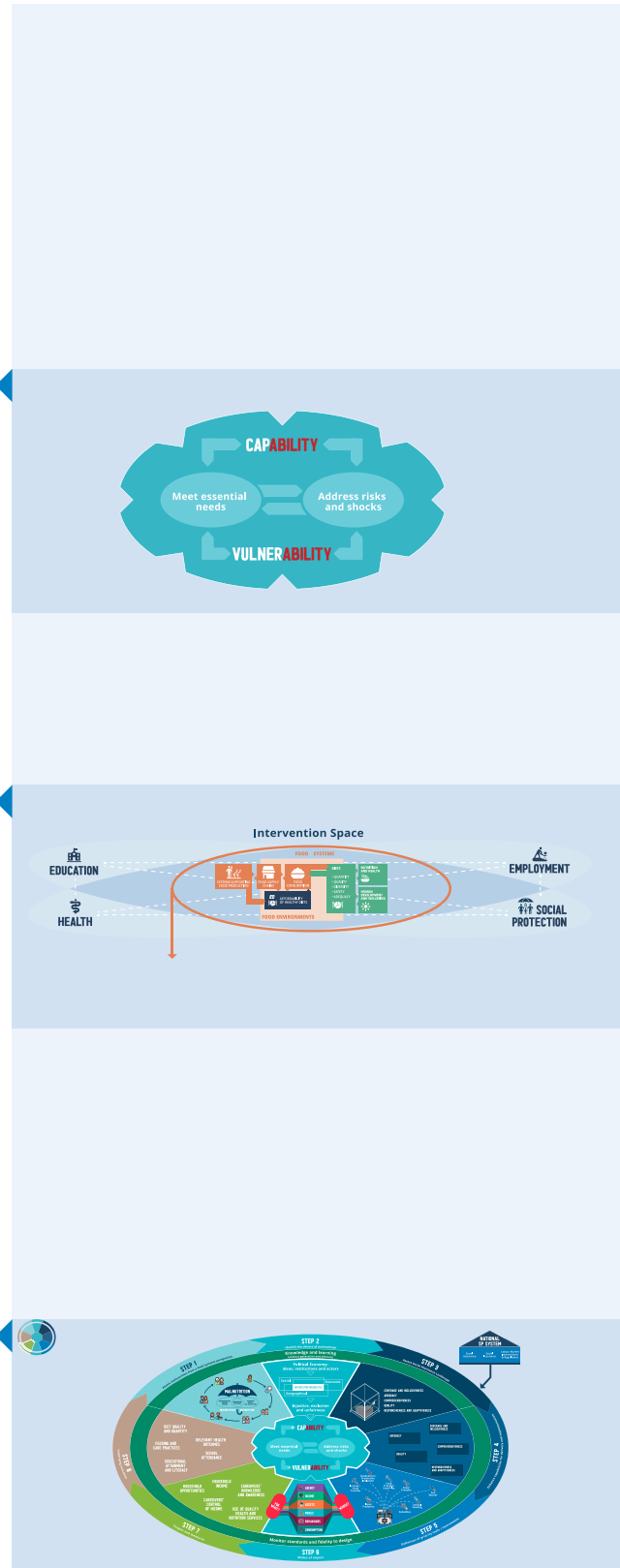
KEY FEATURES

At the centre of the diagram are the concepts of **vulnerability and capability**. Understanding vulnerabilities underpinning all forms of malnutrition and shifting from vulnerability to capability is at the core of improving nutrition outcomes. Placing these concepts at the centre ensures their centrality throughout all steps towards and aspects of nutrition-sensitive social protection system from programme design, implementation to monitoring, evaluation and learning.

The top of the framework depicts the **intervention space**, linking back to the policy-level framework and demonstrating the centrality of food systems and environments in addressing malnutrition needs (HLPE, 2020). It highlights the need to prioritise various aspects of healthy diets (e.g., not only quantity but also quality, diversity, safety, and adequacy) and to include interventions in support of agri-food value chains as well as recognition of the wider systems and drivers that support or hinder food security. Social protection interacts with food systems and environments, along with health, education, and employment, and should be designed and implemented with those interconnections in mind.

The framework then illustrates an **8-step process** towards implementing social protection interventions that are sensitive to malnutrition in all its forms and can respond to broader systems influences.

Key resources relevant to each step of the process are indicated in Table 2, which follows the explanation of each step.





