MAKING SOCIAL PROTECTION WORK FOR IMPROVED NUTRITION

A SCOPING REVIEW OF STATE AND OPPORTUNITIES IN THE ASIA REGION

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List of Acronyms

AAY	Antodyaya Anna Yojana (in India)
ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
AWC	Anganwadi Centres (in India)
BCC	Behaviour Change Communication
BdM	Bolsa da Mae (in Timor-Leste)
BdM-JF	Bolsa da Mae-Jerasaun Foun (in Timor-Leste)
BISP	Benazir Income Support Program (in Pakistan)
BMI	Body Mass Index
CCT	Conditional Cash Transfer
CGS	Child Grant Scheme
CO	Country Office
CT	Cash Transfer
CT-PWYC	Cash Transfer Program for Pregnant Women and Children under Two (in Cambodia)
DSWD	Department of Social Welfare and Development (in the Philippines)
EBT	Electronic Benefits Transfer (in the Philippines)
GDI	Gender Development Index
GDP	Gross Domestic Product
GNP	Gross National Product
HAZ	Height for Age
HDI	Human Development Index
ICDS	Integrated Child Development Scheme (in India)
ID Poor	Identification of Poor Households (in Cambodia)
KI	Key Informant
LBW	Low Birthweight
LMIC	Low- and Middle-Income Countries

M&E	Monitoring and Evaluation
MDM	Mid-day Meals (in India)
MDPI	Multi-dimensional Poverty Index
MoEF	Ministry of Economy and Finance
MSNP	Multi-Sectoral Nutrition Plan
NFNSP	National Food and Nutrition Security Policy (in Bangladesh)
NI	Nutrition International
NSFSN	National Strategy for Food Security and Nutrition (in Cambodia)
NSPC	National Social Protection Council (in Cambodia)
NSPPF	National Social Protection Policy Framework (in Cambodia)
NSSP	Nutrition-Sensitive Social Protection
PDS	Public Distribution System (in India)
PKH	Program Kelugara Harapan (in Indonesia)
POSHAN	Prime Minister's Overarching Scheme for Holistic Nourishment (in India)
RO	Regional Office
SDG	Sustainable Development Goals
SNP	Supplementary Nutrition Program (in India)
SP	Social Protection
SPP	Social Protection Program
SSN	Social Safety Nets
TPDS	Targeted Public Distribution System (in India)
UCT	Unconditional Cash Transfer
VGD	Vulnerable Group Development (in Bangladesh)
VWB	Vulnerable Women Benefit (in Bangladesh)
WASH	Water, Sanitation and Hygiene

Executive Summary

BACKGROUND

Despite considerable progress in many countries, Asia remains home to the largest number of young children and women affected by malnutrition. This is evident through elevated rates of stunting and wasting among children under five, anaemia in both adolescent girls and women of reproductive age, and the high prevalence of low birthweight in various countries. Notably, South Asia stands out as a focal point of undernutrition, with 31.8 percent and 14.7 percent of children under five experiencing stunting and wasting, respectively. Additionally, half of the women in the reproductive age group in South Asia continue to grapple with anaemia (FAO et al. 2021). Globally, child undernutrition (stunting) is significantly more common in the poorest segments of society. However, the difference between the rich and the poor is particularly marked in South Asia (UNICEF 2015). The disproportionate burden of stunting experienced by the most disadvantaged children and the worsening inequalities between socio-economic groups are of concern in the highest-burden Asian countries.

Over the past decade, there has been a strong move to categorize nutrition-related program interventions into "nutrition-specific" and "nutrition-sensitive." While nutrition-specific interventions are able to yield substantial reductions in malnutrition, they can only curtail it to a certain degree. This calls for a need for more comprehensive strategies and multisector approaches. Well-designed and targeted social protection programs (SPPs) that use either cash-based or in-kind interventions have been shown to improve dietary intake and selected nutrition outcomes among young children and women who are nutritionally vulnerable. Making social protection policies and programs more nutrition-sensitive presents a significant opportunity, particularly in regions where poverty and malnutrition overlap and coexist. Among these measures, **social safety nets (SSNs)**, also referred to as **social assistance programs (SAPs)**, demonstrate considerable potential to improve nutrition, especially for women and children. This document uses the terms "social protection programs," "social safety nets" and "social assistance programs" interchangeably to focus mainly on three modalities of nutrition-sensitive interventions, namely cash transfers, in-kind transfers, and school feeding.

Many Asian countries are working to bolster the nutritional emphasis within their SPPs. The increase in investments in social protection itself, coupled with a deliberate shift toward greater nutrition sensitivity, creates an expanding array of opportunities. This strategic shift facilitates more effective linkages between health and nutrition, food systems and economic services within programs dedicated to assisting the most nutritionally vulnerable populations and the poorest families. In consideration of this opportunity, Nutrition International is mounting a significant investment to support countries with high burdens of child and maternal malnutrition, in their efforts to embed nutrition more systematically in SPPs for greater impact. This scoping review is a milestone in Nutrition International's effort to document the state of SPPs in the Asia region and identify opportunities for policy-focused advocacy, as well as technical and program support, through partnerships with government, multilateral entities and non-government entities that are advancing nutrition outcomes in the region.

OBJECTIVES, SCOPE, AND METHODS

The overall aims of the present scoping review are to: a) understand and document current trends in, and scope of, integration of nutrition into social protection policies and programs by countries in Asia; and b) identify potential gaps and further opportunities for enhancing the integration of nutrition-specific interventions in the existing SPPs reaching vulnerable groups (cash transfers, in-kind transfers, and school feeding modalities). The study involved an extensive document review covering the global evidence base and regional and country-

specific literature. The analysis covered all sub-regions within Asia, focusing on 12 countries (Bangladesh, Cambodia, India, Indonesia, Lao PDR, Mongolia, Nepal, Pakistan, the Philippines, Sri Lanka, Timor-Leste, and Vietnam). Interviews were undertaken with 40 key informants, including national government officials and regional experts, policymakers, and program managers. Case study reports were developed for each of the 12 countries[1], while focus panels are included in this report to capture selected good practices and innovations related to nutrition-sensitive approaches in the region.

EVOLVING POLICY LANDSCAPE

The Asia region has a long history of social protection policies and initiatives that have further evolved over the past decades in response to various crises and emergencies such as SARS and the COVID-19 pandemic. Findings from this review indicate that there has been considerable progress across the 12 focus countries in the formulation of social protection policies and frameworks, with some having a more explicit focus on addressing nutrition than others. Most countries have invested in formulating structured national policies while others, such as India, have national programs and guidelines that are used as the basis for state governments to design and implement their programs. The review also shows that many countries in the region have developed well-formulated nutrition policies and/or strategies that focus on multisector collaboration. Moreover, almost all of these nutrition policies have an explicit focus on the use of SPPs for improving nutrition. However, the integration of nutrition in the social protection sector is less consistently seen and this provides opportunities for action in policy and program design.

Although countries in the region have made progress in introducing social protection and nutrition policies, gaps in policies, coverage, and investments persist (UNESCAP & ILO, 2020). Studies have shown that only 44.1 percent of the population in the Asia-Pacific region has access to at least one social protection benefit, compared to 64.3 percent in the Americas. In addition, less than one in five children or households with children receive child or family benefits in the region. This low coverage can be attributed to the absence of child or family benefit social protection schemes, inadequate targeting mechanisms in available contributory and non-contributory schemes, and insufficient expenditure on SPPs (UNESCAP & ILO, 2020).

Bridging the protection gap for children in particular is essential for better nutritional and educational outcomes, leading to longer term poverty reduction and prosperity. Various studies now advocate for increased investment in universal grants for children, emphasizing their role in reducing household poverty and promoting intergenerational effects. Nutrition policies and plans in the region highlight the importance of investing in key stages of the life cycle—particularly early childhood, adolescence and maternity—but this is not yet adequately reflected in the design of social protection programs. For example, country-specific reviews in Bangladesh and Sri Lanka highlight disparities in the fund allocation to specific age groups, emphasizing the need for context-specific evaluations to reform social protection policies accordingly (UNICEF, 2023; World Bank, 2021). The studies underscore the necessity of a comprehensive approach to address both poverty and malnutrition, focusing on children, adolescents and mothers for immediate and long-term impact.

Given the multiple causes and drivers of undernutrition, investing in a systems approach that seeks integration of responses across sectors is crucial for embedding nutrition in SPPs. Despite efforts to strengthen social protection systems in the Asia region, there continues to be a high degree of fragmentation in many countries, whereby multiple schemes coexist with conflicting mandates and approaches. There is a need to build more coherent and integrated social protection systems to maximize impact, including for addressing undernutrition as well as economic poverty. Specific opportunities to make social protection systems more responsive to nutrition outcomes include:

[1] For access to case studies, contact Richard Morgan rmorgan@nutritionintl.org

- Strengthening linkages across key sectors and at the policy level by integrating nutrition-sensitive elements in goals, objectives and progress indicators;
- Increasing investments in SPPs that specifically focus on highly nutritionally vulnerable groups; and
- Empowering women by providing them with social protection benefits and associated nutrition information.

Other fundamental factors to achieving nutritional progress with the support of social assistance include:

- Implementing robust information management, and monitoring and evaluation measures; and
- Investing in research and learning; and improving resilience to natural disasters and shocks.

CASH TRANSFERS

Over the past two decades, cash transfers (CTs) have emerged as a widely adopted modality of providing social assistance to impoverished and vulnerable households in developing countries. These are provided either unconditionally or conditional on fulfilment of certain requirements and are increasingly linked to complementary interventions such as behaviour change communication (BCC) for improved health, hygiene and nutrition practices in the family environment.

The coverage of CTs in Asia has seen exponential growth over the years. Throughout the COVID-19 pandemic, several countries amplified the value of existing CTs to protect vulnerable households (Gentilini, 2022). Nevertheless, the proportion of cash received by beneficiaries as compared to the median income in the East Asia and Pacific region, standing at 28 percent, falls well short of the global average of 46 percent (Gentilini, 2022). Moreover, many countries in the region still grapple with inadequate coverage and benefit levels (ILO, 2022).

GLOBAL EVIDENCE

In recent years, several systematic reviews/meta-analyses (Manley J. et al., 2022; Olney, D. et al., NI and IFPRI, 2022; Manley, J. et al., 2020) have been conducted which provide new insights and findings regarding the impact of CTs on children and women's dietary and nutrition outcomes in low- and middle-income countries (LMIC). There is clear evidence from the reviews of the positive impacts of CTs on the dietary outcomes of women and children. Many studies also found significant impacts of CTs on stunting and wasting in children under five, however, the impact on other outcomes is not as clear. The impact on stunting is stronger and more commonly reported than on wasting. A limited number of studies also found a positive impact of CTs on reducing anaemia in children and women.

The reviews confirm that likely pathways to improved nutrition outcomes are through enhanced dietary intake, notably increased diet diversity. This includes an increase in the consumption of animal source foods. Another key factor in fostering better nutrition outcomes is the reduction of morbidity, especially the incidence of diarrhoea. Improved diet diversity among children is associated with women's empowerment and meal frequency; stunting reduction is related to parental knowledge, maternal health practices and morbidity; and decreased wasting is connected to maternal and child health practices and morbidity (Olney et al).

Similarly, Manley J. et al., (2022) examined characteristics that influence program effectiveness on anthropometry and morbidity and found that the content of BCC sessions matters; BCC providing instruction on water, sanitation, and hygiene (WASH) is particularly

helpful. They found that BCC that provided instruction on household nutrition was associated with improvements in stunting and diarrhoea, and BCC focused on healthcare had a high estimated impact on diarrhoea. They also found that the factors showing significant associations with the most outcomes is WASH-based BCC, which was associated with improvements in stunting and diarrhoea prevalence.

Among CT program design features, focusing CT programs on women and/or children was the design feature most consistently associated with positive impacts on diet and/or nutritional status outcomes. This was followed by the provision of BCC combined with cash transfers, which was associated with positive impacts on reducing morbidity (diarrhoea in particular) and stunting and anaemia. An additional finding is that the BCC content has a key impact on program effectiveness; BCC providing instruction on WASH appears to be particularly helpful.

Among the trio of reviews, Olney, D. et al.'s (2022) study stands out, offering significant insights into Conditional Cash Transfers (CCTs). The findings suggest that certain CT programs, when coupled with specific conditions, may have contributed to observed positive intermediary outcomes. However, a closer look through positive deviance analysis reveals that introducing conditions into cash transfer initiatives exhibited positive effects primarily in mitigating anaemia, with no discernible impact on improving child dietary diversity or reducing instances of stunting or wasting in children. Moreover, the study by Manley J. et al. (2020) indicates that programmatic factors—such as transfer amounts, conditionality and access to health services—as well as participant-specific elements like baseline stunting and maternal age, exert diverse influences on child nutrition outcomes.

The findings from all three reviews underscore the importance of tailored program design for CTs. Their insights emphasize that, while directing cash transfers towards children and women is vital, it is equally crucial to tailor the design based on the specific health and nutritional situations, as well as behaviours in given contexts. Furthermore, programs should set clear interim goals that focus on key intermediary results on the pathways towards improved nutritional outcomes. In essence, when thoughtfully structured and effectively implemented, CTs can serve as a valuable social assistance intervention for improving the dietary and nutritional wellbeing of children and women.

The present review revealed that unconditional CT programs were operational in nine of the 12 focus countries in Asia, while conditional CTs were present in seven countries. Some of these programs (for example in Indonesia, Cambodia, Nepal and Pakistan) have undergone evaluations and have been found to yield favourable results in terms of dietary and nutrition outcomes. Others have not been evaluated.

Cambodia’s NOURISH program evaluation revealed that it led to improvements in child growth and a decrease in stunting among children. However, the program was discontinued due to high operational costs and challenges in ensuring financial sustainability (Save the Children & USAID, 2019; Save the Children, 2020).

Indonesia's Program Kelugara Harapan (PKH), a large-scale conditional CT initiative, demonstrated effectiveness in reducing stunting among children. However, it may not effectively target the most economically vulnerable households (Asian Development Bank, n.d.; Nutrition International, 2023; Cahyadi et al., 2020; Hadna & Askar, 2022).

Nepal’s Child Grant scheme had a positive impact in reducing wasting and underweight among children. In addition, it had positive results for women’s empowerment in terms of greater control over resources and decision-making (Samson, 2022; ADB, 2016). However, the scheme is facing challenges, including slow scale-up due partly to fiscal constraints, targeting inefficiencies (high rate of exclusion error), and administrative difficulties in some areas.

In Pakistan, the Benazir Income Support CT program evaluation in 2016 assessed four key intended impacts, namely:

- Increased consumption expenditure and poverty reduction
- Women's empowerment
- Increased household and child nutrition security; and
- Increased asset retention and accumulation.

Key Opportunities. The review indicates that well-designed CT programs in many countries in Asia provide opportunities to improve nutrition outcomes among vulnerable children and women. These include:

- **Introducing cash transfer modalities** that provide cash grants targeted to women and children or increase the focus and coverage of such programs where they already exist, increasing the adequacy of grants to cover nutritional needs. In addition, there is some evidence in the region that directing cash transfers to women—particularly mothers—increases the likelihood of better dietary and nutrition outcomes by improving women's control over their lives and financial ability to take decisions.

- **Incorporating BCC into cash transfer program designs tailored to the specific context**, drawing from situational assessment of underlying causes of malnutrition and considering the social and cultural environments where the activities will be executed. BCC packages and sessions could include a combination of components such as infant and young child feeding, WASH, healthy food, dietary diversity and healthcare practices.

For conditional cash transfers, it is important that the healthcare services included in the conditionality—such as the use of antenatal care, growth monitoring and promotion sessions—are easily accessible and meet minimum quality standards. The application of conditionalities should also be promotive and inclusive (rather than punitive or exclusive) as, in some contexts, the most vulnerable families tend to encounter the greatest difficulties in meeting the expected conditions. It is crucial to ensure that nutrition is a core program objective with measurable outcomes. Furthermore, there is significant potential in **integrating nutrition-specific interventions with CTs**—such as micronutrient supplementation—contingent on the specific context, malnutrition challenges, and the risks faced by vulnerable groups like young children, adolescent girls and women.

IN-KIND TRANSFERS

These are primarily food-based programs that are designed to foster sufficient food consumption and to assist vulnerable population groups or individuals to attain and sustain nutritional wellbeing. South-East and East Asian countries have a particularly long history of in-kind transfers, with countries such as India, Indonesia and Bangladesh having implemented large-scale food transfers for decades (Alderman et al., 2018). In 2016, in-kind transfers accounted for approximately 10 percent of the spending on social safety nets in South Asia (World Bank, 2018).

Recent systematic reviews (Olney et al., 2022a in particular) have analyzed the impact of in-kind transfer programs on women's and children's nutritional outcomes, including intermediary outcomes (pathways to change). Among women, in-kind transfer programs were most successful in improving dietary diversity, Body Mass Index (BMI), and—to a lesser extent—in reducing anaemia. Among children, such programs were most successful in improving micronutrient intake and have the potential to impact haemoglobin (Hb), anaemia, dietary diversity and stunting.

Analysis of pathways suggests that the impact of in-kind transfer programs on the dietary diversity of children stems from enhanced parental knowledge about nutrition, health and WASH practices, as well as increased meal frequency. This, in turn, contributes to a more varied and nutritious diet for children. Reductions in stunting can be attributed to similar factors: improved parental knowledge, enhanced maternal health practices, an increase in meal frequency, and a decrease in child morbidity. In-kind transfer programs may also play a role in reducing anaemia rates among children by improving maternal health practices and decreasing child morbidity.

The review showed that among the 12 focus countries, in-kind transfer programs were being implemented in six countries: Bangladesh, India, Indonesia, Sri Lanka, Mongolia (food stamps) and the Philippines (food stamp pilot). There is limited information on the impact of these programs on nutrition outcomes of vulnerable groups; however, several are associated with increased dietary intake and dietary diversity among beneficiary women and children.

The review identifies several opportunities for strengthening the nutritional impacts of in-kind transfer programs in the region:

- **Food-based transfer programs** could benefit from reviews of their designs in light of the new evidence on the impact pathways and design features that may yield better results. Such reviews should consider the use of improved food rations (including the use of fortified / nutrient-rich foods) and the use of BCC options. In addition, these programs could explore combining with nutrition-specific interventions such as micronutrient supplementation, lipid-based nutrition supplements and promoting the use of healthcare services.

- In countries and regions where iron deficiency anaemia or micronutrient deficiencies are widely prevalent, the use of **fortified food products** as a part of the in-kind transfers holds considerable potential as a complementary strategy to reduce malnutrition. This has been seen in programs such as the supplementary nutrition program within the POSHAN Abhiyan in India and the Vulnerable Women Benefit Program in Bangladesh. The success with large scale iron fortification of rice used in India's Targeted Public Distribution System (TPDS) is another promising initiative.

In comparison to cash transfers, in-kind transfers are generally more costly, and their logistics can be more challenging to implement (Alderman, 2015; Alderman et al., 2018). Many governments in LMICs have gradually shifted toward the implementation of cash transfers. Given their increase in popularity, cash transfer programs can incorporate food transfers and/or supplements in their program design (UNICEF, 2023; Attanasio et al., 2014). It is recommended to consider using cash transfers and in-kind transfers to focus on nutritionally vulnerable children and women as a complementary approach, where feasible. For example, Pakistan's Ehsaas Nashonuma (renamed as Benazir Nashonuma in 2022) program, which also includes BCC and other conditionalities.

SCHOOL FEEDING

School feeding is one of the largest and most widespread social protection approaches in the world, benefitting an estimated 418 million children globally in 2022. The coverage rates among school-going children (primary level) show significant variation across the sub-regions and countries. Among the 12 focus countries for this review, there is almost universal coverage in Timor-Leste and Mongolia, an estimated 55 percent in India, 15 percent in Bangladesh, and 12 percent in Cambodia (WFP, 2022; WFP, 2021). The school system is an exceptionally cost-effective platform through which to deliver an essential integrated package of health and nutrition services, including school meals, deworming, iron and folic acid supplementation,

vision screening and oral health (WFP 2022). Studies have found that school feeding programs can have a significant impact on height and weight gain among children and can significantly reduce the prevalence of anaemia among adolescent girls (Watkins et al., 2015; Adelman et al., 2019). A review by Bundy et al. (2018) highlights that well-designed and managed programs with micronutrient fortification can provide benefits to schoolchildren, complementing the nutrition programs for younger children.