Step 1: Assess malnutrition in all its forms from a food systems perspective

Each country has a unique malnutrition situation that often contains multiple forms of malnutrition existing simultaneously across different parts of the population (often referred to as a 'double burden'). In some countries a focus on undernourishment or child stunting or wasting has led to a neglect of broader forms of malnutrition including micronutrient deficiencies and overweight/obesity and so careful attention needs to be paid to assessing the malnutrition burden before assuming what to target. The underlying food system drivers of these forms of malnutrition are illustrated in the intervention space part of the diagram, with a particular focus on neglected aspects within the food system such as dietary diversity, or broader drivers in the food environment (such as the prices or the retail environments). Similarly, other underlying causes of malnutrition illustrated in the intervention space need to be assessed at this stage, including those rooted in health or broader systems such as access to antenatal care, or support for infant and young child feeding.



Step 2: Identify the causes of malnutrition

Because social assistance programmes are ultimately geared towards improving the root/basic and underlying causes of malnutrition; broader vulnerabilities and forms of marginalisation, which as key drivers, need to be identified².

At step 2, beneficiaries' starting points, such as their vulnerability and adaptive capacity in terms of resilience to shocks and pressures (such as food price spikes, extreme weather events and ongoing climate stresses, and unexpected medical expenses) need to be carefully diagnosed before assessing social assistance options (centre of diagram). This will

depend also on their social position, influenced in turn by demographic characteristics such as gender, age, ethnicity, and their capital endowments (social, human, natural, material/financial), all of which will impact their ability to benefit from the interventions as foreseen (Cooper et al., 2020).

Related to and mediating between social position and access to interventions and wider societal opportunity are different **forms and processes of inequity**. Inequities can be social, economic or geographic and will reflect wider root causes within society, including different forms of distributional unfairness (including both costs and benefits of policy decisions, as well as resource distribution), distribution and discrimination based on various forms of injustice (including for example sexism, racism and discrimination on the basis of disability), as well as related forms of political exclusion and poor accountability (Nisbett et al., 2022). Each of these forms of inequity is linked directly or indirectly to poor nutrition outcomes (ibid.) Groups experiencing intersecting inequalities and multiple types of vulnerability are at particular risk of exclusion from interventions and need special attention (Roelen and Carter, 2022).

Related to this, the **political economy** refers to the ways in which goods and resources are allocated in society, which reflects the ideas and interests of particular social groups (for example political elites) and are managed by various societal and governance institutions. Several guides exist on how to map PE for nutrition contexts (Gillespie et al., 2013; Resnick et al., 2018; Baker et al., 2018; Gordon & Nisbett et al., 2023).



Step 3: Assess the social assistance landscape

This involves exploring the responsiveness, coverage, comprehensiveness, adequacy, quality of the social assistance landscape, and assessing gaps (see Table 1).

² Global resources with country data to use at steps 2 and 3 include:
<https://www.wfp.org/publications/2020-fill-nutrient-gap>
<https://data.unicef.org/topic/nutrition/malnutrition/>
<https://www.who.int/data/nutrition/nlis/country-profile>
<https://globalnutritionreport.org/>

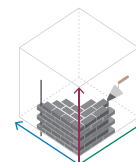


Table 1

Factors for effective social assistance at the systems and implementation levels

Dimension	Definition	Systems level	Implementation level
Coverage and inclusiveness	Coverage across population and different population groups, particularly the most vulnerable.	e.g. degree of population coverage by SP system (multiple programmes / as a whole.	e.g. degree of inclusion of eligible population in individual SA interventions.
Adequacy	Do payments and transfers adequately address living standards and (rising) costs?	e.g. to what degree do individual programmes when combined help individuals and/or families meet the cost of basic needs?	e.g. transfer amounts, number of home visits.
Comprehensiveness	Which needs and risks are covered by benefits and services.	e.g. does the system cover economic as well as health risks? Are the specific needs of different population groups comprehensively covered?	e.g. providing health insurance to SA recipients.
Quality	Are people represented, participating in programme design and evaluation and able to hold programme implementers to account for effective programmes? How do MEL systems ensure this?	e.g. user engagement in system governance, programme design, target setting and reporting.	e.g. social accountability mechanism; adaptive MEL embedded in programme operation.
Responsiveness and adaptiveness	Resilience and capacity to respond to people's changing needs, risks and vulnerabilities.	e.g. creation linkages between SP interventions – such as insurance and SA transfers – in case of shocks.	e.g. transfer size of SA intervention being adjusted in response to drought or flood; expand coverage of SA intervention to cover population affected by shock.



WFP/Versative



Step 4: **Enhance capabilities for delivery and implementation**

These factors (responsiveness, coverage, comprehensiveness, adequacy, and quality) appear again as equally important in the design, implementation, and ongoing MEL for particular social protection interventions. Programme design ought to be addressing gaps in the social protection landscape at both the systems and implementation level. Table 1 further expands these concepts and why there are important at both the systems level and for effective implementation of programmes.



Step 5: **Select appropriate social assistance instrument**

Having assessed the most pressing nutrition outcomes, the socio-political landscape and the social assistance landscape, programme designers can proceed to examining the pros and cons of various social assistance instruments for targeting certain population groups and particular outcomes within the wider social assistance landscape. In some cases, this might require tweaks to existing design while in others it calls for design of new programmes. The framework indicates a 'toolbox' of social assistance instruments is available to meet specific needs, such as cash transfers, 'cash plus' interventions, asset transfers, fee waivers, school feeding programmes, in-kind, food transfers and emergency response programmes, graduation/ productive inclusion programmes, subsidies, and input transfers.



Step 6: **Consider modes of impact**

These are the primary ways in which social protection instruments are expected to lead to expected impacts. Agency is placed at the top to indicate the centrality of supporting the agency of poor and marginalised people, which might come from support to assets, income, price, or behaviours. As with the policy-level framework, this operational framework also prominently illustrates that not only *how* nutrition outcomes are achieved by these modes of impact, but *whose* agency is achieved, *whose* incomes are improved and so on – and *for what*? Thinking through

these modes of impact is important throughout the cycle of nutrition sensitive social protection design, implementation, monitoring, evaluation, and learning. If one or more of these modes are not activated, along with careful attention for whom (e.g., a price or asset-based mode of impact for marginalised population groups) and for what (e.g. to support household food security) then the intervention is likely to fail.



Step 7: **Set targets and measures**

Having considered these modes of impact carefully, corresponding targets and measures can be set which can then be used for ongoing monitoring, such as improvement in household opportunities such as livelihood opportunities or access to services, household income, caregivers' control of income, caregivers' knowledge and awareness use of quality health and nutrition services. It is important to specify and measure these intermediary outcomes at this point of implementation to record exactly how a programme is being implemented and how beneficiaries are engaging with it. This can potentially allow for tweaks and adaptations to ensure it is responding to context specific issues.



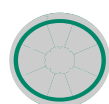
Step 8: **Underlying outcomes**

As above, at this level these outcomes correspond to the well-established UNICEF/ Lancet framework of drivers of malnutrition (Bhutta et al., 2013), as well as additional school and education specific indicators. Explicit measurement of these outcomes helps to better understand how a given intervention is having an impact – this goes for positive impacts on nutrition outcomes, as well as unintended impacts, and potentially negative impacts on nutrition outcomes that may not have been the target of a programme. For example, measuring diet quality and quantity can highlight improvements in dietary diversity, or on the other hand patterns of unhealthy consumption, such as high intake of ultra-processed foods both at household and individual level. This makes these intermediary outcomes very important to understanding if and how malnutrition is being improved (or not).



Return to Step 1 and reassess malnutrition in all its forms: a cyclical approach

The 8 steps in this operational framework are deliberately pictured as a circular approach, with achievement of outcomes at step 8 then leading into a re-assessment of malnutrition in all its forms, as well as the various food system and other drivers pictured in Step 1 and the wider drivers in the intervention space.



Outer ring – Knowledge and learning, evidence generation and advocacy. Monitor standards and fidelity to design

In support of this cyclical approach and an assumption that effective programmes and systems are supported by effective knowledge, evidence learning and advocacy, the outer ring depicts the importance of accessing knowledge and learning about effective

nutrition sensitive social protection design, the need for evidence generation such as embedded or externally commissioned programme evaluations as well as continual advocacy about the opportunities and challenges of nutrition sensitive social protection programmes, so that they remain on the political and public agenda.

Effective implementation also requires what happens on the ground to remain true to the original design (fidelity to design) and for delivery to happen at a high enough standard for outcomes to be achieved. For example, in a cash plus programme incorporating nutrition education, if the education component is missing or inadequately delivered (for example, low levels of exposure of households to training / messaging) then the programme is unlikely to succeed. Specific, measurable, achievable, relevant, time-bound (SMART) standards thus need to be incorporated into MEL systems based as much as possible on outcomes rather than outputs (in this case, for example, ongoing monitoring of caregiver knowledge as per Step 8).