A recent systematic review commissioned by Nutrition International with the International Food Policy Research Institute (IFPRI) (Olney et al., 2022) examined 12 studies on school feeding programs in LMICs to assess their impact on nutrition. Key findings were as follows: a) well-designed programs with micronutrient fortification provided benefits to the nutritional status of schoolchildren; and b) all school feeding programs providing fortified foods showed positive impacts on anaemia, while the one program without fortified foods did not.

The review found that well-implemented school feeding programs in LMICs can make a significant contribution to daily nutrient intake and improve dietary quality for children. The programs can also act as a platform to promote better food choices with improved quality (nutrients and dietary diversity). Regarding the impact of school feeding programs on nutrition outcomes, the study concluded that school meals that provide fortified foods reduce anaemia, and that there is no concrete evidence regarding other outcomes. A possible reason for the uncertainty of the impact is that: a) school feeding programs vary in design and quality, and b) the quality of studies conducted to evaluate the programs also vary.

Among the 12 focus countries included in this study, nine[2] have implemented school feeding programs, with considerable variation in their duration, design and coverage. The majority of programs were implemented at the primary school level, with some programs implemented at multiple levels of the education system (such as primary and secondary or pre-primary and primary levels). The programs in some of the countries (Bangladesh, Cambodia, Indonesia, Nepal and the Philippines) have undergone reviews or evaluations and show positive results on dietary intake and in some cases on nutrition outcomes. The programs in the remaining countries (India, Lao PDR and Timor-Leste) have not been fully evaluated, although several state or district-level evaluations show positive effects on nutrition and school performance.

The program evaluation found positive outcomes in each of those areas, including reduction in wasting levels among girls.

However, many of the CT programs being implemented in the Asia region lack concrete evidence regarding their contributions and role in improving nutrition outcomes. Nonetheless, the designs of programs such as the Mother and Early Child Grant in Lao PDR, the Bolsa da Mae-Jerasaun Foun (BdM-JF) in Timor-Leste, the Mother and Child Benefit Program in Bangladesh, the Child Money Program in Mongolia and Benazir Nashonuma in Pakistan appear to correspond closely to recommendations derived from global evidence, indicating their potential to contribute to better dietary and nutritional outcomes among children and women. Most importantly, all countries already have SPPs in place which can be used to further enhance nutrition outcomes through strengthening the nutrition sensitivity of design and operational aspects.

Key opportunities. In addition to their well-established role in enrolment, attendance and learning, school feeding programs must include consideration on how to improve their contribution to diets and nutrition of school-age children so that they can further enhance the overall development of children and strengthen human capital in the longer term.

[2] Bangladesh, Cambodia, India, Indonesia, Lao PDR, Nepal, the Philippines, Sri Lanka, and Timor-Leste

Many countries such as Bangladesh and Indonesia, have embraced comprehensive school health and nutrition initiatives by integrating school feeding with supplementation, deworming, sanitation and hygiene promotion, and health and nutrition education. Several studies have recommended the use of school feeding programs as vehicles for micronutrient supplementation and deworming, including links with nutrition education (Alderman, 2016; WFP, 2021; Adelman et al., 2019). When viewed in this manner, school nutrition/feeding programs offer considerable potential to address nutrient deficiencies in schoolchildren, particularly the high prevalence of anaemia in adolescent girls in many Asian countries.

The rise in the use of micronutrient-fortified food products in school feeding programs, such as those in India and Bangladesh, presents new opportunities to assess their effectiveness in tackling deficiencies and potential for scale-up.

Extending school-based health and nutrition initiatives to the secondary level can also serve as a platform for addressing malnutrition among adolescent girls, especially if such initiatives have an outreach component to benefit out-of-school girls as well.

In food secure regions, procuring ingredients locally and garnering community support through monetary or food donations are being explored as cost-sharing options. Community engagement through self-help groups that prepare and serve school meals can further contribute to cost management and sustainability. They could also provide a foundation for local nutrition awareness interventions.

CROSS-CUTTING ISSUES

The broader literature on social protection and the scoping of the policies and programs across the 12 focus countries in the Asia region shows that there are gaps and challenges related to program design and implementation, particularly concerning coverage and weak governance of social protection systems, as well as weak targeting and inadequate results-based monitoring and evaluation.

Recent estimates indicate that schemes targeting poverty in Asia and the Pacific frequently miss about half of the intended beneficiaries. Children—especially children with disabilities—are particularly vulnerable to being excluded. Estimates indicate that less than one in five children receive child or family benefits and, in many countries, coverage is below 10 percent (UN ESCAP & ILO, 2021). For instance, the PKH program in Indonesia and the Child Grant program in Nepal, have been found to have high exclusion errors, which implies that a large proportion of eligible beneficiaries are unable to benefit from these programs (UN ESCAP & ILO, 2021; Bhandary et al., 2021).

The present review found that the majority of countries utilize poverty-based indicators to identify beneficiaries eligible for social protection programs. Countries such as Indonesia and Cambodia have introduced national databases that utilize poverty-based indicators, to improve targeting for social protection programs. Digital information systems have also been used to increase targeting accuracy. This review did not find any programs that explicitly utilized nutrition-specific indicators—whether on their own or in combination with others—to identify eligible beneficiaries.

In terms of monitoring and evaluation (M&E) systems, the review indicates a systemic gap related to the availability of adequate data and the functionality of available systems. Among the 35 programs reviewed, only 18 have undergone evaluation—including eight cash transfer programs, four in-kind transfer programs, and six school feeding programs. Of these 18 programs, only half (five cash transfer programs and four school feeding programs) included an evaluation of the nutritional impacts of the SPPs. Noteworthy instances of the M&E system's impact on program design were observed in Indonesia and Timor-Leste.

Resolving targeting errors requires designing and consistently implementing clear inclusion and exclusion criteria, ensuring in particular that people who are nutritionally at-risk or

affected are not inadvertently excluded during implementation. This will imply increasing investments to strengthen existing targeting mechanisms by adopting context-specific solutions (UN ESCAP and & ILO, 2021; UNICEF, 2023). For SPPs to be nutrition sensitive, targeting mechanisms should also consider the patterns and drivers of malnutrition and the identification of nutritionally vulnerable populations (WFP, 2017).

The review's findings underscore the need to enhance investments in strengthening targeting mechanisms and M&E systems in their own right, and to bring a clear nutrition and gender perspective informing their design and implementation. To achieve this, countries should organize formative reviews to identify potential targeting and M&E-related gaps in SPPs that reach nutritionally vulnerable people and areas. Expanding selection criteria to include *both* poverty- and nutrition-based indicators would also increase potential impact for addressing undernutrition. Moreover, there are opportunities in many countries to leverage digital solutions for efficient targeting, inclusive service delivery and monitoring. However, the context-specific nature of digital solutions must be considered to ensure inclusiveness, especially in rural areas or among populations with limited access to technology. Given the current lack of well-designed program reviews, countries should prioritize comprehensive evaluations to assess program impacts on the identified key pathways to better nutrition outcomes.

SUMMARY OF KEY OPPORTUNITIES IDENTIFIED BY THE REVIEW

Almost all countries reviewed in the region have a solid base and experience to further build their social protection policies and systems in order to reach the twin goals of protecting people in economic and multi-dimensional poverty while contributing to reducing malnutrition among the most at-risk and affected groups. The review identifies key opportunities related particularly to improving both design and delivery aspects as follows:

Policy and system improvement. There appears to be considerable scope for improving coherence and synergy between national SP policies/plans and multisector nutrition plans by a) setting common goals and objectives for reducing various forms of malnutrition among vulnerable socio-economic groups, particularly children and women, and b) joint monitoring of shared indicators, including those relating to nutrition outcomes and the pathways to better nutrition impact.

Specific opportunities include a) increasing investments in SPPs that focus specifically on highly nutritionally vulnerable groups, b) empowering women by providing them with social protection benefits and associated nutrition information, c) implementing robust information management, monitoring and evaluation measures, d) investing in research and learning, and e) improving resilience to natural disasters and shocks.

Cash Transfers. The review indicates that well-designed CT programs in Asia can provide significant opportunities for improving nutrition among vulnerable children and women. These include:

- Introducing cash transfer modalities targeted to women and children, or increasing the focus and coverage of such programs where they already exist, and increasing the adequacy of grants to better cover nutritional needs. In addition, there is some evidence that directing cash transfers to women—particularly mothers—increases the likelihood of better dietary and nutrition outcomes by improving women's control over their lives and ability to make financial decisions.
- Incorporating BCC into cash transfer program designs tailored to the specific context, drawing from situational assessment of underlying causes of malnutrition and considering the social and cultural environment. BCC packages and sessions could include a combination of components such as infant and young child feeding, WASH, healthy food, dietary diversity and healthcare practices.

- For conditional cash transfers, it is important that the healthcare services that are a part of the conditionality, such as the use of antenatal care, growth monitoring, and promotion sessions, are easily accessible and meet quality standards. The application of conditionalities should be promotive and inclusive (rather than punitive or exclusive) as, in some contexts, the worst-off families may face the most difficulties in meeting the conditions. A crucial aspect is to ensure that nutrition is a core program objective with measurable outcomes.
- There is significant potential in integrating nutrition-specific interventions with CTs, such as micronutrient supplementation, contingent on the specific context, malnutrition challenges, and the risks faced by nutritionally vulnerable groups.

In-kind Transfers. The review identified several opportunities for strengthening the nutritional impacts of in-kind transfer programs in the region:

- Food-based transfer programs could benefit from reviews of their designs in light of the new evidence on impact pathways and on design features that may yield better results. Such reviews should consider the use of improved food rations (including the use of fortified / nutrient-rich foods); and options for the use of BCC. These programs could also explore combination with nutrition-specific interventions such as micronutrient supplementation, lipid-based nutrition supplements, and the promotion of the use of health services.
- In countries and regions where iron deficiency anaemia or micronutrient deficiencies are widely prevalent, the use of fortified food products holds considerable potential as a complementary strategy to reduce malnutrition; as seen in programs such as the supplementary nutrition program within the POSHAN Abhiyan in India and the Vulnerable Women Benefit Program in Bangladesh.; and the large-scale iron fortification of rice used in India's TPDS.
- In comparison to cash transfers, in-kind transfers are generally more costly and can be logistically more challenging to implement. Many governments have gradually shifted toward the implementation of cash transfers. These in turn can incorporate food transfers and/or supplements in a complementary manner, as in Pakistan's Benazir Nashonuma program.

School Feeding. In addition to their established roles in promoting enrolment, attendance and learning, school feeding programs should consider how they can better contribute to the diets and nutrition of school-age children:

- Many countries, such as Bangladesh and Indonesia, have embraced comprehensive school health and nutrition initiatives by integrating supplementation, deworming, sanitation and hygiene promotion, and health and nutrition education together with school feeding. Several studies have recommended the use of school feeding programs as vehicles for micronutrient supplementation and deworming, including links with nutrition education. Such approaches offer considerable potential to address nutrient deficiencies in schoolchildren, particularly the high prevalence of anaemia in adolescent girls in many Asian countries.
- The increasing use of micronutrient-fortified food products in school feeding programs, such as in India and Bangladesh, presents new opportunities to assess their effectiveness in tackling deficiencies and their potential for scale-up.
- School-based health and nutrition initiatives at the secondary level can serve as a platform for addressing malnutrition among adolescent girls, especially if such initiatives have an outreach component to benefit out-of-school girls as well.
- In food secure regions, procuring ingredients locally and mobilizing resources from communities are being explored as cost-sharing options. Self-help groups that prepare and serve school meals can further contribute to cost management and sustainability. While these local approaches may present challenges of quality assurance (e.g. for diets), they could also provide a foundation for local nutrition awareness interventions.

Improving Coverage, Scale Up and Sustainability. The review emphasizes the need to enhance coverage through improved targeting mechanisms, monitoring systems and evaluation approaches, both in their own right and to bring a clearer nutrition and gender perspective to their design and implementation.

- For countries which have not undergone a review or evaluation of their social protection policies and systems, a key step would be to organize a formative review with an explicit focus on examining the factors related to coverage gaps (including gender-related), nutrition-focused targeting, information and M&E systems, institutional capacities and related governance issues.
- It may be useful to expand eligibility/selection criteria for SPP participants to include both poverty-based and malnutrition-based indicators and data, particularly in countries and geographic areas where both poverty and malnutrition rates are high and SPPs can potentially address both problems.
- In some countries, the use of digital identity and registration mechanisms may provide new opportunities to address targeting and delivery inefficiencies, as well as to broaden access and inclusion. Digitalizing the delivery and/or the monitoring of cash-based payment systems can contribute to improved efficiency and transparency of social protection programs.
- Where well-designed evaluations are lacking, draw upon available examples of evaluations undertaken in the region and beyond, and leverage their use in improving the nutrition focus and impacts of SPPs along critical pathways for better nutrition. To identify gaps and challenges that need to be addressed systematically, evaluations need to involve program participants and prioritize the assessment of outcomes and issues related to gender equality, program quality and inclusion.

Chapter 1. Introduction: Study Background and Rationale

Asia is home to the largest number of young children and women affected by malnutrition, despite considerable economic development recorded by most countries in the region over the past decade. This is evident in the high rates of stunting and wasting in children under five, anaemia in adolescent girls and women of reproductive age, and low birthweight in many countries. Among sub-regions in Asia, South-Central Asia bears the greatest concentration of undernutrition in children and women.

Despite considerable progress in many countries made over the past two decades, the magnitude of the malnutrition problem remains staggering. The latest data show that out of a total of 149.2 million stunted children worldwide; about one-third, or 53.8 million, are in South Asia (FAO et al. 2021). This represents a regional stunting prevalence of 31.8 percent, which is very close to the world's highest rate found in Sub-Saharan Africa (32.4 percent). Half of women of reproductive age (15–49 years) in the region suffer from anemia and about 14.7 percent of children under 5 are affected by wasting (24.8 million children). This accounts for more than half of the total global number of children who suffer from wasting (45.7 million) (FAO et al. 2021).

High poverty rates continue to affect a large proportion of the population in the Asia region. The impact of poverty on nutrition outcomes in populations across Asia has been well documented in the literature, with impoverished households facing a higher risk of malnutrition. Globally, child stunting is significantly more common in the poorest segments of society. However, the difference between the rich and the poor is particularly marked in South Asia (UNICEF 2015). A recent study (Krishna, A. et al., 2018) analyzed trends in socio-economic inequalities in child stunting in South Asia using time-series (1991–2014) data involving 55,459 children ages 6–23 months from demographic and health surveys in Bangladesh, India, Nepal and Pakistan. It found that socio-economic adversity was associated with increased risk of stunting, regardless of disadvantage type. Poor children with inadequate diets and with poorly educated mothers experienced greater risk of stunting, and although stunting rates declined in the most deprived groups, socio-economic differences were largely preserved over time and in some cases worsened, namely, between wealth quintiles. The study noted that disproportionate burden of stunting experienced by the most disadvantaged children and the worsening inequalities between socio-economic groups are of concern in countries with substantial stunting burdens.

Over the past decade, there has been a strong move in the LMICs to categorize nutrition-related program interventions into "nutrition-specific" and "nutrition-sensitive" categories. This stems from a widely used conceptual framework for nutrition interventions that groups program interventions as nutrition-specific and nutrition-sensitive (Black et al. 2013). Various modeling exercises have since made it clear that, to address undernutrition, both kinds of program interventions need to be components of a long-term strategy. For example, Bhutta et al. (2013) have projected that expanding 10 effective nutrition-specific interventions to meet the needs of 90 percent of the children in the most malnourished countries would decrease stunting by only 20 percent. Similarly, Shekar et al. (2017) envision that scaling up nutrition-specific interventions could only achieve roughly half of the World Health Assembly's target of reducing stunting by 40 percent by 2025.

A large body of research has underscored that, while nutrition-specific interventions yield substantial reductions in malnutrition, they can only curtail it to a certain degree (Ruel et al., 2013; Heidkamp, Clermont, & Black, 2017; da Silva Lopes et al., 2021). Beyond this threshold, there is a compelling need for more innovative and comprehensive strategies. Social protection programs (SPP) that are designed and targeted appropriately and use cash or in-kind interventions have shown to improve dietary intake and selected nutrition outcome

among young children and women who are nutritionally vulnerable.[3] Making social protection policies and programs more nutrition-sensitive is seen as an opportunity with significant potential especially in countries and situations where poverty and malnutrition are found to widely co-exist.

Table 1: Definition of Nutrition-sensitive vs. Nutrition-specific Programs and Interventions

Nutrition-Specific Interventions	Nutrition-Sensitive Interventions
• Tackle the immediate determinants of fetal and child nutrition and development (i.e., food and nutrient intake, feeding and caregiving practices, and infectious diseases)	• Address the underlying factors of fetal and child nutrition and development • Could serve as a platform for the delivery of nutrition-specific interventions
• Examples of interventions include, but are not limited to: ○ Adolescent, preconception, and maternal health and nutrition ○ Breastfeeding and complementary feeding ○ Treatment of severe acute malnutrition ○ Micronutrient supplementation ○ Fortification ○ Disease prevention and management ○ Dietary diversification ○ Behaviour change communication	• Examples of interventions include, but are not limited to: ○ Agriculture and food security ○ Social safety nets ○ Early child development ○ Women's empowerment ○ Child protection ○ WASH ○ Health and family planning services

Source: Adapted from Ruel et al., 2013

There is a wide range of definitions of social protection. The most commonly used definition is from the global Social Protection Inter-Agency Cooperation Board (SPIAC-B, 2019):

> Social protection is a set of policies and programs aimed at preventing and protecting all people against poverty, vulnerability and social exclusion, throughout their life cycle placing a particular emphasis on vulnerable groups. This means ensuring adequate protection for all who need it, including children; people of working age in case of maternity, sickness, work injury or for those without jobs; persons with disability and older persons. This protection can be provided through *social insurance*, *tax-funded social benefits*, *social assistance services*, *public works programs* and other schemes guaranteeing basic income security and access to essential services.

Among various social protection measures, **social safety nets (SSNs)**—which are also called **social assistance programs (SAPs)**—have considerable potential to contribute to the nutrition improvement of vulnerable population groups, especially women and children. These include various types of cash transfers and in-kind transfers including through school meals schemes. The remainder of this document uses the terms "social protection programs", "social safety nets" and "social assistance programs" interchangeably to focus mainly on three modalities of nutrition-sensitive interventions (cash transfers, in-kind transfers, and school feeding).

Many governments across Asia have established SPPs that provide food or cash transfers aimed at addressing household food insecurity and poverty at large, and some are targeted toward nutritionally vulnerable groups including mothers and young children in disadvantaged situations. The focus on cash transfers and in-kind transfers as nutrition-sensitive interventions has evolved significantly in the past two decades given the growing evidence on the role such programs can have in addressing dietary intakes and malnutrition, including micronutrient deficiencies, especially among children and women (Manley J, et al.,

[3] Chapter 5, 6, and 7 provide evidence related to various SPP design options.

2022; Olney D. et al. NI and IFPRI, 2022; Manley J. et al. 2020). In some countries, social protection (SP) policies include long-standing education-based support through school meals and stipends that also offer potential for nutrition improvement.

Further, with increasing recognition of the nutrition challenges faced by countries in Asia and their vulnerable populations, many countries are seeking to strengthen the nutrition focus of their SPPs. The enhancement of national SPPs, alongside their strategic shift toward heightened nutrition-sensitivity represents widening windows of opportunity to link health and nutrition, food systems, and economic services more effectively with programs that provide assistance to the most nutritionally vulnerable populations and the poorest families.

In many countries, existing SPPs serve as potential platforms to deliver emergency support in response to natural disasters and economic crises. Most recently this has been the case in using SPPs to mitigate the impact of the COVID-19 pandemic on financial hardships and food insecurity in most countries in the region (ILO and UNESCAP 2020; ILO, 2021; UNESCAP and ILO, 2021). In view of the increasing vulnerability of the region to climate change-induced natural disasters, the need and role for well-established national social protection systems and programs is likely to grow in the coming years.

In consideration of the growing need, potential and opportunity accorded by the SPPs in addressing malnutrition, Nutrition International is mounting a significant investment to support countries to embed nutrition more systematically in SPPs in countries with high burdens of child and maternal malnutrition. The efforts in extending social protection in many developing countries have underlined its key role in reducing poverty and vulnerability, redressing inequalities and enhancing inclusive growth. Their potential for addressing and reducing problems of malnutrition among priority groups such as women and young children is considerable, as demonstrated by emerging evidence and recent country examples. However, it has not yet been fully explored. With its mandate, Nutrition International has established a new Practice Area for Social Protection with the aim of identifying strategic opportunities to promote and advance nutrition-sensitive, gender-responsive programs in key countries with the potential—based on evidence—to leverage and maximize the positive impact of these programs for better nutritional outcomes. This scoping review is a key milestone in Nutrition International's effort to document the state of social protection programs in the Asia region and identify opportunities for policy-focused advocacy, technical and program support, and partnerships with government and non-government entities that are involved in advancing nutrition outcomes among nutritionally vulnerable population groups in the region.

THE CASE FOR MAKING SOCIAL PROTECTION POLICIES AND PROGRAMS NUTRITION-SENSITIVE

Many LMICs are deepening and/or expanding their coverage of SPPs, which provides an unprecedented opportunity to address malnutrition in children, women and other vulnerable groups by making them more nutrition-sensitive. In view of the significant potential of such programs, the gains can be enormous in reducing malnutrition and enabling countries to move faster towards the Sustainable Development Goal 2 (SDG 2) and World Health Assembly targets. There are several convincing arguments that are based on considerable evidence for making social protection policies and interventions more nutrition-sensitive and gender-responsive. These include:

- Malnutrition compromises growth and development in childhood, including learning ability in school and productivity during adulthood. In many situations, the same households that are affected by poverty are also the victims of malnutrition. *Addressing malnutrition through social protection can have multiple benefits in the immediate as well as long run and help low-income households to break the intergenerational cycle of poverty and deprivation*. This cycle can last for generations since it is more likely for

undernourished mothers to bear children who are also undernourished, thus continuing the cycle (FAO, 2015; Alderman, 2015).

- Recent research has underscored that *while nutrition-specific interventions yield substantial reductions in malnutrition, they can only curtail it to a certain degree*. Beyond this threshold, there is a compelling need for more innovative and comprehensive strategies. *Making SPPs more nutrition-sensitive is seen as one such opportunity with huge potential* especially in countries/situations where poverty and malnutrition co-exist. (Alderman, 2015).

- The role of SPPs in tackling food insecurity and malnutrition is well recognized in the 2030 Sustainable Development Agenda. As a part of the agenda, policymakers have stressed the role of social protection in addressing malnutrition in all forms (United Nations, 2023).

- Generally speaking, nutrition-sensitive interventions are those interventions that influence the underlying determinants of nutrition. *Nutrition-sensitive interventions can also serve as delivery platforms for nutrition-specific interventions (such as micronutrient supplementation, fortification and BCC) potentially increasing their scale, coverage, and effectiveness, which further enhances the potential for leveraging social protection for addressing malnutrition* (Ruel et al., 2013*).*

- With the growing incidence of natural disasters due to climate change and vulnerability to other forms of emergencies, *the need for social protection is likely to increase in the coming years. Maximizing the role and contributions of social protection interventions by adding nutrition-sensitive interventions can serve as a long-term strategy for protecting vulnerable groups against nutrition-related shocks and crises* (WFP, 2017). The recent efforts of countries to provide extensive social protection benefits amidst the COVID-19 crisis serve as a valuable learning experience for future advancements.
- *There are a number of nutrition-specific interventions that are proven to be low-cost and high-impact (i.e., highly cost-effective*) such as micronutrient supplementation, food fortification and deworming. In addition, other interventions such as behaviour change communication (BCC) and nutrition education, as well as growth monitoring and promotion may be relevant in certain contexts. *Combining such interventions, where feasible, with social protection can lead to synergistic outcomes, offering considerable cost efficiency*. There can be additional cost savings as they are often intended for the same population and in many instances, they make use of the same facilities, transport, and other logistics (Ahmed et al. 2016).

- In the past decade, there has been a notable shift towards adopting a systems approach to social protection. This approach goes beyond merely delivering isolated interventions and instead places emphasis on investing in the building blocks that work together to promote inclusiveness, enhance coherence and improve the cost-effectiveness of various interventions (WFP, 2021). *This shift offers a new opportunity to identify and leverage the synergistic outcomes that arise from integrating nutrition objectives with social protection goals.*

REPORT STRUCTURE

This report starts by presenting the background and rationale for the scoping review which is followed by a description of the study objectives, approach and methodology, including data sources and analysis. Chapter 3 provides an analysis of the regional and country backgrounds with a focus on economic and human development situation, poverty and equity (including

gender) and the malnutrition situation, with focus on children and women. Chapter 4 provides an analysis of the policy and program landscape with respect to social protection and nutrition. Chapters 5–7 present study findings on three key nutrition-sensitive social protection (NSSP) program modalities namely, case transfers (unconditional and conditional), in-kind transfers and school feeding. Chapter 8 focuses on cross-cutting and operation issues particularly those related to low coverage, weak targeting, and gaps in information systems, monitoring and evaluation. Chapter 9 draws conclusions including key insights and opportunities for advancing NSSP policies and programs in the region. The report contains a comprehensive bibliography that includes regional and country-specific documents, most of which were used during the course of the study.

Chapter 2. Study Objectives, Scope, Approach and Limitations

The broad aims of the present Asia region scoping review are to a) understand and document current trends in, and scope of, integration of nutrition into social protection policies and programs by the governments of Asian countries; and b) identify potential gaps and further opportunities for enhancing integration of nutrition-specific interventions in the existing SPPs (cash transfers, in-kind transfers and school feeding modalities). The review aims to identify opportunities for strategic engagement at the regional level in taking forward NSSPs, based on identified evidence, good practices and documented initiatives. It aims to support the identification of further entry points for Nutrition International and partners—including Asian Development Bank (ADB), Association of Southeast Asian Nations (ASEAN) and potentially national governments—in social protection as part of a multisector approach to advancing nutrition through social protection in a public health framework.

OBJECTIVES AND USE

The review has the following specific **objectives**:

- Provide a descriptive analysis of the policy landscape of social protection and nutrition related policies in the region including their coherence and linkages.
- Scope and identify the most relevant and positively impactful social protection programs and innovations reaching nutritionally vulnerable groups across the region, and the supporting policy, regulatory, economic and budgetary environments in which nutrition-sensitive SPPs and nutrition-specific evidenced interventions have been embedded.
- Identify, present and disseminate examples of good practices of NSSPs—including any innovations—by reviewing available literature and information from leading efforts in the Asia region.
- Identify potential gaps and further opportunities for enhancing integration of nutrition-specific interventions in the existing SPPs, including options for the scale-up and inter-country spread of the identified evidence and good practices and innovations to improve policy design and implementation.
- Provide measures and recommendations on cost-effective and potentially transformative pathways and strategies to strengthen the implementation of SPPs for improved nutrition across the region into the medium term.

Follow up and use

The findings and products from the scoping review are expected to be of considerable use to Nutrition International for developing a deeper understanding of the NSSP policies and programs in the region to further advance organizational strategies, guidance and programming. In addition, the review will:

- Support and enable strategic thought leadership and initiatives by Nutrition International with regional, global and national partners in the area of nutrition-sensitive social protection;
- Facilitate knowledge exchange and networking among Asian states, policy-focused institutions, other governments, and international partners on what works in optimizing national SPPs for healthy growth and development among nutritionally vulnerable population groups;

Strengthen the analysis and evidence base for the work of the ADB, ASEAN and Nutrition International in dialogue with Asian policymakers with the aim of moving decisively toward the achievement of the SDGs in health, nutrition, gender equality, and poverty reduction and global nutrition goals across all parts of the region.

REVIEW APPROACH AND METHODOLOGY

The review involved several stages of research work over a five-month period, conducted by a team of consultants.

The first stage involved an extensive document review covering the global evidence base on NSSPs and regional and country-specific literature. The data sources and analysis cover all sub-regions with Asia, focusing on 12 countries (Bangladesh, Cambodia, India, Indonesia, Lao PDR, Mongolia, Nepal, Pakistan, the Philippines, Sri Lanka, Timor-Leste, and Vietnam). The 12 countries were selected given their rich experience in SPPs as well as the need, potential and opportunities to further orient their social protection policies and programs to more effectively address malnutrition and improve outcomes among children and women. As a first-stage analysis, case studies were also developed for each of the 12 countries.

Key informant interviews involving country and regional experts, policymakers and program managers were used to generate further information and learn about country specific policies and programs. This information was used to develop case study reports for each of the 12 countries and several focus panels that captured selected good practices and/or innovations related to the NSSPs in the region. The case studies included mostly descriptive analysis of country specific and nutrition related policies and NSSP programs (cash transfers, in-kind transfers and school feeding), good practices, challenges and opportunities. The case study reports included a summary table with an NSSP program overview, which provided program specific objectives, target/beneficiary groups, program design and achievements based on latest available information.

The second stage involved preparation of this synthesis report based on the use of the broader literature review, findings from key informants and the case study findings. The synthesis report required further research and analysis including triangulation of data and information from various published and unpublished sources and the key informant interviews. Both the case study reports, and the synthesis report drafts were reviewed by Nutrition International staff and, in some cases, by external reviewers who provided useful inputs as experts and as future users of the reports. The specific data collection and analytical methods used during the course of the study were as follows.

Data/information sources: The review was based on the relevant country and regional documents and other literature identified by the consultants and Nutrition International, as well as that available from partners within the region. Key information sources included:

- **Desk Review**: Broader literature on NSSP and country (for the 12 case studies), regional and sub-regional documents, including published articles, books and review reports, situation analyses, evaluations, good practices and lessons learned documents. The review focused on the documents/evidence available since 2015 with greater weight given to the last five years.

- **Databases**: The review made selective use of national, regional and international statistical databases to analyze contextual socio-economic and malnutrition trends over time and across rural/urban, sex and age, and other dimensions within the scope of the work involved. This included reports from national statistical systems, and the use of global reports and databases on economic, human development, poverty, nutrition, food security and gender-related indicators.

- **Key informant interviews**: A list of key informants including national (including government officials), regional, and international experts was developed in consultation with Nutrition International regional officers (ROs) and country officers (COs). A total of 40 key informants were interviewed (Annexure 4). The questionnaires used for the interviews were tailored to the specific background of the respondent and were guided by the objectives and scope of the study. They included questions related to NSSP policies and programs, as well as key achievements, challenges and gaps, and noteworthy good practices or innovations. Apart from sharing valuable regional/country-specific information and insights, many respondents also provided electronic copies of relevant social protection and nutrition-related policies and program documents—including progress reports and evaluations—that were used for the review. The responses and documents provided by the Nutrition International COs and national government counterparts complemented those gathered by the team from various published sources.

Analytical methods: The scoping review used a mix of qualitative and quantitative analysis based on information gathered from key informant interviews and published and unpublished documents including journal articles, past systematic reviews and meta-analyses, review reports, relevant studies and evaluations. The country case studies used descriptive analysis as no statistical analysis was involved. The distillation of findings, key insights and opportunities was based on the results of the descriptive analysis, which were validated using the information gathered from various sources.

The good practices (presented as "Focus Panels" in various chapters of this report) were identified based on well-established initiatives and, in some cases, on the key informant's suggestions. The formulation of the focus panels was based on the content of the country case study reports substantiated by additional information and analysis.

The analysis for the synthesis report involved use of trend and comparative analysis as well as descriptive analysis focusing on the specific topic themes covered in the study. The analysis of specific SPP modalities (cash transfers, in-kind transfers and school feeding) was based on recent evidence, including identifying the pathways through which various program modalities lead to dietary and nutrition outcomes and specific program designs features that get results. The review also analyzes and documents evidence on cross-cutting issues, mainly on improving coverage and targeting, as well as and data/information systems, monitoring and evaluation of NSSPs.

STUDY LIMITATIONS

It is worth highlighting some of the limitations of the study which relate to the scope and quality of the analysis.

a) The scoping review relied on existing databases, published and unpublished documents, and information gathered from the key informant interviews. It did not involve primary data collection on any NSSP programs. The depth of the evidence base therefore varies from country to country which has a bearing on the scope and quality of the country studies and the overall synthesis report.
b) The study focuses on social protection modalities that are likely to have an impact on the nutrition outcomes of children and women, particularly through social assistance programs. These include various types of cash transfers, in-kind transfers and school feeding programs. Other targeted SPPs such as old-age pensions and public works are not included.
c) Concrete evidence regarding nutrition outcomes and pathways was not available for more than half of the SPPs in the 12 focus countries as they had not undergone rigorous evaluation. In addition, a majority of studies and evaluations had limited or no analysis of cost-effectiveness.

Chapter 3. Regional/Country Background and Analysis

This chapter provides an analysis of the socio-economic context (including development challenges) and nutrition situation in the region that has implications for making SPPs more responsive to addressing malnutrition. The analysis focuses primarily on 12 countries[4] that range from low-income to middle-income and cover South Asia and Southeast Asia.

ECONOMIC AND HUMAN DEVELOPMENT

As shown in Table 2, considerable variation exists in the gross domestic product (GDP) per capita across the 12 countries ranging from an estimated USD 1,336.5 in Nepal to USD 4,946.8 in Mongolia.

Table 2: GDP Per Capita and Human Development Index

Country	Socio-economic Indicators		Human Development Index	
	GDP per capita[5] (2022)	Income classification (2023)[6,7]	HDI Score (2021)[8]	Rank (out of 191)
Bangladesh	2,688.3	Lower-Middle Income	0.661	129
Cambodia	1,786.6	Lower-Middle Income	0.593	149
India	2,388.6	Lower-Middle Income	0.633	132
Indonesia	4,788	Upper-Middle Income	0.705	114
Lao PDR	2,088.4	Lower-Middle Income	0.607	140
Mongolia	4,946.8	Lower-Middle Income	0.739	96
Nepal	1,336.5	Lower-Middle Income	0.602	143
Pakistan	1,596.7	Lower-Middle Income	0.544	161
The Philippines	3,498.5	Lower-Middle Income	0.699	116
Sri Lanka	3,354.4	Lower-Middle Income	0.661	73
Timor-Leste	2,358.4	Lower-Middle Income	0.607	140

[4] The countries included are Bangladesh, Cambodia, Indonesia, India, Lao PDR, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, Timor-Leste, Vietnam

[5] The World Bank, 2022

[6] The World Bank, 2023

[7] Income classifications are based on the gross national income (GNI) and not the GDP per capita

[8] UNDP, 2021

Vietnam	4,163.5	Lower-Middle Income	0.703	115

Source(s): World Bank, 2022; World Bank, 2023; UNDP, 2021

Countries such as Vietnam, India and Indonesia have seen considerable growth in their GDP over the past decades while others such as Pakistan, and Sri Lanka have suffered from economic crisis which has led to stagnation or decline of their per capita income.

Table 2 also shows the human development index (HDI)[9] value for the countries, which ranges from 0.544 to 0.739. A number of countries such as Sri Lanka and Mongolia have high HDI rankings (73 and 96 respectively) whereas other countries such as Pakistan and Cambodia have low rankings (161 and 149 respectively). Interestingly, some of the countries such as Sri Lanka with a relatively low per capita income have shown good performance with respect to their HDI ranking, which reflects their progress in education and health.

POVERTY AND EQUITY (INCLUDING GENDER)

The Asia region is characterized by a high level of poverty and inequality (including geographic, income, and gender-related inequalities) although levels vary considerably across countries. Figure 1 shows the data on two indicators of poverty—persons living on less than $2.15/day and persons living in multi-dimensional poverty—which include malnutrition as a components.[10] Countries in South Asia perform poorly with respect to poverty although there are several countries (Timor-Leste, Cambodia) in Southeast Asia that also have a high prevalence of poverty.

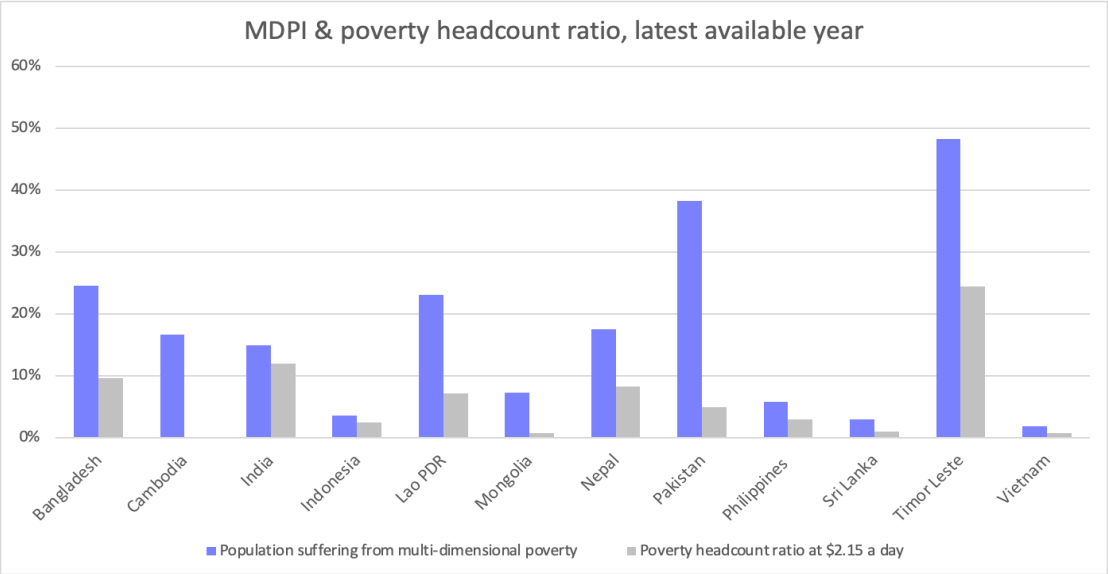


FIGURE 1: MDPI and Poverty Headcount Ratio Based on Data from the Latest Available Year

Source(s): World Bank, 2022; UNDP, 2023

Note: *Data for MDPI values ranges from the years 2016 until 2022. Data for the poverty headcount ratio varies from 2010 until 2022. Data on the poverty headcount ratio for Lao PDR is not available.*

There is wide variation across the Asia region with respect to gender-related inequalities, which has implications for women's participation in the formal sector, in decision-making roles and in political participation. These inequalities also have a significant impact on the

[9] Human development index: "It is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living" (UNDP, 2023).

[10] Multi-dimensional poverty index (MDPI): "It complements traditional monetary poverty measures by capturing the acute deprivations in health, education, and living standards that a person faces simultaneously" (OPHI, 2023).

nutrition status of children and play an important role in maintaining the intergenerational cycle of malnutrition.

Figure 2 shows the gender development index (GDI)[11] and the HDI for males and females by country. The GDI measures gender disparities in accomplishments across three fundamental aspects of human development:

- **Health** – measured by life expectancy at birth for females and males;
- **Education** – assessed by the anticipated years of schooling for boys and girls as well as the average years of schooling for adults aged 25 and above; and
- **Command over economic resources** – measured by female and male estimated earned income.

The GDI is calculated as a ratio of the female to the male HDI (UNDP, 2021). The higher the value, the smaller the gap between men and women. Values for the GDI in the region range from 1.031 in Mongolia to 0.810 in Pakistan.

Most countries have experienced an increasing trend in their GDI, which indicates that they have made significant strides in decreasing the gaps in income, education and life expectancy among females and males. However, in countries such as Pakistan, the gap between females and males continues to be significant, which indicates that the expected years of schooling, income and life expectancy for females is considerably less than that of males (UNDP, 2021).