Table 2

Key resources to support each operational step

Stage	Description	Suggested resources
1	Assess malnutrition in all its forms from a food systems perspective	<ul style="list-style-type: none"> • Food Systems Dashboard • Global Nutrition Report country profiles • Fill the Nutrient Gap
2	Identify the causes of malnutrition	<ul style="list-style-type: none"> • World Bank Poverty and inequality data • Equity International Centre for Equity in Health Profiles
3, 4	Assess the social assistance landscape; enhance capabilities for delivery and implementation	<ul style="list-style-type: none"> • Inter-Agency Social Protection Assessments
5	Select appropriate social assistance instrument	<ul style="list-style-type: none"> • Governance and Social Development Resource centre - Basic guide • European Commission: Supporting Social Protection Systems (advanced guide to design and implementation)
6, 7, 8	Consider modes of impact set targets and measures; underlying outcomes	<ul style="list-style-type: none"> • Alderman: Social Protection Impact Pathways • OECD: Monitoring and evaluating Social Protection Systems • Gillespie et al: continuum of care (see Table 1) • Herforth et al: Low-burden diet quality indicators

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Acronyms

CAF	Development Bank of Latin America and the Caribbean
CCT	Conditional cash transfer
CDI	<i>Centros de desarrollo infantil</i>
CEPAL/ECLAC	Economic Commission for Latin America and the Caribbean
CNH	<i>Creciendo con Nuestros Hijos</i>
FAO	Food and Agriculture Organization
GDP	Gross domestic product
IFPRI	International Food Policy Research Institute
LAC	Latin America and the Caribbean
MEL	Monitoring, evaluation, and learning
SDG	Sustainable Development Goals
SPP	Social Protection Programme
WFP	World Food Programme

Annexes

Annex A – Eligibility criteria used in evidence review

PICOS	Inclusion criteria	Exclusion criteria
Population All Populations Both individuals and households	Inclusion of all beneficiary populations include mothers, pregnant women, women of reproductive age lactating, infants, and children. Also including households if benefits are provided at household level.	Non beneficiary populations.
Intervention/exposure General social protection Cash & cash + Food transfers School meals Youth Programmes	Inclusion of studies reporting on impact of social protection and assistance programmes (e.g. social assistance, safety nets, social insurance, labour market interventions) Inclusion of studies reporting on impact of cash transfers and cash plus Inclusion of studies reporting on the impact of food transfers and school meals Inclusion of livelihoods, graduation, public works, youth, and empowerment interventions that include direct transfers of cash or food. Inclusion of health insurance when tied to other social protection with clear linkages (cash + or cash transfer etc). Inclusion of emergency social protection measures. Inclusion of agricultural interventions when clearly linked to linked to social assistance.	Exclusion of health insurance when provided on its own. Exclusion of universal health coverage Exclusion of studies that focus on exclusively agriculture interventions in the form of agricultural subsidies or agricultural incentives.
Outcomes Undernutrition & micronutrient deficiency IYCF Diet & Consumption Obesity & NCDs	Studies reporting on nutritional outcomes of all populations including undernutrition (stunting, wasting, underweight, low birth weight, mortality due to malnutrition, morbidity due to malnutrition), micronutrient deficiencies (including iron deficient anaemia, other forms of anaemia, vitamin A, calcium, iron, vitamin B, folate, among others), child complementary feeding practices etc. Studies that report diet related NCDs, hypertension, high blood pressure etc. In any given population. Inclusion of dietary diversity, quality, quantity, and consumption (either at an individual or household level). Inclusion of studies that do not have the primary objective of changing nutrition outcomes, but do measure it as a secondary outcome.	Exclusion of studies that do not report on at least one of these nutritional or diet-related outcomes. Exclusion of studies that vaguely mention potential benefits for nutrition. (e.g., in the introduction) without detailing the outcomes measured (except for qualitative studies)
Setting LAC	Studies that report one or multiple countries included in Latin America and/or Caribbean region. Inclusion of data on a regional, national, and subnational (district, village, community) level Inclusion of multi country studies that include 1 or more LMIC/ LAC countries.	Exclusion of studies based on global data and/or emphasis on high-income countries. Exclusion of LAC populations living in non-LAC countries.
Study type	Any intervention type (including randomized controlled trials, quasi experimental studies, or any other policy or intervention evaluation), also including qualitative literature, progress reports etc reporting on a given intervention or programme. Commentaries, where based on evidence or conceptual development.	Exclusion of articles that provided opinion-based commentary rather than evidence-based analysis.
Grey Literature	NA	No grey literature included in this phase of review. Exclusion of blogs, news release, events, factsheets and brochures, policy briefs.
Timeframe	Studies published from 2015-November 2021.	All studies published before that time.