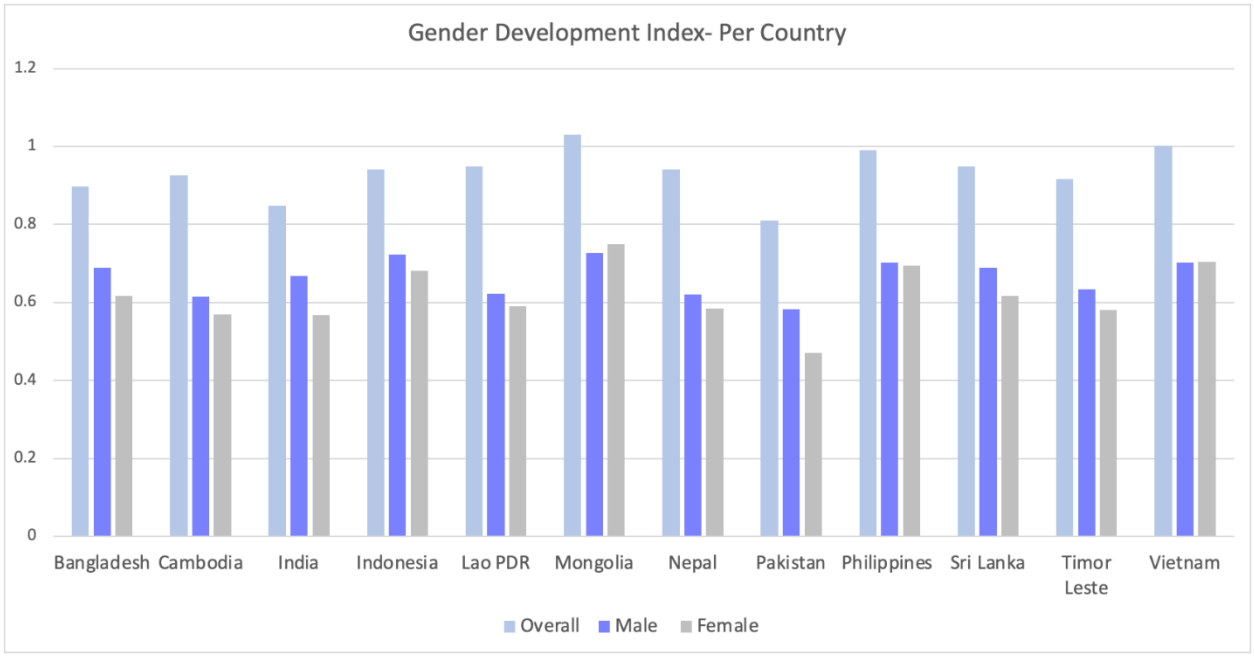


FIGURE 2: Gender Development Index for Males and Females

Source: UNDP, 2021

[11] UNDP, 2021. https://hdr.undp.org/gender-development-index#/indicies/GDI

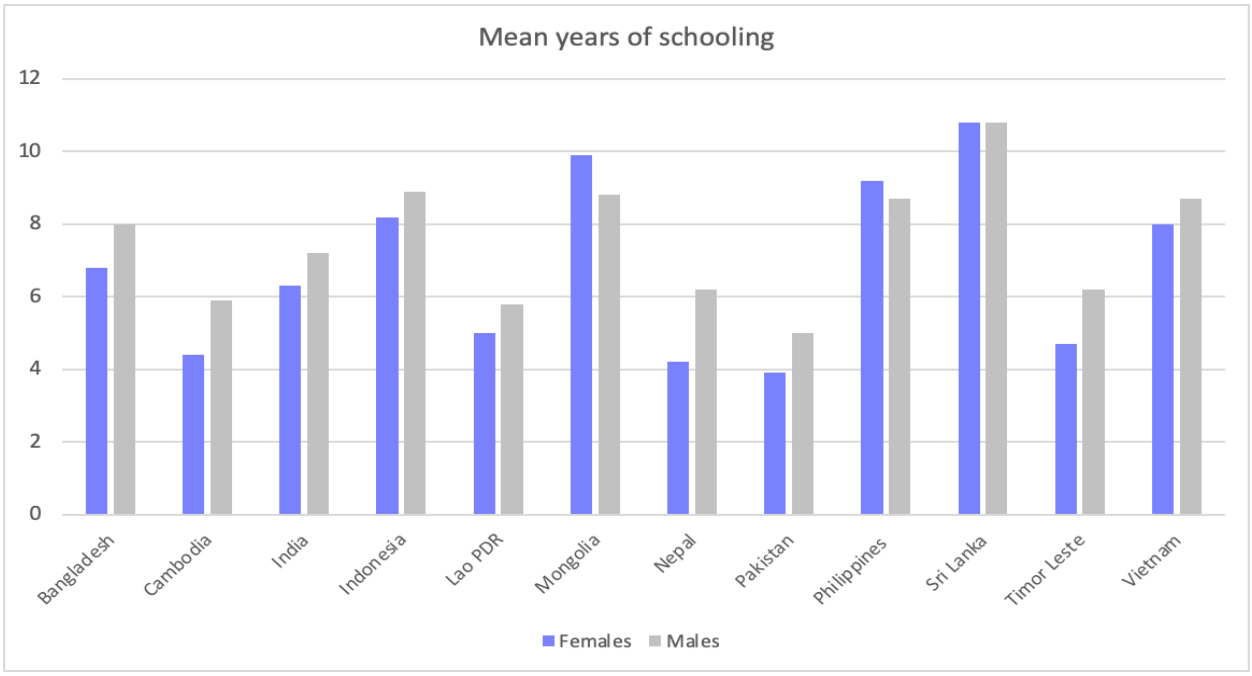


FIGURE 3: Mean Years of Schooling

Source: UNDP, 2021

As shown in Figure 3, there is a marked difference in the mean years of schooling for males and females. In all countries in South Asia except Sri Lanka, the mean years of schooling for females falls short of years of schooling for males; the same is true for all the countries in Southeast Asia although the difference is less striking than in South Asia. There is substantial evidence that the level of education and overall empowerment of women and girls are key determinants of the nutrition status of women and their children in Asia, and especially in South Asia (Cunningham et al., 2014; FAO, 2013; Chakraborty et al., 2022).

MALNUTRITION AND ITS DETERMINANTS

Asia is home to the largest number of children, adolescent girls and women affected by malnutrition. Figure 4 conceptualizes the malnutrition problem by showing the stages of the life cycles where malnutrition is most critical. Note that, while malnutrition encompasses both undernutrition and overnutrition, **this review focuses mainly on undernutrition—** including micronutrient deficiencies.

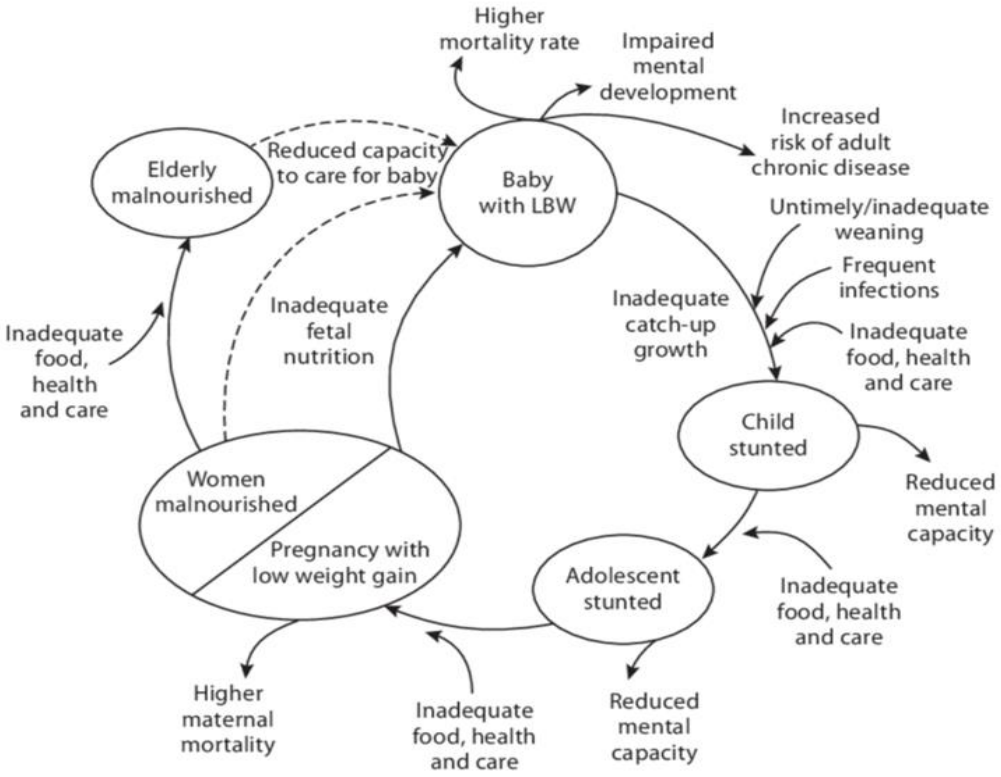


FIGURE 4: Malnutrition Through the Life Cycle

Source: Adapted from Hossain, 2013

Malnutrition in children: The most commonly used indicator of malnutrition in children is **stunting** or growth failure (measured as low height for age) in children under five years of age. Stunting in early childhood is the cumulative effect of the largely irreversible physical and cognitive damage caused by chronic undernutrition, repeated infections and inadequate childcare and feeding practices (WHO, 2014). Children who are stunted before the age of two are at risk of failing to reach their developmental potential. Further, they have a higher risk of disease, and reduced cognitive and physical development that can affect their learning (WHO, 2014). Wasting (measured as low weight for height) among children under five is another key indicator of malnutrition. It indicates recent or severe weight loss and has implications for child development and health outcomes (WHO, n.d.). However, unlike stunting, the effects of wasting can be reversible if treated (WHO, n.d.).

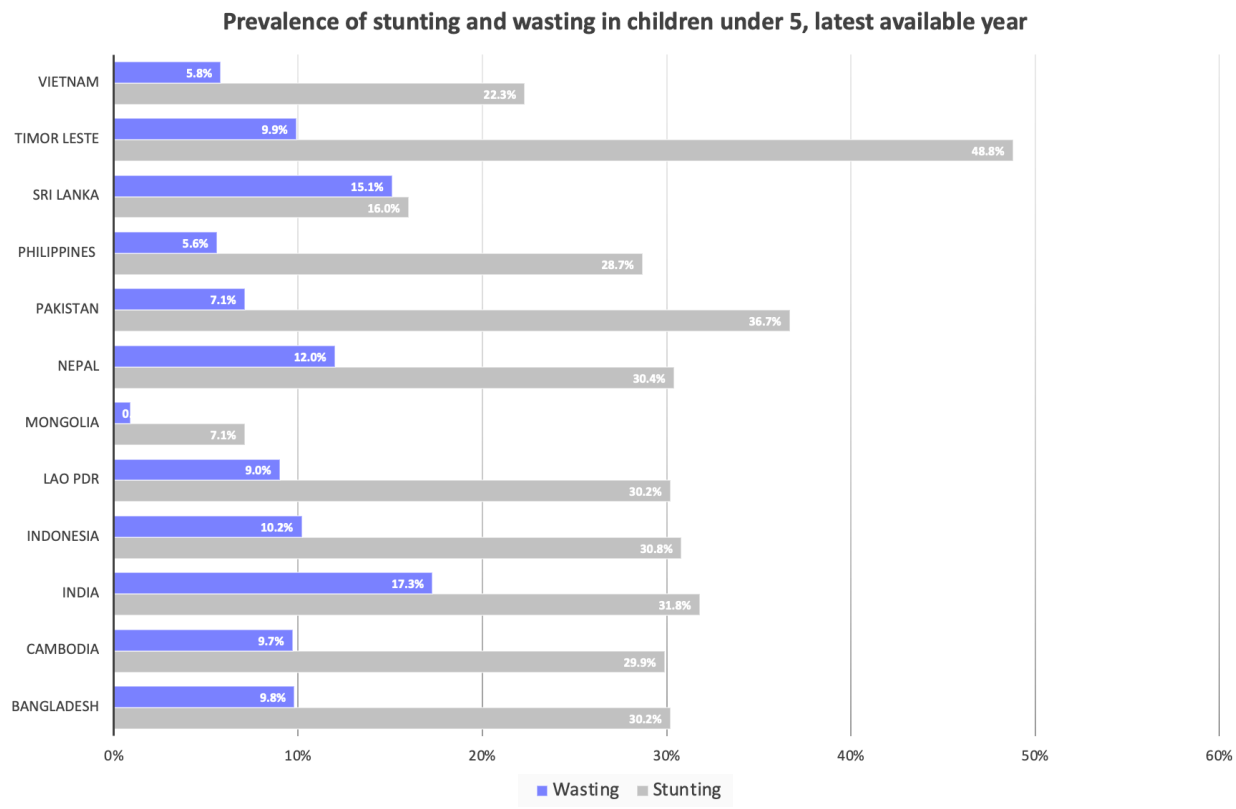


FIGURE 5: Prevalence of Stunting and Wasting in Children Under Five

Source: UNICEF, WHO, & World Bank Group, 2021

As shown in Figure 5, the prevalence of stunting among children under five varies from an estimated 7 percent in Mongolia to 48 percent in Timor-Leste. Significant variations are also noted in the prevalence of wasting, with values ranging from an estimated 18.7 percent in India to 0.9 percent in Mongolia (UNICEF, WHO, & World Bank Group, 2021). Interestingly, countries characterized by lower GDI scores, such as Pakistan, tend to exhibit a higher prevalence of stunting among children under five, while those with higher GDI scores like Mongolia have lower stunting rates. While some countries such as Nepal, Cambodia and Bangladesh have markedly reduced the level of stunting over the past 20 years, the current levels remain high among LMICs, and in most countries the high rate of wasting remains a particular concern.

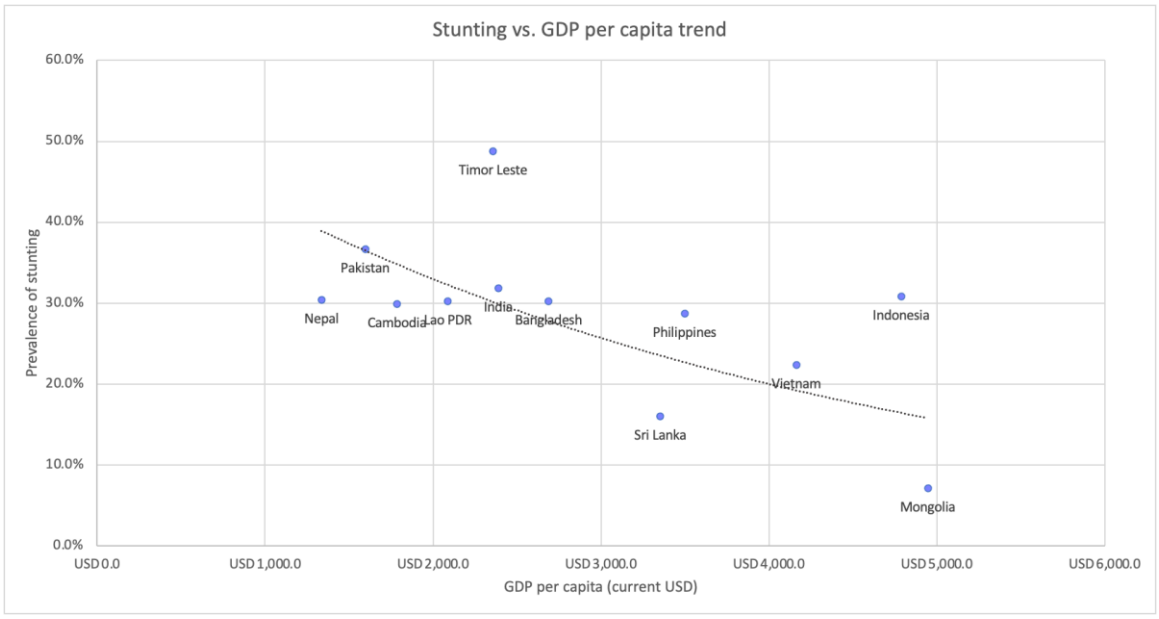


FIGURE 6: Stunting vs. Gross Domestic Product Per Capita in the 12 Focus Countries

Source(s): World Bank, 2022; UNICEF et al., 2021

Note: Data for GDP per capita is from 2022 and data for stunting is from 2020

Figure 6 shows a plot of GDP per capita against stunting among children under five in the 12 focus countries. There is some indication that the countries with the lowest per capita income (Nepal, Pakistan, Cambodia) have a high rate of stunting. However, there are exceptions to this trend, such as Timor-Leste where the child stunting rate is higher than those countries despite a higher per capita income. Indonesia is another country where stunting rates remain high despite its ranking as the second highest in per capita income among the 12 countries. On the other hand, Nepal, Sri Lanka, Cambodia and Mongolia are among the countries that appear to have performed better than the trend. This highlights the possibility that countries could use their economic resources more effectively in the pursuit of nutritional improvements, including potentially through greater use of nutritionally targeted economic transfers.

Maternal malnutrition: Among the various indicators of maternal malnutrition, the two most commonly used are the prevalence of low birthweight (LBW) in babies and anaemia among the women of reproductive age group. LBW is a composite indicator which reflects maternal malnutrition, poor maternal health during pregnancy and poor healthcare during pregnancy (WHO, n.d.).

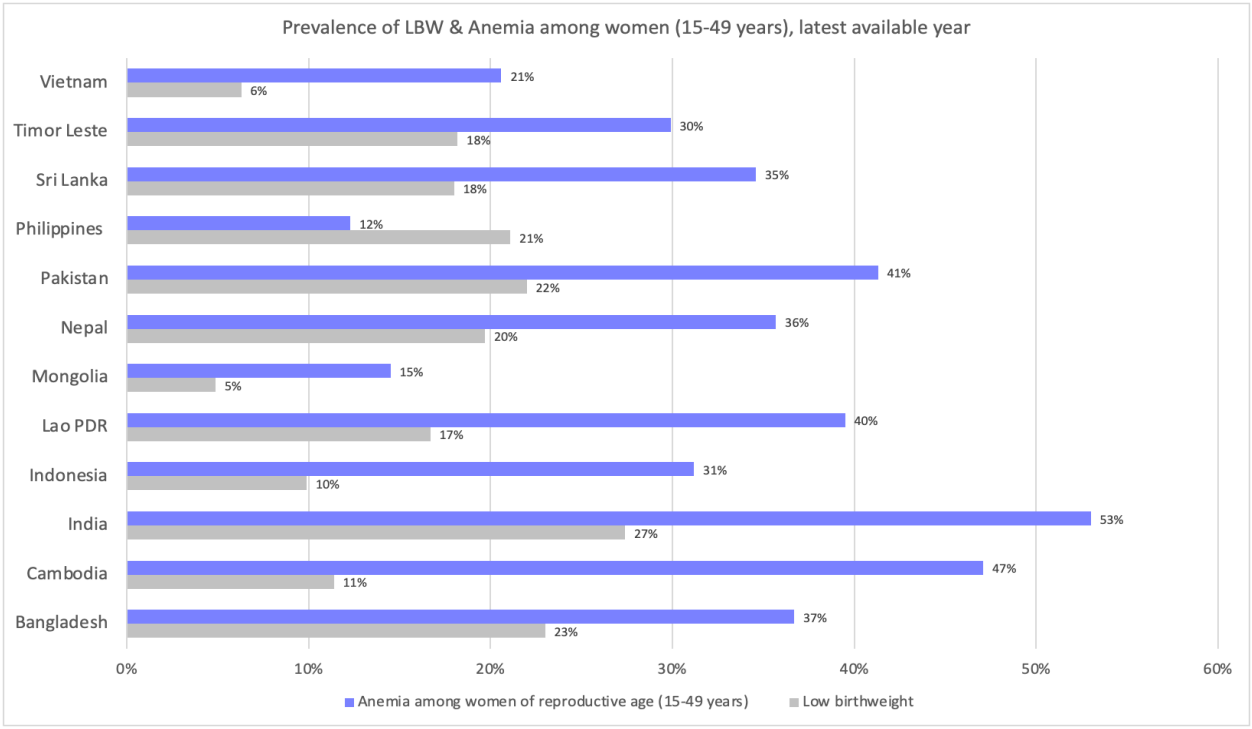


FIGURE 7: Prevalence of Low Birthweight and Anaemia

Source(s): UNICEF & WHO, 2022; DHS, 2018; Global Nutrition Report, 2022

Note(s): Data on LBW are from 2021 (except for Pakistan which has data from 2018); data on the prevalence of anaemia are from 2019

Figure 7 shows data on the prevalence of low birthweight among babies, and anaemia among women between the ages of 15–49 years. A high prevalence of anaemia among women aged 15-49 years is evident in all countries, with the exception of Mongolia and the Philippines. Despite having a lower prevalence of anaemia in comparison to other countries in the region, the Philippines stands out with one of the highest prevalence rates of LBW among the 12 countries. All four countries in South Asia (India, Pakistan, Nepal and Bangladesh) have alarming levels of both LBW and anaemia, indicating poor maternal health and nutrition status. The consequences of anaemia have been well documented, with studies showing that it could result in poor cognitive function, productivity, premature birth and LBW (WHO, 2023; Mosiño et al., 2020).

Malnutrition in adolescent girls, indicated by a high rate of anaemia, is a concern in its own right as well as given its role in maternal malnutrition. Malnutrition among adolescent girls is of particular concern in South Asian countries, where 19 percent of adolescent girls are underweight and 49 percent suffer from anaemia (UNICEF, 2023). In Southeast Asia, countries such as Cambodia and Lao PDR have reported adolescent anaemia rates as high as 49.4 percent and 42.6 percent, respectively (UNICEF, 2021).

The causes of malnutrition have been analyzed extensively, with researchers referencing studies that use UNICEF's conceptual framework on the determinants of maternal and child nutrition (Figure 8). The diagram—versions of which have been used in analysis for over 30 years—underscores that good nutrition is the outcome of various contributing factors across different levels of society and involve many sectors. The framework names access to food and financial resources as some of the many determinants that are necessary, but not sufficient on their own, for good nutrition.

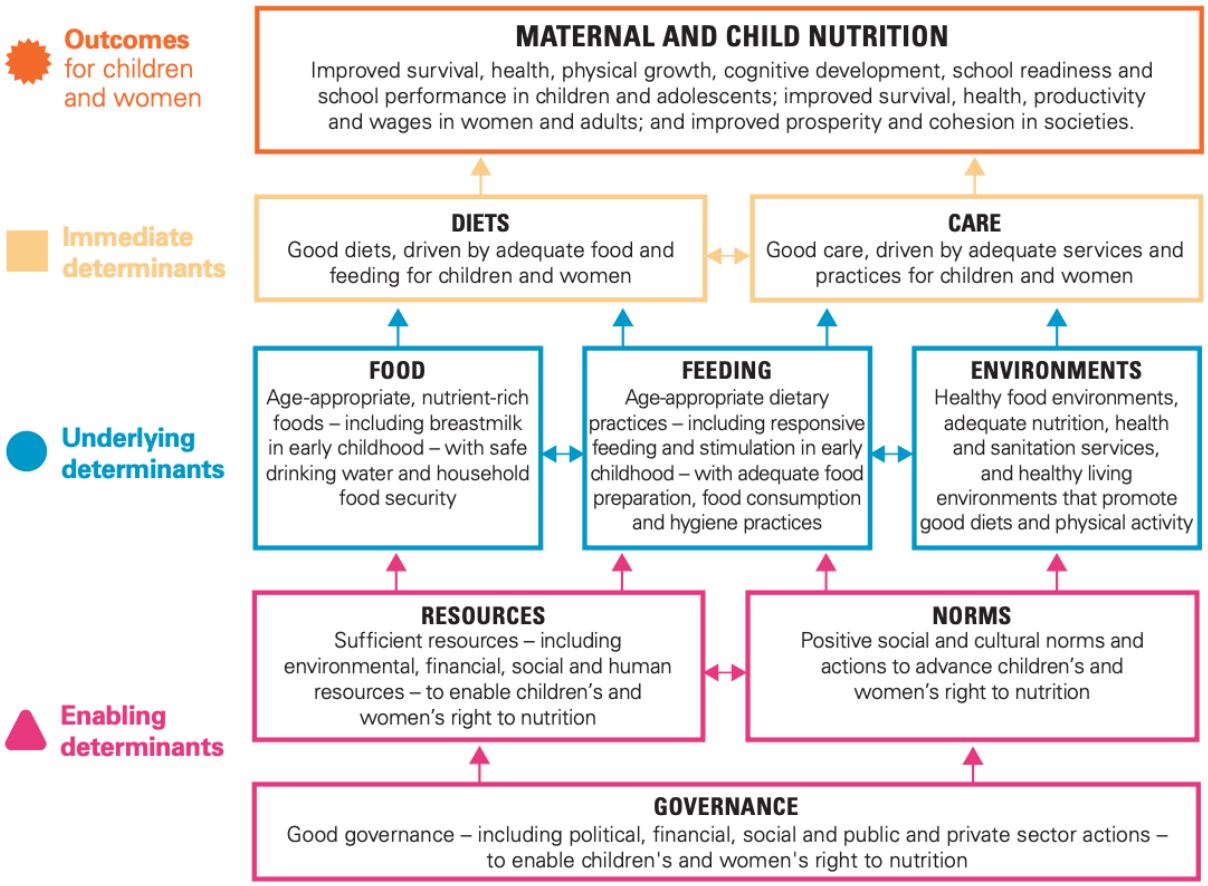


FIGURE 8: Conceptual Framework on the Determinants of Nutrition Status in Women and Children

Source: UNICEF's Conceptual Framework on the Determinants of Maternal and Child Nutrition UNICEF, 2020

Generally, inadequate dietary intake and illnesses are immediate factors, often linked to limited food access at the household level, suboptimal food distribution within households, restricted access to health and nutrition services, inadequate hygiene and sanitation, and poor caregiving practices—including maternal and child feeding practices. Root causes of malnutrition include poverty, insufficient education, a lack of control over resources—particularly among women—as well as certain social norms and cultural practices, such as early marriage.

In terms of infant and young child feeding practices, the prevalence of exclusive breastfeeding in Asia for children 0 to five months is 45 percent, which is higher than global average of 43.8 percent (Global Nutrition Report, 2022). Among the 12 countries examined, the prevalence of exclusive breastfeeding for children 0 to five months ranges from 81 percent in Sri Lanka to 44.4 percent in Lao PDR (UNICEF, 2023). Access to water, sanitation and hygiene services also varies across the countries. The percentage of the population who are using safely managed sanitation services ranges from 36.73percent in Cambodia to 65.96 percent in Mongolia (WHO, 2022).

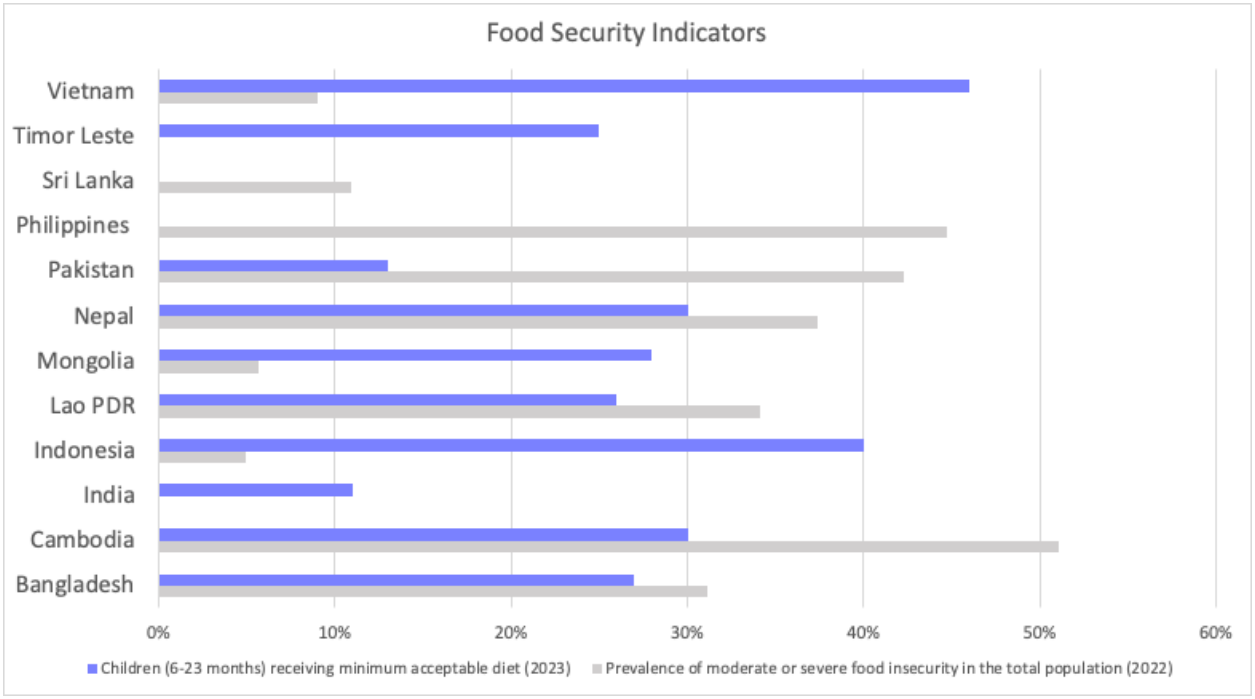


FIGURE 9: Household Food Insecurity and Minimum Acceptable Diet (Children 6–23 Months Old)

Source(s): FAO et al., 2023; UNICEF, 2023

Note(s): Data on the percentage of children who achieved a minimum acceptable diet is not available for Sri Lanka and the Philippines; data on the prevalence of moderate or severe food insecurity in India was not reported.

As depicted in Figure 9, most countries exhibit elevated rates of moderate to severe food insecurity, coupled with a low percentage of children between the ages of 6–23 months meeting the criteria for a minimum acceptable diet.[12] The prevalence of moderate or severe food insecurity varies across countries, from 44 percent in the Philippines to 4.9 percent in Indonesia. Similarly, the percentage of children achieving a minimum acceptable diet varies with figures spanning from 11 percent in India to 46 percent in Vietnam (FAO, 2022; UNICEF, 2023).

Gender disparities in the region present an additional barrier to improving nutritional outcomes (FAO, 2013). In 2021, South Asia was the second lowest performing region in terms of gender equality, with the gender gap[13] increasing by 3.4 percent within the span of one year (Chakraborty et al., 2022). In terms of nutrition, women in South Asia are more likely to be underweight and food insecure than men (FAO, 2013; Chakraborty et al., 2022). Socio-cultural norms have been shown to hamper access to resources and opportunities, which prevents women and girls from achieving their full potential (FAO, 2013). Evidence has shown that children with financially autonomous mothers are less likely to be stunted (Cunningham et al., 2014). Moreover, a higher maternal educational status has been associated with positive child nutrition outcomes (Cunningham et al., 2014).

The high rate of malnutrition in children and women in the Asia region calls for a strong role for both nutrition-specific and nutrition-sensitive interventions in the region. Social protection programs are seen as an especially promising model for nutrition-sensitive

[12] Refers to the percentage of children 6–23 months of age who received foods from ≥ 4 (out of 7) food groups during the previous day.

[13] The gender gap index "benchmarks the evolution of gender-based gaps among four key dimensions (Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment) and tracks progress towards closing these gaps over time" (World Economic Forum, 2021).

intervention given their potential to address both poverty and malnutrition-related vulnerability, particularly among children and women.

Chapter 4. Policy and Program Landscape: Social Protection and Nutrition

The Asia and Pacific Region has a long history of social protection initiatives. Formal social protection arrangements were established in the late nineteenth and early twentieth centuries, coinciding with a period of rapid industrialization and, in some contexts, post-independence reforms. Recognizing the constraints of informal support from families, communities and charities, countries progressively developed social protection systems centred on life cycle contingencies (UNESCAP & ILO 2021).

Social protection initiatives further evolved over the past decades, particularly in response to various crises and emergencies. The Asian financial crisis (1997–1998) and the global financial crisis (2007–2009) are important recent historical milestones in the shaping of social protection policies and programs in the region. The 2003 SARS crisis and the recent COVID-19 pandemic mark major public health crises in many countries with implications for protecting the poor and vulnerable through expanded social protection systems. The response to COVID-19 in particular has further contributed to policy strengthening and program expansion in most countries, including protection from financial hardships.

This chapter provides a comprehensive overview of the policies and frameworks pertaining to social protection and nutrition within the region. The objective is to assess the linkages, specifically in terms of shared goals and strategies, between these sectors that are crucial for fostering collaborative programming and planning future investments to maximize outcomes.

SOCIAL PROTECTION POLICIES AND FRAMEWORKS IN THE ASIA REGION

There is evidence of considerable progress across the 12 focus countries in the formulation of social protection policies and frameworks, with some having a more explicit focus on addressing nutrition than others. Most countries have invested in formulating well-structured national policies while others, such as India, have national programs and guidelines that are used as basis for state governments to design and implement their programs. The following highlights several specific examples at country level.

The government of **Bangladesh** developed the National Social Protection Strategy in 2014, which applied learning from previous lessons in the implementation of social protection programs. This strategy provided a framework that set the foundation for the introduction of social protection policies to achieve equity and social justice. Nutrition was outlined as a key component toward achieving the focus of the social development framework. The strategy provided key action points to improving nutrition outcomes by combining social protection programs and nutrition outreach activities. This resulted in the formulation of the National Social Security Strategy in 2015, which also emphasized the need to strengthen social security programs to tackle the underlying causes of undernutrition (General Economics Division Planning Commission, 2015).

Following the 2007–2008 global economic crisis, the **Royal Government of Cambodia (RGC)** developed the National Social Protection Strategy for the Poor and Vulnerable in 2011. The strategy recommended conditional cash transfers to support vulnerable people. Building on these earlier initiatives, the establishment of a more comprehensive national strategy on social protection began to gain momentum. This effort culminated in the RGC's introduction of the National Social Protection Policy Framework (NSPPF) for 2016–2025 (Narith et al., 2023). The NSPPF aims to improve resilience to shocks, promote national and household savings and investments, and establish a comprehensive and sustainable social protection system (Narith et al., 2023). This framework consolidated various individual elements into a unified policy, emphasizing a life cycle approach to social protection system building (RGC, 2017). The NSPPF clearly outlines its intention to address food security and nutrition through the implementation of specific social assistance programs.

India's social protection (safety net) policy and programs are often called "anti-poverty programs." They span many decades and focus on employment, poverty and key social sectors including health, food and nutrition, and education. The government has introduced various schemes and missions such as the Mahatma Gandhi Rural Employment Guarantee Scheme and the National Rural Livelihoods Mission to create rural employment and livelihood opportunities and support rural development. Several safety nets are food-based and have an explicit focus on addressing food security and nutritional wellbeing. Distribution of food grains through the government-controlled Public Distribution System (PDS) has been a key government response to addressing hunger and food insecurity in India. The targeted public distribution system (TPDS) was launched in 1997 with a focus on the poor.[14] In 2013, the parliament approved India's National Food Security Act (2013) with the objective to support food and nutritional security by ensuring access to adequate quantity of quality food at affordable prices to enable people to live a life with dignity. A key initiative following the Act was the distribution of food grains to targeted households at a subsidized rate by revamping the existing TPDS. The National Nutrition Mission—also known as the POSHAN Abhiyan (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India)—was introduced in 2017 as an initiative to integrate all nutrition programs and interventions, and include social protection programs that aim to improve nutritional status of vulnerable population groups.

Indonesia has made significant progress in enhancing its social protection policies since overcoming the Asian Financial Crisis of 1997. Throughout the span of two decades, the country has achieved notable advancements in the establishment of a comprehensive social protection system that addresses diverse risks, aligning with its strategy to facilitate inclusive growth as a pivotal catalyst for ongoing economic and societal progress (OECD, 2019). In 2018, Indonesia launched the Social Protection for All strategy which highlights the need to adopt a life cycle approach to social protection and address the underlying causes that impact the country's human capital (Office of the Vice President & TNP2K, 2018).

The Government of **Lao PDR** has made progress in the past few years in introducing and implementing social protection policies. The country launched its first National Social Protection Strategy in 2020, which revolves around three pillars: improving social health insurance, extending social security, and establishing a foundation for social assistance programs (Joint SDG Fund, 2021). This ambitious strategy aims to tackle the underlying factors hindering progress in nutrition and health outcomes by increasing accessibility to health and nutrition services as well as social assistance programs.

Mongolia has established a robust social protection system that encompasses universal coverage for pensions and transfers to children (Helble, Hill & Magee, 2020). In 2005, the Law on Social Welfare was revised, contributing to the establishment of a legal foundation for an efficient and sustainable social welfare system (Helble, Hill & Magee, 2020). The country's social welfare systems are aimed at delivering social pensions, subsidies and amenities to citizens who—due to poor health or lack of familial aid—are incapable of self-sufficiency (ADB, 2016).

Nepal's 2015 Constitution guarantees the right to social protection for the poor and the vulnerable. The 15th National Development Plan (2019–2024) sets the goal "to make social security and protection sustainable, universal, and accessible, for the implementation of civil rights and to strengthen the trust of citizens towards the state." The Plan sets ambitious targets to achieve its goals, including the target to cover 60 percent of the population with basic social protection schemes and allocate 13.7 percent of the national budget for social protection in the 2023–2024 fiscal year. (ILO, 2023).

[14] https://nfsa.gov.in/portal/PDS_page

In **Pakistan**, the first well-articulated strategy for social protection was proposed as a part of the country's Development Policy Framework (2005–2010). The goals of the social protection strategy were to:

- Support chronically poor households and protect them against destitution, food insecurity, exploitation and social exclusion;
- Protect poor and vulnerable households from the impact of adverse shocks to their consumption and wellbeing that, if not mitigated, would push households into poverty and drive poor households into deeper poverty; and
- Promote investments by families that are poor in the health, nutrition and education of family members, and thereby help ensure their resilience in the medium term and interrupt the intergenerational cycle of poverty.

In July 2008, the Government of Pakistan launched the Benazir Income Support Program (BISP) as the premier national safety net initiative with the primary objective of consumption smoothing and alleviating adverse effects of slow economic growth. The BISP targets cash transfers to vulnerable and deserving women and their families from the poorest households across the country regardless of political affiliations, racial identity, geographic location and religious beliefs. When the BISP was launched in 2008, the immediate objective was to cushion the negative effects of the food, fuel and financial crises on the poor. Its longer term objectives are to provide a minimum income package to the poor and to protect vulnerable populations against chronic and transient poverty.

In 2019, the Ehsaas program was launched in Pakistan as the flagship program for the new government. It integrated more than 134 fragmented and poorly implemented social protection programs under one new program. In August 2020, the government launched Ehsaas Nashonuma (renamed as Benazir Nashonuma in 2022), a nutrition-sensitive CCT program with primary objectives to prevent stunting in children under two years of age, improve weight gain of pregnant women during pregnancy, reduce anaemia and micronutrient deficiencies, and prevent low birthweight.

The **Philippines**' government has been proactive in developing various social protection policies to bolster the socio-economic resilience of its citizens. Since 2007, various legislative tools, including national resolutions and executive orders, have provided a foundational framework for social protection. In 2009, the country established the Subcommittee on Social Protection under the National Economic and Development Authority to oversee social protection objectives (Pavanello, 2022). By 2010, the National Household Targeting System for Poverty Reduction (Listahanan) was adopted as a central database for impoverished households, facilitating targeted social protection initiatives. In 2012, the Social Protection Operational Framework was introduced to streamline policy execution. The Framework was updated in 2019 to align with the Philippine Development Plan 2017–2022. This plan, which is central to the country's social protection policies, focuses on fostering resilient, safe and sustainable communities while expanding protection for the most vulnerable people (Pavanello, 2022).

NUTRITION POLICIES AND MULTISECTORAL PLANS LINK TO SOCIAL PROTECTION

All countries in the region have well-formulated nutrition policies and/or strategies with a multisector focus. A parallel development that has been more concrete with respect to prioritizing multisectoral engagement is the formulation of the multisector nutrition plans (MSNPs). The document review indicated that almost all countries' MSNPs have an explicit focus on the use of social protection platforms for improving nutrition.

Bangladesh launched the National Food and Nutrition Security Policy (NFNSP) in 2020, which was expected to guide the country's eighth and nineth five-year plans (Bangladesh National Nutrition Council, 2020). The objectives set by the policy include strengthening multisector coordination, increasing access to NSSPs across the life cycle and improving access to safe and nutritious foods (Bangladesh National Nutrition Council, 2020). In 2021, an action plan for the NFNSP was launched to help achieve the goals set out by the NFNSP and the eighth five-year plan (Ministry of Food, 2021). One of the key areas of intervention details actions to expand current NSSPs and strengthen governance mechanisms to ensure effective implementation of these NSSPs (Ministry of Food, 2021). More recently, as part of its continued efforts to improve nutrition outcomes, Bangladesh launched its Strategic Investment Plan for 5th Health, Population, and Nutrition Sector Program (2024–2029) (SIP) in 2023 (Ministry of Health and Family Welfare, 2023). The SIP recognizes the importance of current nutrition-sensitive social protection programs but stresses the need to extend these NSSPs to achieve universal coverage (Ministry of Health and Family Welfare, 2023). These efforts represent the government's commitment to integrating nutrition within social protection programs.