Annex B – Summary of Social Protection Interventions in Evidence Review

Country	Programme	Type of programme	No of studies
Argentina	TFA Food Assistance Scheme	Unconditional food transfer	1
Bolivia	Bolivia Experimental Food Transfer	Unconditional food transfer	1
Brazil	Bolsa Familia Programme (PBF)	Conditional cash transfer	12
	Programa Nacional de Alimentação Escolar (PNAE)	School feeding	6
	The Milk Program	Unconditional food transfer	1
Chile	Chilean National School Feeding Program	School feeding	1
Colombia	Familias en Acción	Conditional cash transfer	2
	Colombian National School Feeding Program	School feeding	1
Ecuador	Bono Desarrollo Humano (BDH)	Conditional cash transfer	1
	Experimental Programme	Unconditional food transfer	1
Honduras	Pilot Programme for HIV antiretroviral therapy recipients	Conditional Food Transfer	1
Guatemala	Programa Comunitario Materno Infantil de Diversificación Alimentaria (PROCOMIDA)	Conditional food transfer	2
Mexico	Programa de Apoyo Alimentario (PAL)	Conditional food transfer	2
	Progresá-Oportunidades-Prospera (CCT-POP)	Conditional cash transfer	8
Peru	JUNTOS	Conditional cash transfer	3
	Comedores Populares	Conditional food transfer	1
	Qali Warma	School feeding	1
All	Total		45

Table 1. Dimensions to explore- Case Studies countries (ECU, GUAT, DR, PER) System/ Programmatic approach

Dimensions	Categories	General questions	Systems or programmatic approach
Essential building blocks of the SA system	Policy and legislation	1. Is the social assistance system supported by strong rules/legislation at the national level?	S
	Governance, capacity and coordination	1. In the last decade, have there been changes that have affected or strengthened the SA system? 2. Is there any level of articulation with the main nutrition or food security strategies? What are the roles/involvement of social assistance in these strategies? 3. How is coordination with other ministries/entities (at programmatic/institutional level or both)? Is there any joint work with other ministries? 4. How is the intra-sectoral and territorial articulation of the different programmes that make up the SAP?	S: 1-4 P: 2,3,4
	Planning and financing	1. Has the allocated budget remained stable?	S
	Improving delivery platforms	1. Are the delivery platforms adequate?	S/P
	Evidence generation and dissemination	1. Does the system have an evidence generation department or equivalent? (Or do they have established a permanent monitoring and evaluation of the system/programmes)? Is the generated information socialized? 2. How is the monitoring and evaluation process implemented by the SPP and is there any impact evaluation?	S:1 P:2
Social Assistance System components	Coverage	1. What are the characteristics (income, rurality, lifecycle, migrants, etc) of the population targeted by the SA system? 2. Does the SA system/programme include vulnerable people (vulnerability to poverty, single parent households, pregnant and lactating women, children, elderly, disabled)?	S/P
	Adequacy	1. What are the objectives of the SA system/programme (poverty, food consumption/nutrition/ double burden)? 2. Are the actions and the products/cash/trainings, etc provided enough to achieve these objectives? 3. What is the SAP's expected theory of change and how does it plan to contribute to nutrition (estimated pathways) or poverty reduction, or any other expected outcomes?	S:1,2 P:1,2,3
	Comprehensiveness	1. Which needs and risks are covered by the SA programme? 2. Does social assistance have objectives related to nutrition/food security (differentiated by lifecycle or another criteria)? 3. Are there any weaknesses/difficulties to cover them?	P
	Quality	1. Are there any difficulties to provide the benefits/products/cash planned? 2. Does the system integrate actions for accountability and people's participation? (Does this feedback is considered for the improvement of the SA system?)	P
	Responsiveness	1. Have been any changes in the Social Assistance System/programme due to Covid? 2. Has there been other adaptations to the system in the latest years?	S/P
Fostering/ hindering factors	Fostering and hindering factors	1. What internal or external factors favour or constrain the achievement of social assistance and nutrition outcomes?*	S/P
Advances and Challenges	Advances and Challenges	1. What progress/achievements has Social Assistance system/programme made in recent years? 2. What challenges does social assistance still face? 3. How can SA be strengthened to contribute/reversing the... (nutrition-related) outcomes? 4. How can SAP avoid the negative effects? (e.g. increase of luxury items-CCT)	S/P
Lessons learnt	Lessons learnt and recommendations	1. What are the lessons learned? 2. Final recommendations	S/P

* In CCT or CFT programmes: Identify Complementary services (health, education) limitations/ improvements: changes in health systems/ or other services/programmes that have favoured nutrition achievements, and characteristics of the health/education system not conducive to achievements in nutrition.

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For further information, do get in touch with us at: socialprotection@wfp.org

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