Cambodia's National Strategy for Food Security and Nutrition (NSFSN) for 2014–2018 and the second NSFSN covering 2019–2023 had a clear focus on addressing childhood and maternal malnutrition. The second NSFSN identified nutrition and social protection linkages as one of six joint priorities for multisector coordination, specifically to maintain the links between these areas. It clearly highlights that, by addressing the underlying causes of hunger, social protection programs directly enhance households' ability to produce food and increase income. The following are key elements of this strategy:

- Enhancing food environments and consumer habits to support healthier choices, especially during the first 1,000 days (life cycle approach).
- Advocating for diverse, nutritious and sustainable food production, ensuring sustainability.
- Shielding food security, nutrition and health from natural disasters, including those related to climate change.
- Addressing inequalities in food access, especially for marginalized groups, through social protection.

India's National Food Security Act (2013) was approved by the parliament to provide for food and nutritional security in human life cycle approach by ensuring access to adequate quantity of quality food at affordable prices to enable people to live a life with dignity. The Act provides for coverage of up to 75 percent of the rural population and up to 50 percent of the urban population to receive subsidized food grains under the TPDS, thus covering about two-thirds of the population. The Act also has a special focus on nutritional supports for women and children. **The National Nutrition Strategy** was published in 2017 with the specific nutrition targets of a 40 percent reduction in stunting in children under five, a 50 percent reduction in anaemia in women, and a 30 percent reduction in low birthweight by 2025. Also in 2017, the National Nutrition Mission—also known as the POSHAN Abhiyan—was introduced as an initiative to integrate all nutrition programs and intervention. The Ministry of Women and Child Development launched the flagship program with the mission of achieving the convergence of multisector nutrition interventions. The primary goal of this program is to combat the nation's persisting child malnutrition problem. Another key initiative was the transformation of the Mid-Day Meal Scheme as the PM POSHAN

Scheme with the provision for providing one hot cooked meal in schools from 2021–2022 to 2025–2026. This is a centrally sponsored scheme that covers all schoolchildren studying in Classes I-VIII in government and government-aided schools.

Nepal's MSNP I (2013–2017) and MSNP II (2018–2022) had an explicit focus on the following nutrition-specific and nutrition-sensitive programs which included social protection programs:

- The direct nutrition-specific interventions targeted individuals and included micronutrient supplements to children under five, adolescents and women during pregnancy and lactation, as well as micronutrient fortification (salt iodization and flour fortification), awareness raising and BCC on optimal infant and young child feeding, and the management of severe acute malnutrition.
- The indirect nutrition-sensitive interventions targeting families and communities included hygiene and sanitation, with cash and in-kind transfers (including child cash grants), nutritious food and diets, school feeding programs and parental education. (MSNP II).

Pakistan's MSNP 2018–2025 highlights the role of social protection as a nutrition-sensitive intervention, stating "When social protection programs establish clear objectives, and include concrete and proven nutrition products and services, nutrition status of beneficiaries shows significant improvement, and overall program welfare objectives are more likely to be achieved. The conditional or unconditional cash transfer programs or health insurance models can also contribute to address poverty and malnutrition." One of the key actions suggested in the plan is to "develop an appropriate mix of evidence-based nutrition-focused activities to be included in cash transfer programs including nutrition conditionality for assistance as well as direct food assistance as food product, food voucher or other means."

The Philippines' Plan of Action for Nutrition 2017–2022 emphasizes the urgent need to address nutritional challenges, advocating for effective nutrition-specific and nutrition-sensitive interventions at both regional and local tiers, supported by national leadership and development allies (Cho et al., 2020).

Sri Lanka's First Multi-sector Action Plan for Nutrition (2013–2016) and Second Multi-sector Action Plan for Nutrition (2018–2025) have both stressed the roles of various social protection programs including cash and in-kind transfers in improving maternal and child nutrition.

Since its independence, **Timor-Leste** has introduced nutrition policies to improve nutrition outcomes in the country. In 2014, the National Nutrition Strategy (2014–2019) was launched with the purpose of accelerating reductions in maternal and child malnutrition. It provides a framework for the implementation of nutrition-sensitive and nutrition-specific interventions in the country and highlights the importance of strengthening existing national social protection programs to improve nutrition indicators (Ministry of Health, 2014). More recently, the National Health Sector Nutrition Plan 2022–2026 was launched to address the nutrition challenges of the country through the health sector (Ministry of Health, 2022). It provides a strategic framework for the implementation of nutrition interventions across the life cycle. The strategy also recognizes the importance of adopting a multisector approach by engaging with the social protection sector in order to tackle undernutrition among children and other vulnerable groups (Ministry of Health, 2022).

Vietnam has launched its latest 10-year National Nutrition Strategy for 2021–2030, which emphasizes that everyone has an equal right to access nutrition and food to achieve optimal health (SUN, 2023). The strategy sets ambitious targets, including improving nutritional status based on a life cycle approach, reducing households experiencing severe to moderate food insecurity to below 8 percent, and reducing the rate of stunting among children under five to less than 17 percent (SUN, 2023). Central to the strategy is the integration of

nutritional services into various domains like healthcare, education, and social protection focused on poverty reduction (ibid.). Notably, the strategy underscores the importance of intertwining social protection objectives with nutritional goals, emphasizing the need for enhanced investment and rigorous policy implementation for those requiring interventions.

POLICY AND EXPENDITURE GAPS

Investing in NSSPs amplifies opportunities and bolsters the resilience of at-risk populations to economic and natural shocks. Moreover, NSSPs possess the capacity to elevate human capital and enhance nutrition outcomes, particularly among groups that are nutritionally vulnerable (FAO, 2015). There is considerable variation in the evolution of social protection policies and allocation of public expenditure across the countries in the region, which has been the focus of several regional studies in the recent years. A recent International Labour Organization (ILO) regional report on social protection for Asia and the Pacific Region has indicated considerable gaps in policies, coverage and investments (UNESCAP & ILO, 2020a). Although Asia and the Pacific serve as the driving force behind the world's economy and have made substantial advancements in various parts of the region, their social protection policies are still falling behind those in other regions. A mere 44.1 percent of the population in this region has access to at least one social protection benefit. In contrast, the Americas, which have a similar level of economic development, provide coverage to 64.3 percent of their population (UNESCAP & ILO, 2020a).

Even though the Asia-Pacific region is home to over two-thirds of the world's impoverished children, social protection for children and families remains limited (UNESCAP & ILO, 2020a). It is estimated that less than one in five children or households with children receive child or family benefits. This low coverage can be explained by the absence of child or family benefit social protection schemes and poor targeting mechanisms in available contributory and non-contributory schemes (UNESCAP & ILO, 2020a). Moreover, the investments and coverage of such programs are among the lowest in some of the South Asian and Southeast Asian countries.

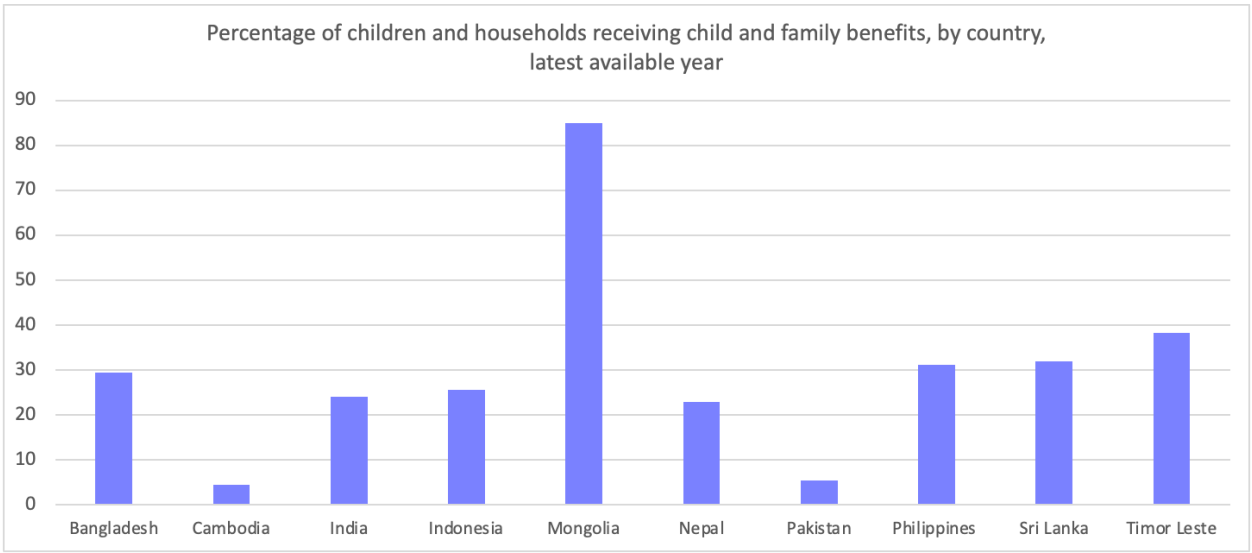


FIGURE 10: Percentage of Children and Households Receiving Child and Family Benefits, By Country, Latest Available Year

Source: ILO, 2023

Note: There was no available data for Vietnam and Lao PDR.

For example, in countries such as Lao PDR and Bangladesh, public expenditure on social protection (excluding health) is approximately 0.7 percent of the GDP, which points to the need for greater investments to make the NSSPs more effective in reducing nutritional vulnerability among households. Thus, bridging the protection gap for children is essential to decreasing poverty and child mortality, improving children's nutritional and education outcomes, and enabling all children to realize their full potential (ILO, 2021).

Recent studies make a case for investing more in children's universal grants given their role in reducing household poverty, while making an intergenerational impact by improving nutritional outcomes (UNICEF & ODI, 2020). Nutrition policies and plans in the region highlight the importance of investing in key stages of the life cycle—particularly early childhood, adolescence, and during pregnancy—but this is not yet adequately reflected in the design of social protection programs. In many countries in the region, the prevalence of malnutrition among children and women is higher than the poverty rate. This calls for the need to implement a mix of policies and interventions that address the causes of both problems in specific contexts. In recent years, several countries have conducted social protection expenditure or investment reviews using a life cycle lens. Bangladesh and Sri Lanka are among the most noteworthy and the findings of these reviews are revealing.

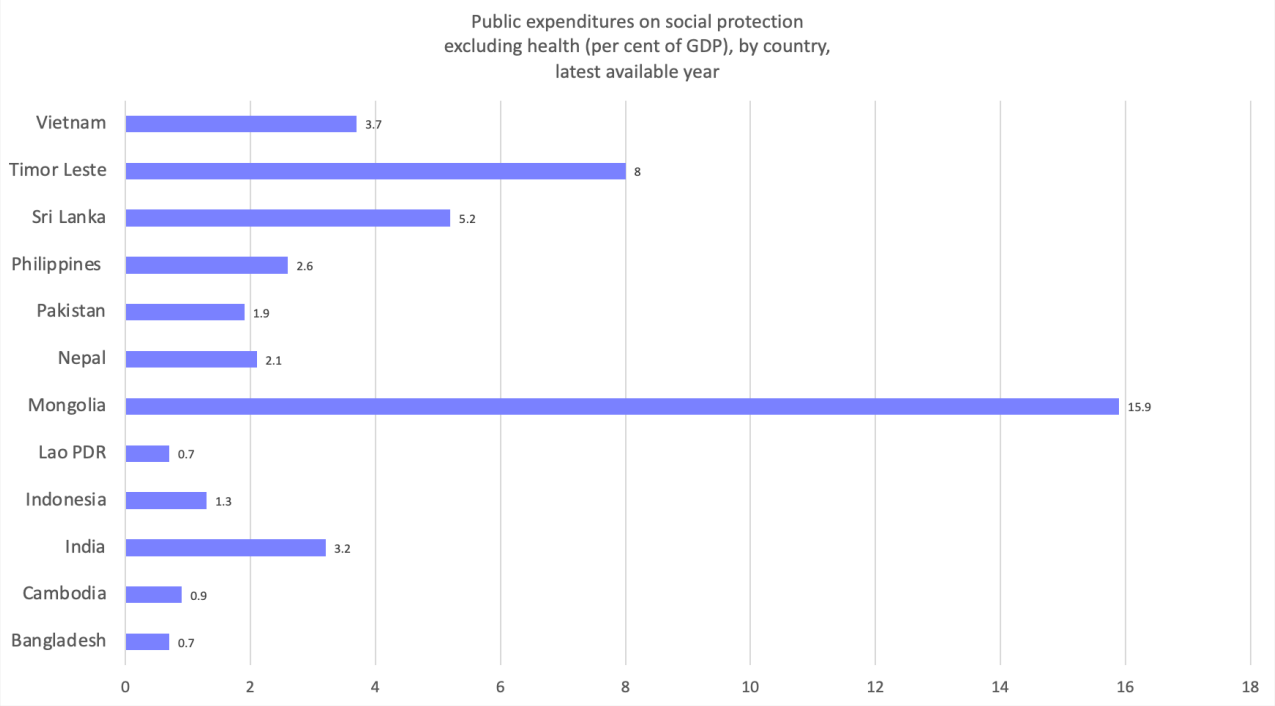


FIGURE 11: Public Expenditures on Social Protection Excluding Health (Percent of GDP), By Country, Latest Available Year

Source: UNESCAP and ILO, 2021

In **Bangladesh**, the World Bank (2021) conducted a comprehensive review of social protection expenditure that also included examination of policy and system options. The study assessed the adequacy of social protection investments across the life cycle. The study noted that as per the National Social Security Strategy, different life cycle groups face different risks. While health shocks exist across the life cycle, there are particular risks associated with pregnancy and early childhood (for instance birth, malnutrition and/or cognitive development) which can affect children's long-term development. The analysis showed that—while children under five represent nine percent of the population (and as much as 13 percent among the poor)—they only receive 2 percent of age-specific spending. On the other hand, the elderly population represents 8 percent of the total population and receives 72 percent of the

expenditure. Disparities in the allocation of funds were also noted within the three main categories of old age programs in Bangladesh. Approximately 90 percent of social protection designated for old age is directed to about 14 percent of beneficiaries, which are comprised of retired government employees and Freedom Fighters. Conversely, roughly 10 percent is allocated to the remaining 86 percent of beneficiaries, including those receiving allowances as widowed, deserted, and destitute Women, as well as old age allowances. The review recommended a better alignment of demography and expenditures. A key recommendation was to allocate resources in line with the number of people who are poor in different categories, and thereby to increase investments in maternal care and early childhood development in order to make good use of the window of opportunity in the earliest years of life.

In **Sri Lanka**, a recent study examined key challenges faced by the population throughout the life cycle and analyzed the existing social protection system's effectiveness. The study presents four investment options for Sri Lanka to consider in establishing a universal life cycle social protection system. These options consider the required investment levels over time, coverage achieved, and the simulated impacts on both micro and macro levels. The study highlights that the current social protection system in Sri Lanka, which is primarily reliant on poverty-targeted programs, inadequately addresses low incomes and deteriorating living standards. Only 25 percent of households are covered, with significant exclusion even among intended recipients due to the system's fragmented nature. The study recommends an alternative approach to building an inclusive social protection system, proposing universal life cycle programs such as a child benefit, disability benefits and pension-tested old age benefits. These programs, introduced progressively, aim to cover vulnerable groups systematically. The study also explores fiscal space options for sustainable financing to ensure a more comprehensive and effective social protection floor, fostering the wellbeing of all Sri Lankans over the life cycle and supporting a sustainable growth trajectory (UNICEF, 2023).

These studies suggest the need for further context-specific reviews or evaluations aimed at the reform of social protection policies and systems in the region. Improving the focus of social protection programs to address both poverty and malnutrition by combining a mix of interventions would appear to improve return on investment. Moreover, in countries where malnutrition rates and poverty are both high, there is a need for policy and system orientation towards strengthening SPP focus and coverage towards children, adolescents and mothers as a highly impactful medium to longer-term strategy.

MOVING TOWARDS SYSTEMS-BASED APPROACH TO NSSPS

Tackling all forms of malnutrition effectively requires a concerted effort by strong and resilient systems such as food, health and social protection systems (UNICEF, n.d.). Adopting a systems approach acknowledges that eradicating malnutrition in all its forms requires collective efforts to address the multiple determinants of child malnutrition (UNICEF, n.d.).

Most countries in the region are working towards strengthening their social protection systems through sub-national and local level institutional development involving key sectors. However, a recent regional publication indicated that these systems in the Asia and Pacific Region commonly suffer from a high degree of fragmentation wherein multiple schemes exist with inconsistent mandates. This fragmentation can significantly limit the impact of a given social protection scheme while providing a confusing landscape for intended beneficiaries to navigate. Building more coherent and integrated social protection systems is key to increasing effectiveness and to extending coverage (UNESCAP & ILO 2021).

The review of literature—including those related to SP policies and systems in the region—and the key informant interviews conducted for the present study pointed to the following factors as key to strengthening social protection systems towards making them more responsive to nutrition outcomes:

- **Strengthening linkages at the policy level by improving goal/objective setting and results reporting.** Drawing from the literature review and the key informant interviews, it is evident that, in countries where undernutrition is a public health concern, SPPs could have a greater focus on—and clear objectives related to—nutrition outcomes for children, adolescent girls and women. This includes specifying features and delivery mechanisms, and establishing comprehensive systems for outcome measurement and reporting.

- **Increased allocation of social protection budget towards nutritionally vulnerable groups.** Regional reviews and several country studies (UNESCAP & ILO 2021; World Bank 2021; UNICEF 2023) show that many countries in the region could benefit by allocating resources in favour of young children, adolescent girls and mothers, as these are nutritionally most vulnerable population groups. Investing in the health and nutrition of these key demographic groups would also help countries break the intergenerational cycle of poverty and malnutrition while contributing further to human capital development.

- **Improving multisector coordination.** Effective coordination across relevant sectors is a key component to achieving nutrition goals. Similarly, enhancing the role of SPPs to achieve nutrition outcomes requires the involvement of various sectors such as health, nutrition, education, social welfare, and water and sanitation. Clarity in defining the roles and responsibilities and establishing effective linkages (such as cross-referrals, use of common databases, targeting the most vulnerable) and coordination mechanisms across sectors is important for both policy strengthening and its effective implementation. This may also require capacity building in key sectors where they are lacking.

- **Empowering women by providing them with SPP benefits.** Research indicates that women who have greater control over household resources tend to be healthier and better nourished—as do their families—because women tend to spend more on the nutrition, health and wellbeing of their households (Elder & Ransom, 2003). Women's economic participation and their ownership and control of productive assets speeds up development, helps overcome poverty, reduces inequalities and improves children's nutrition health, nutrition and school attendance (OECD, n.d.). The social protection system should consider making NSSP program resources available to women as a priority. In view of the high rate of malnutrition in children and women in many Asian countries and the low level of empowerment of women (particularly in South Asia) making women the primary beneficiaries of social protection benefits can also help also help to break the intergenerational cycle of malnutrition.

- **Stronger information management and monitoring and evaluation measures.** The document review and key informant interviews noted this as a systemic gap in many countries and stressed the importance of well-designed information systems and investing in results-based monitoring and evaluation as key to improving accountability, learning and improving results. These systems should integrate both measures of nutritional impact and the pathways through which improved nutritional status can be obtained, such as information on changes in dietary intake, child feeding practices and use of nutrition services. In line with the principles of good governance, social protection systems need to be more participatory and transparent to the public, which would also improve the local population's trust in—and cooperation with—the social protection system.

- **Building resilience and responsiveness to natural disasters and economic shocks.** Most countries have gained considerable experience from the recent pandemic in either introducing new initiatives and/or boosting the scope and coverage of existing social protection programs to target the affected population groups. Some countries also have experience coping with natural disasters and economic shocks. The risks related to climate change pose an additional threat that requires social protection systems to have the links with the early warning systems and the built-in capacity and flexibility to respond to natural disasters and shocks in order to protect people from impoverishment and worsening malnutrition.

- **Investing in research and learning.** Based on various sources used for this review, it emerged that a key feature of a well-established social protection system is adequate investment in research in learning various aspects of social protection programming including systems and gender analysis, needs identification, program design, implementation and results measurement. This would require an explicit focus on nutrition-related data and research priorities for use in program targeting, design and delivery. As countries in the region move to a systems-based approach to address multiple objectives, they will need to draw systematically on their own experience as well as outside experience in investing more effectively in research and learning as an integral component of a successful program.

Focus: Towards an Integrated Social Protection System

Cambodia's Family Package

Cambodia has shown remarkable progress in expanding and reforming its social protection landscape since it first came into the country's policy agenda in 2010–2011 following the economic crisis of 2009. A key milestone was the **first National Social Protection Policy Framework 2016–2025 (NSPPF)**, which provided a clear policy direction for the government for implementing a social protection to ensure income security and reduce the vulnerability of its citizens. The NSPPF combined all social protection work within one policy document, and it supported a life cycle approach to social protection system building in line with the social protection floor[i]. The policy also provided a framework of priority instruments under two pillars of social insurance and social assistance.

Another milestone was the founding of the **National Social Protection Council (NSPC) in 2019** under the Ministry of Economy and Finance, with the responsibility of overseeing and coordinating social protection across government. The NSPC brought together all line ministries involved in social protection schemes or system provision and has helped to establish a more efficient system, with a clear division of roles for the NSPC secretariat and participating line ministries, organized through a steering committee and related sub-committees. The NSPC oversees social protection policy development and implementation and monitors overall progress and effectiveness.

Since the adoption of NSPPF and the operationalization of the NSPC, Cambodia's social protection landscape has advanced at an accelerated pace. In a series of strategic investments to strengthen the social protection system, the government transitioned from having multiple fragmented social assistance programs in 2015 to designing four consolidated life cycle-based social assistance programs. These focused simultaneously on poverty reduction and the reduction of vulnerability of children under 18 years, people with disabilities, elderly people and people living with HIV/AIDS, with an emphasis on improving coherence and integration across the social assistance programs (Narith C. et. al, 2023). In 2019, the development and implementation of the fully digitized Cash Transfer Program for Pregnant Women and Children under Two (CT-PWYC) living in poor and vulnerable households was another vital milestone for the social protection sector (ibid.).

One of the ambitious outcomes planned in the NSPPF was the development of a **Family Package** which constituted a part of the wider integration agenda. The NSPPF envisaged the Family Package as a suite of integrated benefits that would comprehensively address risks throughout the life cycle for poor and vulnerable families and children. The Family Package policy document outlines specific objectives, including the provision of comprehensive and adequate social assistance covering families and children throughout the life cycle; improvement of the accessibility and coverage of social assistance benefits for populations in need; strengthening of the institutional framework for social assistance delivery; establishment of shared systems/functions to improve the operational efficiency of social assistance benefits; and strengthening of linkages with complementary programs, social care services and social security. The package is intended to integrate all existing and planned social assistance benefits in the country—CT-PWYC, Cash Transfer for Children from Poor Households in Primary and Secondary Schools, Cash Transfer for Persons with Disabilities, and the planned Cash Transfer for Elderly People—and will introduce a Cash Transfer for Persons Living with HIV/AIDS (Narith, C. 2023).

The establishment of the Family Package was a rich process involving key stakeholders and the creation of new institutional structures. Under the proposed structure, the implementation of the Family Package is to be managed by the National Social Assistance Fund—which was established under the technical guardianship of the Ministry of Social Affairs, Veterans and Youth Rehabilitation—and under the financial guardianship of the Ministry of Economy and Finance (MoEF), which has overall responsibility for the package. The effectiveness of the Family Package is yet to be proven but the reliance on past evidence and lessons, use of systems analysis design and implementation processes, focus on the life cycle approach, multisector engagement under the guardianship of MoEF, and a reformed common information management system are all seen as key ingredients of success that could serve as an exemplary model for developing an integrated social protection system for many countries in the region.

i: As defined by the International Labour Organization (ILO), social protection floors are nationally-defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion.

KEY INSIGHTS AND OPPORTUNITIES

- The Asia region has significantly advanced in developing social protection policies and frameworks as well as nutrition policies and MSNPs. There has been considerable emphasis over the past decade on the role of social protection programs in the MSNPs. However, it is not clear whether the social protection frameworks and plans make explicit and sufficient recognition of the need to address malnutrition in vulnerable population groups despite a high prevalence of various forms of malnutrition in children and women in most countries. Nutrition policies and plans in the region highlight the importance of investing in key stages of the life cycle—mainly early childhood, adolescence and maternity—to reduce malnutrition. However, this is not yet fully reflected in the social protection programs of some of the countries where malnutrition rates are among the highest.

- Many countries have yet to realize an effective social protection system that has adequate coverage and benefit levels to protect their population from vulnerabilities related to poverty and malnutrition. There are gaps and issues at the policy level as well as in planning, coordination, resource allocations and delivery mechanism that need to be addressed through country-specific assessments and reviews with a nutrition focus. The previous section highlighted a number of factors that are key to strengthening social protection systems to better orient them towards nutrition outcomes, which will improve overall nutrition outcomes for vulnerable populations. In addition, the focus panel on Cambodia's Family Package presents a good example of a country that is reforming its social protection system in order to address multiple goals, and that is using joint delivery platforms.

- Since most countries in the region are at substantial risk of natural disasters, it is crucial that SPPs are agile and adaptable to effectively address vulnerability around poverty and malnutrition. There is considerable experience and learning in the region on both successful and less successful examples of social protection systems and interventions in response to the COVID-19 pandemic that could be distilled and shared for wider application.

- All countries reviewed in this study have a solid base and experience to further build their social protection policies and systems to reach the twin goals of protecting the poor while contributing to reducing malnutrition among the most at-risk groups. There appears to be considerable scope to improve coherence and synergy between SP policies/plans and multisector nutrition plans by a) setting common goals and objectives for reducing various forms of malnutrition among vulnerable socio-economic groups, particularly children and women; b) jointly reviewing strategies and implementation modalities with the aim to improve their effectiveness and impact.

- There is also a need to review social protection systems, including budget allocations and age- and sex-specific patterns of expenditure, to ensure that social protection is effective in pursuing these objectives. Such reviews should also focus on good governance and efficiency improvements by reducing wastages, overlaps and various forms of inefficiencies.

Chapter 5. Cash Transfer Programs

Over the past two decades, cash transfers (CTs) have emerged as a widely adopted modality of providing social assistance to impoverished and vulnerable households in developing countries, with the primary objective of breaking the cycle of poverty and alleviating inequality. These initiatives have made a well-documented impact by reducing financial constraints faced by economically disadvantaged households, and enabling poor families to access food and critical services such as healthcare and education.

CTs are typically disbursed in one or two main modalities—Unconditional Cash Transfers (UCTs) or Conditional Cash Transfers (CCTs). CCTs entail the provision of monetary assistance to a predefined population group contingent on fulfilling certain program criteria or requirements. These conditions often encompass prerequisites like school attendance, child immunization, prenatal visits or skilled attendance at birth. The introduction of these conditions aims to shape behaviours and incentivize the use of key services, particularly healthcare, nutrition programs and school enrollment. By contrast, UCTs are unrestricted transfer modalities that may be combined with other complementary interventions, including nutrition or social and behaviour change (BCC), which are often referred to as Cash Plus programs.

Decisions on the type of CT program to implement are dependent on several contextual factors including availability of infrastructure for implementation, budgets and political will. CCTs can be used to reinforce positive behaviours and tying transfers to specific responsibilities can garner more support from policymakers and communities. However, conditionality can create unintended incentives and opportunities for abuse of power, particularly by those responsible for enforcing conditions, which can exacerbate power imbalances (UNICEF, 2016). Moreover, successfully implementing CCTs is dependent on continuous monitoring and evaluation of programs to ensure that conditions are met, which requires significant administrative and financial resources (Hemsteede, 2018). Thus, CT programs should be tailored to each specific context.

Over 130 LMICs have implemented at least one major unconditional or conditional CT program (Hagen-Zanker et al., 2016). Investments in CTs have steadily increased worldwide, with cash transfers representing 26 percent of social protection and 43 percent of social assistance measures in 2021, respectively. In 2020–2021, approximately one out of six people in the world had received at least one cash transfer payment (Gentilini, 2022).

Notably, the coverage of cash transfers in the Asia and the Pacific region has grown exponentially over the years. Throughout the pandemic, several countries amplified the value of cash transfers to protect vulnerable households (Gentilini, 2022). Countries such as Indonesia expanded coverage of their cash transfer schemes to address the economic hardships faced by households during the pandemic (ILO, 2022). Mongolia increased their child benefits by 500 percent for six months in 2020, to provide additional support to 1.1 million children (ILO, 2022). In 2020, it was estimated that 50 percent of the population of East Asia were covered by cash transfers as a result of COVID-19 (Gentilini, 2022). Despite these achievements, the proportion of cash received by beneficiaries as compared to the median income in the East Asia and Pacific region—standing at 28 percent—falls short of the global average of 46 percent (Gentilini, 2022). Moreover, while there has been an upward trend in child-focused cash transfers over the past few decades, many countries in the region still grapple with inadequate coverage and benefit levels (ILO, 2022).

GLOBAL EVIDENCE AND IMPACT PATHWAYS OF CASH TRANSFERS

Global evidence on the impact of UCTs and CCTs: The impact of cash transfers on diet and nutrition outcomes of children and women has been a subject of considerable research over several decades. In recent years, several systematic reviews / meta-analyses (Manley J. et al., 2022; Olney, D. et al., Nutrition International and IFPRI, 2022; Manley, J. et al., 2020) covering low-income and middle-income countries have been conducted which provide new

insights and findings regarding the impact of CTs (including conditional and cash plus modalities) on children and women's dietary and nutrition outcomes. Manley J. et al. (2020) and Manley J. et al. (2022) looked only at child nutrition outcomes and the latter is an extension of the former review involving more recent studies.

Olney et al., (2022) assessed and identified detailed pathways leading to nutrition impacts and Manley et al., (2020) also identified determinants leading to nutrition impacts. All three reviews identified program design features associated with nutrition outcomes. The combined evidence from these reviews offers LMICs new opportunities to enhance nutritional outcomes by refining the design features of their CT investments.

Key evidence and research findings on the impact of cash transfers on women's and children's dietary and nutritional outcomes, relevant to this study including impact pathways and key design features that work, are summarized below.[15]

Impact on nutrition outcomes: Most of the CT studies included in the reviews showed positive impacts on dietary outcomes of women and children. Many studies also found significant impacts of CTs on stunting and wasting in children under five, but the impact on other outcomes is not as clear. The impact on stunting is stronger and more commonly reported than on wasting. A limited number of studies also found positive impact of CTs on reducing anaemia in children and women.

Impact pathways. The reviews confirm that likely pathways to improved nutritional outcomes are through enhanced dietary intake, notably increased diet diversity (such as the consumption of animal source foods) and reduced morbidity, especially the incidence of diarrhoea.[16] Olney et al., (2022) also observed that CTs can potentially improve exclusive breastfeeding and meal frequency. However, the impact on these pathways was less frequently observed compared to other intermediary pathways previously mentioned.

According to the positive deviance analyses of CT programs by Olney et al. (2022), beneficial impacts on many of the aforementioned outcomes were linked to improved child diet diversity (associated with women's empowerment and meal frequency), stunting reduction (related to parental knowledge, maternal health practices and morbidity), and decreased wasting (connected to maternal and child health practices and morbidity).

Similarly, Manley J. et al., (2022) examined characteristics that influence program effectiveness on anthropometry and morbidity and found that the content of (BCC) matters, and that BCC providing instruction on WASH is particularly helpful. BCC that provided messages on infant and young child feeding (IYCF) was weakly correlated with height-for-age z-scores (HAZ) alone, while BCC that provided instruction on household nutrition was associated with improvements in HAZ, stunting and diarrhoea. BCC focused on healthcare had a high estimated impact on diarrhoea. They also found that the covariate showing significant associations with the most outcomes is WASH-based BCC, which was associated with improvements in HAZ, stunting and diarrhoea prevalence.[17] The Nutrition International-IFPRI review (Onley et al., 2022) also found that BCC was likely related to impact of CCT on childhood stunting, whereas BCC as a conditionality was likely not related.

[15] For further information on methods and findings including detailed analysis of impact pathways and program features, please refer to the three review references mentioned above.

[16] The findings from Manley, J. et al., (2020) confirm that likely pathways are through consumption of animal source foods, increased diet diversity and reduced incidence of diarrhoea. They find evidence that CTs likely act through these determinants to improve child nutrition. Indeed, with increased household purchasing power provided by CT programs, caregivers are able to boost the quality of young children's diets by increasing access to nutrient dense animal-source foods (such as dairy, eggs, fish and meat) and by increasing the diversity of food groups. In addition, they find a similar pattern of these programs reducing child morbidity, likely through increased access to health and nutrition services. Despite the small number of studies, the finding of a significant effect of CT programs on reduced diarrhoea incidence supports this being an important pathway for breaking the well documented cycle of poverty, disease and malnutrition. See Manley et al., 2020 (Discussion)

[17] Manley et al., 2022

It was unclear whether BCC could be related to impact of CCT on childhood anaemia.

Regarding ***women's empowerment***, gender disparities often relate to both poverty and malnutrition because of limited opportunities available to women in both education and the workforce. CTs primarily influenced women's knowledge and control of resources. This enhanced decision-making and shifted gender norms through resource control and BCC sessions, subsequently affecting health-related behaviours, as well as dietary and nutritional outcomes. Furthermore, a comprehensive review of 45 studies on CTs in developing countries by McGuire et al. (2022) revealed that, over a typical period of two years, these transfers had a modest yet noteworthy positive influence on the mental wellbeing and psychological health of female recipients. Comprehensive studies evaluating the effects of social transfers on broader aspects of women's empowerment and gender equality are limited. However, an evaluation by Ekbrand and Halleröd (2018) of data from 49 developing nations indicates that achieving gender balance in education and work can reduce child malnutrition. This balance is crucial for ensuring proper nutrition and access to medical services.

Design/ program features. Among CT program design features, focusing CT programs on women and/or children was the design feature most consistently associated with positive impacts on diet and/or nutritional status outcomes. This was followed by the provision of BCC combined with cash transfers, which was associated with positive impacts on reducing morbidity (diarrhoea in particular) as well as reducing stunting and anaemia. An additional finding is that the content of BCC matters for program effectiveness. BCC providing instruction on WASH appears to be particularly helpful.

Among the three reviews, the one by Olney, D. et al. (2022) provided major insights on CCTs. This research suggests that certain CT programs implemented conditions that might have led to some observed positive intermediary outcomes. Yet, positive deviance analysis revealed that incorporating conditions into cash transfer initiatives showed positive effects only in mitigating anaemia. There was no discernible impact on enhancing child dietary diversity or on decreasing instances of stunting or wasting in children. In addition, Manley J. et al. (2020), found that both programmatic factors—such as transfer amounts, conditionality and access to health services—and participant-specific elements like baseline stunting and maternal age, influence child nutrition outcomes in diverse ways. They found that increasing transfer size is positively linked to improving linear growth, augmenting dietary diversity by 0.55 points (which was based on Household Dietary Diversity Score), and increasing consumption of animal sourced foods. They also found that delivering cash with BCC focused on IYCF, household nutrition and WASH/hygiene all had positive effects on child consumption of animal source foods.

Their research further delved into the impact of targeting CTs to households with children under 24 months. Interestingly, they found a more pronounced reduction in stunting among children aged 24–60 months when compared to their younger counterparts. This discrepancy might arise because the initial two years often align with a critical phase of growth faltering observed in many settings, typically following the introduction of complementary foods at six months. While CTs might offset such growth faltering to an extent, the exact mechanism remains uncertain. Notably, these studies also highlighted that CTs led to an uptick in household consumption of animal source foods and enhanced dietary diversity, while potentially playing a role, albeit tenuous, in reducing illness among children under two years (Manley J. et al. 2020).

The comprehensive findings outlined above carry significant ramifications for the formulation and execution of CTs in LMICs grappling with both malnutrition and poverty. The findings from all three reviews underscore the importance of tailored program design. Their insights emphasize that, while directing cash transfers towards children and women is vital, it's equally crucial to tailor the design based on specific health and nutritional situations and behaviours in given contexts. Furthermore, the program should set clear interim goals focusing on pivotal intermediary outcomes. In essence, when thoughtfully structured and

effectively implemented, CTs can serve as a valuable NSSP intervention to enhance the dietary and nutritional wellbeing of children and women.

STATUS OF CASH TRANSFERS IN SELECTED ASIAN COUNTRIES AND KEY OPPORTUNITIES[18]

The present review of social protection programs across 12 Asian countries revealed that UCT programs were operational in nine countries, while CCTs were present in seven countries.[19] The programs described below in Indonesia, Cambodia, Nepal and Pakistan have undergone evaluations and have yielded favourable results in terms of nutrition outcomes. The other programs described below have not yet been evaluated.

- **Bangladesh** introduced the Mother and Child Benefit Program in 2019 with the objectives of promoting safe births, preventing stunting and wasting, encouraging optimal IYCF practices, and supporting proper cognitive and psychosocial development among young children (Nawaz et al., 2020). It targets children aged 0–4 years old and pregnant women nationwide. Beneficiaries of the program receive unconditional monthly cash transfers of 800 BDT in addition to nutritional counseling provided at the community level through BCC sessions, connections with early childhood development services and access to health services. The program also involves partnerships with local governments to facilitate enrollment and promote birth registration. Impact evaluations of the program are currently underway. However, since its implementation, the program has faced administrative challenges and barriers related to the integration of its digital information system with other systems (Nawaz et al., 2020).

- **Cambodia's** NOURISH program was first introduced in 2014 by USAID Cambodia and Save the Children to improve the health and nutrition status of women and children during the first 1,000 days. This program integrated health, nutrition, WASH and agriculture interventions and provided CCTs to families with pregnant women and children under two. The program also integrated BCC to enhance its impact. Evaluations of the program revealed that it led to improvements in child growth and a decrease in stunting among children. However, the program was discontinued due to high operational costs and challenges in ensuring financial sustainability (Save the Children & USAID, 2019; Save the Children, 2020).

- **Indonesia's** PKH program is a large-scale CCT initiative that has been in operation since 2007. The primary objective of PKH is to enhance human capital by providing quarterly financial assistance to disadvantaged households with children or pregnant women, contingent upon specific conditions being met. These conditions include regular health check-ups for children, which include nutritional monitoring, prenatal care for pregnant women, and ensuring the enrollment and attendance of children in school. Eligible households receive between 550,000 to 2,200,000 Rupiah (approximately USD $60–$220) per year (Nutrition International, 2023). Qualified households can receive support for up to six years, contingent on their compliance with program conditions and their continued status below the poverty threshold. The impact assessments of the PKH program demonstrate its effectiveness, particularly in reducing stunting among children. Despite its positive impacts, the PKH program faces several challenges, as outlined in a comprehensive assessment of Indonesia's social assistance framework conducted by the World Bank in 2017. These challenges include uneven distribution of coverage, relatively modest benefit amounts, inadequate training and support for field personnel, and limited collaboration with healthcare and educational service providers. A notable issue highlighted by a study is the uniform allocation of funds to all beneficiaries, regardless of

[18] SEE ANNEX 1: SCOPING REVIEW SUMMARY OF CASH TRANSFER PROGRAMS IN THE ASIA REGION (12 COUNTRIES).

their varying economic circumstances, based solely on regional poverty thresholds and additional criteria, which may not effectively target the most vulnerable households (Asian Development Bank, n.d.; Nutrition International, 2023; Cahyadi et al., 2020; Hadna & Askar, 2022).

- **Lao PDR** launched the Mother and Early Childhood Grant Pilot Program in 2020, which targets pregnant women and children between 0–12 months of age. It aims to enhance the health, nutrition and wellbeing of pregnant women, mothers, children and families while also contributing to women's empowerment, gender equality and financial inclusion. The program consists of three main pillars (i) UCTs, (ii) facilitating access to health, nutrition, legal, and social services, which includes referral to services and strengthening of systems, and (iii) social and behavioural change communication. Pregnant women in the pilot districts receive a cash transfer of approximately USD $7 per month. Additionally, those who give birth in a health facility receive an extra transfer of USD $7 after delivery (UNICEF Laos, 2022). Although the program has been implemented for three years, the impact of the program and evaluation of the program's implementation challenges have yet to be reported.

- **Mongolia's** Child Money Program was first introduced in 2005 aim to reduce poverty and inequality as well as improve the health and wellbeing of all children (UNICEF, 2019). Since its inception, the program has made significant strides in expanding coverage, reaching 96.6 percent of children in 2020. As part of the program, eligible children receive cash grants of MNT 20,000–100,000 (USD $7–$35). Recent evaluations conducted to determine the impact of the program on food security found that the program was essential in ensuring food security for households during COVID-19 (Joint SDG Fund, 2022). The program, despite its accomplishments, has encountered obstacles affecting its execution. The use of a Proxy Means Test (PMT) as an eligibility criterion has led to community tensions due to a lack of understanding about why certain households are excluded from the program. Local officials have expressed concerns about the perceived inaccuracy of PMT, which leads to the exclusion of vulnerable households (UNICEF & ODI, 2020).

- In **Nepal**, the Child Grant scheme was introduced in 2009–2010 to support better nutrition among children under five years of age. At first, the scheme covered only one out of seven provinces of Nepal—the Karnali Province situation in the far west, which was one of the most underdeveloped areas of Nepal. Furthermore, from the outset the scheme aimed to provide universal coverage of children of Dalit families nationwide. Initially, the grant provided a cash transfer of NPR 200 per month to the mother or primary caregiver of eligible children (up to two children per family). The grant is meant to be cash support for better nutrition and care of children with no condition attached. The government has gradually increased the coverage of the program to include five additional districts and the amount of the grant has also been increased. In 2016, the grant amount was doubled and the government also announced universal coverage in a phased manner. Both measures represented a significant step by the government towards its commitment to child rights. The scheme expansion roll-out was planned on a district-wide basis using a queuing system, wherein districts were prioritized based on their ranking according to the human poverty index.

  Recent evaluations indicate that the scheme had positive impact in reducing wasting and underweight in children. In addition, it had positive result on women's empowerment in the form of control over resources and decision-making (Samson, 2022; ADB, 2016). The scheme is facing challenges including slow scale up due partly to fiscal constraints, targeting inefficiencies (high rate of exclusion error) and administrative difficulties in

some areas. Nevertheless, the child grant scheme has become a permanent feature of Nepal's social protection system and it has received widespread recognition and support as a cost-effective investment for improving children's health and nutrition.

- In **Pakistan**, the Benazir Income Support Program (BISP) has remained the major cash transfer program of the GoP. Launched in 2008, the BISP goals are to: i) enhance financial capacity of poor people and their dependent family members, ii) formulate and implement comprehensive policies and targeted programs to support underprivileged and vulnerable people, and iii) reduce poverty and promote equitable distribution of wealth especially for the low-income groups. The BISP has the largest database of the poorest households in Pakistan, which is the output of the first national door-to-door poverty survey. This data is used for the planning of poverty alleviation and social protection development policies and programs, and has been shared under protocols with various international and national organizations for research purposes. The BISP had been evaluated three times between 2011–2016 by Oxford Management Policy Group. The final evaluation conducted in 2016 assessed four key intended impacts from the program, namely (i) increased consumption expenditure and poverty reduction, (ii) women's empowerment, (iii) increased household and child nutrition security, and (iv) increased asset retention and accumulation. The evaluation found positive outcomes in each of those areas. The 2016 evaluation concluded:

> "Whilst we do find that the BISP has led to reductions in wasting in girls, the levels of child nutrition remain a concern, with levels of wasting and stunting that would represent an emergency as defined by the World Health Organization. We do find some evidence of increased food consumption at household level. However, child nutrition outcomes are driven by more than availability of food, and are influenced by significant deprivations faced by beneficiary households particularly in factors such as early childhood and maternal healthcare, immunization, sanitation and access to clean drinking water. The BISP is potentially a viable channel to address these child nutrition outcomes and could potentially emulate other social protection programs that directly address the same issue, with examples including conditional cash transfers for health or behavioral change messaging."

Key challenges faced by the BISP include slow scale up, low funding, targeting inefficiencies and operational/management inefficiencies in some areas. Moreover, Pakistan has deep-seated inequalities and significant gaps in social protection service delivery due to intervention fragmentation, inadequate coverage, leakage, administrative inefficiencies and insufficient fiscal space (UNICEF, 2022).

- In **Timor-Leste**, the Bolsa da Mae - Jerasaun Foun (BdM-JF), a universal cash transfer program, was launched in 2022, targeting all pregnant women and children between 0–6 years of age (P4SP, 2022). Under BdM-JF, pregnant women receive USD $15 per month, while caregivers receive USD $20 per month for each child, with an additional USD $10 per month provided if the child has a disability or chronic illness (P4SP, 2022). The program's overall objectives include reducing poverty, improving health and nutrition and increasing local economic activity in target municipalities (Sharpe et al., 2023). The BdM-JF integrated strategy also embeds direct linkages to health and nutrition services while providing social behavioural change and communication. Impact evaluations of the program have yet to be completed.

Many of the UCT and CCT programs being implemented in the Asian region lack concrete evidence regarding their contribution/role in improving nutrition outcomes as they have not

been evaluated. However, the broad-based global evidence and the limited regional evidence summarized above point to their potential in improving dietary and nutrition outcomes in children and women. Most importantly, all countries already have a system of social protection programs in place which can be used to further enhance nutrition outcomes by improving design and operational aspects.

Key opportunities

- Introducing cash transfer modalities that provide cash grants for women and children or increase the targeting and coverage of such programs where they already exist. These cash transfers should be sufficient to cover the costs of nutritious food items for beneficiaries to achieve their nutritional requirements and should be specifically targeted to women and children. It is also imperative that cash transfers are delivered in a timely manner.
- Incorporating BCC into cash transfer program designs. The BCC package should be tailored to the specific context, drawing from situational assessment of underlying causes of malnutrition and considering the social and cultural environments where the activities will be executed. It should be pilot tested and participant feedback should be gathered. The BCC package/session could include a combination of behavioural components such as IYCF, WASH, healthy food and nutrition practices—including dietary diversity—and healthcare practices.[20]
- Improving targeting to expand coverage and increased opportunity to population groups that are most nutritionally vulnerable and in areas where malnutrition rates are the highest.
- For conditional cash transfers, it is important that the service provisions (such as use of antenatal care services, growth monitoring and promotion sessions, etc.) are accessible and meet minimum quality standards. The application of conditionalities should also be promotive and inclusive, rather than punitive or exclusive, as in some contexts, the most vulnerable families tend to experience the most difficulty in meeting the expected conditions. Most importantly, CCT programs should be designed with nutrition as one of the core program objectives that have specific measurable outcomes.
- There is significant potential in implementing nutrition-specific interventions in association with cash transfers, like micronutrient supplementation. For example, Pakistan's BISP combines a cash stipend to mothers with dietary supplements for children between the ages of 6–23 months that provide the daily dose of most micronutrients. The adoption of these interventions should be tailored to the specific context, the unique malnutrition challenges, and the risks faced by vulnerable population groups like young children, adolescent girls[21] and women.

Finally, the design of programs such as the Mother and Early Child Grant in Lao PDR, BdM-JF in Timor-Leste, Mother and Child Benefit in Bangladesh, Child Money Program in Mongolia, and BISP in Pakistan appears to correspond closely to evidence indicating their potential to yield dietary and nutrition outcomes among children and women. A thorough review or evaluation of these programs is crucial for refining the programs, discerning their outcomes and impacts, and gleaning broader insights from their design strategies.

[20] Accompanying the use of BCC (through conditionalities or as an add-on feature) with health, nutrition and WASH messaging and information that is delivered through appropriate local media could further improve effectiveness.

[21] There is very little research/evidence on the impact of CTs on nutritional outcome, particularly anaemia on adolescent girls. In countries where malnutrition among adolescent girls is high, this could be an important topic both in terms of innovative program designs and impact assessments.

Focus: Indonesia’s Program Keluarga Harapan Program

Indonesia has a rich history of implementing large scale social protection programs targeting the most vulnerable population groups in the country. The country has prioritized nutrition by introducing large scale and multi-faceted nutrition-sensitive social protection programs. Among these, the Program Keluarga Harapan (PKH)—which is also known as Family Hope Program—stands out as one of Indonesia's most progressive national conditional cash transfer programs. Introduced in 2007, the program has been recognized as one of the world's largest conditional cash transfer initiatives. Its primary goal is to enhance human capital by providing financial assistance (on a quarterly basis) to disadvantaged households with children or expectant mothers, contingent upon specific conditions being met. The conditions include regular health check-ups for children (including nutritional monitoring), prenatal care for pregnant women and ensuring the enrollment and attendance of children in school. As of 2023, eligible households can receive aid ranging from 550,000 to 2,200,000 Rupiah (approximately USD $60–$220) per year for up to six years, provided they consistently meet the established criteria (Nutrition International, 2023). The program was initially implemented in 438 sub-districts (700,000 households) across Indonesia and has expanded its coverage ever since. By 2013, it reached over 3,400 sub-districts, covering 2.3 million households. In 2020, the program aimed to extend its coverage to around 10 million low-income households. In response to the COVID-19 pandemic, it underwent enhancements in April 2020, including a 25 percent increase in payments, relaxation of certain requirements, and more frequent disbursements. In 2022, coverage of the PKH stands at 97.2 percent of designated beneficiaries (World Bank, 2023).

Impact assessments of the PKH program highlight its effectiveness, particularly in improving nutrition outcomes. A study that analyzed data from approximately 14,000 low-income households found that—among PKH beneficiary families—children between the ages of 0–60 months experienced a significant nine percentage point decrease in stunting over the span of six years. This translates to a 23 percent reduction in stunting likelihood compared to a comparison group where 39 percent of children were stunted. Furthermore, the program contributed to a remarkable 10 percentage point reduction (equivalent to a 56 percent decrease) in severe stunting compared to the comparison group (Cahyadi et al, 2020). The evaluation revealed that the possible pathways included improved health seeking behaviours among mothers and children that may have increased the chances of early detection of stunting. Moreover, education enrollment among children between the ages of 7–15 years old also increased (ibid.).

While the PKH program has encountered several challenges such as targeting errors (such as high exclusion errors in targeting eligible households) and human resource capacity limitations. However, Indonesia’s strong political commitment and resource allocations to scale up and sustain the program has remained unchanged, positioning it as one of Indonesia's flagship initiatives. The program's conditional requirements have played a pivotal role in its positive impact on child nutrition outcomes. Moreover, Indonesia's continued economic growth and the implementation of a complementary food subsidy program (Sembako) may have further contributed to the program's success in improving nutrition outcomes (Syamsulhakim et al., 2021; Yulaswati, 2021). PKH serves as a compelling model for the successful implementation of large-scale, nutrition-sensitive conditional cash transfer programs in LMICs. However, it also highlights the critical need for concentrated government efforts to enhance social protection and nutrition outcomes.

Focus: Nepal's Child Grant Scheme

Nepal's Child Grant Scheme (CGS) has received considerable recognition within the country and the Asia region as a low-cost model to improve nutrition outcomes of young children. The scheme was introduced in 2009–2010 to support better nutrition of children under five years of age. At first, the scheme covered only one out of seven provinces of Nepal, the Karnali Province situation in the far west and one of the most underdeveloped areas of Nepal. In addition, the scheme from the outset had the target to have universal coverage of children of Dalit families nationwide. Initially, the grant provided a cash transfer of NPR 200 per month to the mother or primary caregiver of eligible children (up to two children per family). The grant is meant to be cash support for better nutrition and care of children with no conditions attached.

The government has gradually increased the coverage of the program to include five additional districts and the amount of the grant has also been increased. In 2016, the grant amount was doubled and the government also announced universal coverage in a phased manner. Both measures represented a significant step by the government towards its commitment to child rights. The rolling out of the expansion of the scheme was planned on a district-wide basis using a queuing system wherein districts were prioritized based on their ranking according to the human poverty index.

The scheme has undergone several reviews and evaluations that have shown consistently positive findings. Recent evaluation findings indicate that the grant has not only contributed to better health outcomes for children, and has also contributed to the empowerment of the mothers who receive the grant. A significant evaluation in 2020 found lower prevalence of wasting and underweight in the participating children but no reduction in stunting. The CGS also demonstrated impact on the agency of beneficiary mothers in terms of their control over their own lives and their ability to make decisions. Further, the evaluation has demonstrated that children in recipient households are more likely to attend early childhood education, which indicates that the CGP can contribute towards human capital accumulation and overall wellbeing of children (Samson, 2022). By 2023, the CGP reached about 40 percent of children under five years of age in 27 districts, which represents 9.5 percent coverage of all children under five in the country. The latest benefit level has increased to NRs 532 (USD $16) per month.

The CGP is facing challenges including slow scale up due partly to fiscal constraints, targeting inefficiencies (high rate of exclusion error) and administrative difficulties in some areas. Nevertheless, the CGP has become a permanent feature of Nepal's social protection system, and has received widespread recognition and support as a cost-effective investment in improving children's health and nutrition. The program offers considerable experience on design and implementation of targeted cash transfer and has also added to the existing body of evidence from other countries (South Africa, Indonesia, Mexico, Peru) with respect to positive impact of child grant schemes.

Chapter 6. In-kind Transfer Programs

In-kind transfers are primarily food-based programs that are designed to foster sufficient food consumption with the goal of assisting needy population groups or individuals in particular contexts to attain and sustain improved nutritional wellbeing. These initiatives aim to prevent scenarios where—in the absence of such interventions—people might have to reduce their food intake, thereby leading to malnutrition, increased morbidity and even potential fatalities (Alderman, H. et al., 2013). In-kind transfers can be implemented in various forms, including free distribution (rationing) of commodities to recipients through public distribution programs or to school-aged children through school meal programs. Vouchers or food stamps are also a form of in-kind transfers that grant individuals access to food (or a basket of foods) of a specified value or quantity, which can be redeemed at designated private or public outlets (Alderman, Gentilini, & Yemtsov, 2017). The use of BCC as a complementary feature to in-kind transfers has attracted considerable interest in recent years given its complementary nature and potential role in improving dietary and nutrition outcomes in women and children. School meal programs are among the most common forms of in-kind transfers and will be covered in the next chapter.

In-kind transfers remain widespread and are particularly used in LMICs (Gentilini, 2023). Some in-kind transfers, such as food distribution and subsidies, have been shown to be more effective in protecting poor and vulnerable households from food price inflation (Gentilini, 2023; World Bank, 2018). The latest available data suggests that approximately 57 percent of beneficiaries of in-kind transfers globally are in the two poorest quintiles (World Bank, 2018). South-East and East Asian countries have a particularly long history of in-kind transfers, with countries such as India, Indonesia, and Bangladesh having implemented large-scale food transfers for decades (Alderman et al., 2018). In 2016, in-kind transfers accounted for approximately 10 percent of the spending on social safety nets in South Asia (World Bank, 2018).

Despite their widespread use, in-kind transfers continue to decrease in popularity over the past few years. In comparison to cash transfers, in-kind transfers are generally more costly and can be logistically more challenging to implement (Alderman, 2015; Alderman et al., 2018). Large-scale leakages and losses in food distribution—which resulted in beneficiaries not receiving their food transfers—have been well documented in the literature. These implementation challenges have increased skepticism toward in-kind transfers (Alderman et al., 2018). Many governments have gradually shifted toward the implementation of cash transfers. Given their increase in popularity, cash transfer programs can also be leveraged to deliver food transfers and/or supplements (UNICEF, 2023; Attanasio et al., 2014).

GLOBAL EVIDENCE AND IMPACT PATHWAYS OF IN-KIND TRANSFERS

Olney et al., (2022a) conducted a meta-analysis which included a detailed assessment of the impact of these programs on women's and children's nutritional outcomes including intermediary outcomes (pathways to change). The review included 12 program evaluations of in-kind transfer programs.

Impact of in-kind transfers. The review analyzed the impact of in-kind transfers (various options) on women and children's nutrition outcomes. Among women, in-kind transfer programs were most successful in improving dietary diversity, BMI, and to a lesser extent in reducing anaemia. Among children, in-kind transfer programs were most successful in improving micronutrient intake and have the potential to impact haemoglobin levels, anaemia, dietary diversity and stunting. From the studies included, there is little evidence to suggest that in-kind transfer programs significantly reduce wasting.

Impact Pathways. The analysis of intermediate outcomes (in-kind transfers combined with BCC) provided the following insights:

- The impact of in-kind transfer programs on the dietary diversity of children seems to stem from their influence on enhancing parental knowledge about nutrition, health and WASH, as well as increasing meal frequency. In turn, this contributes to a more varied and nutritious diet for children.
- Reductions in stunting can be attributed to the same factors: improved parental knowledge about nutrition, health and WASH, as well as enhanced maternal health practices, an increase in meal frequency and a decrease in child morbidity.
- In-kind transfer programs may also play a role in reducing anaemia rates among children by improving maternal health practices and decreasing child morbidity.

One of the main findings of the review was that—like CTs—in-kind transfers are more likely to improve intermediary outcomes than nutritional status outcomes, which could be due to the timing and duration of the program, size and/or frequency of the transfers, the alignment of program interventions to the nutritional problems, or the need for additional program components.

Program design features. The review also highlighted specific program design features that can enhance the effectiveness of social protection programs using in-kind transfer modalities. To improve dietary diversity among children, key design elements include the inclusion of conditionalities for attending BCC activities and/or health visits, as well as targeting transfers to women and/or children. Moreover, including both household and individual transfers may further increase the likelihood of in-kind transfers positively impacting children's dietary diversity.

In the context of reducing child stunting, the most critical program design feature appears to be the inclusion of a condition related to attending BCC activities, along with providing both household and individual transfers. Additionally, incorporating BCC activities and directing transfers toward women and/or children can also enhance the effectiveness of in-kind transfer programs in reducing stunting. Finally, to address anaemia, the inclusion of a BCC program component is likely to be a significant program feature (Olney et al., 2022a). Although the incorporation of BCC is a crucial component, one systematic review also found that the delivery of fortified foods through in-kind social assistance programs significantly increased children's weight-for-length/height. The prevalence of anaemia among women and children also significantly decreased (Olney et al., 2022b).

Another intervention modality of particular interest is the combination of cash transfers with in-kind interventions. One pilot program conducted in Niger found that the combination of cash and food transfers could reduce the incidence of malnutrition at about twice the rate compared to interventions that implement cash transfers or supplementary food transfers alone (Langendorf et al., 2014). These findings emphasize the importance of specific program design elements in maximizing the impact of in-kind transfer programs in improving dietary intakes and reducing the prevalence of stunting and anaemia.

STATUS OF IN-KIND TRANSFERS IN SELECTED ASIAN COUNTRIES AND OPPORTUNITIES[22]

The country-level analysis of social protection programs in the 12 focus countries in the Asia region, showed that in-kind transfer programs were being implemented in six countries. For additional details, please see the summary table in Annex 2.

- **Bangladesh's Food Friendly Program** aims to contribute to the achievement of national zero hunger and poverty eradication goals by providing food assistance and nutritional support. To be eligible for the program, the household head must be a

[22] SEE ANNEX 2: SCOPING REVIEW SUMMARY OF IN-KIND TRANSFER PROGRAMS IN THE ASIA REGION (12 COUNTRIES).

permanent resident of the Union Parishads (UP)[23] in rural areas, possess a national ID card, be impoverished, be functionally landless, and working as a daily labourer. Priority is given to households headed by widowed, separated, divorced, deserted, elderly or disabled women, as well as those with children, and disabled individuals. Multiple members from the same household cannot benefit from the program at the same time. Moreover, current recipients of the Vulnerable Women Benefit Program are also ineligible. The program offers 30kg of fortified subsidized rice per month to eligible households in rural Bangladesh during two periods of the year: the Boro pre-harvest season (March–April) and the Aman pre-harvest season (September–November). The program has not been evaluated and there is no evidence of impact (Chowdhury et al., 2020).

- **Bangladesh** also implemented the Vulnerable Group Development (VGD) Program which was launched in 1982. The program was transformed in 2023, and renamed **Vulnerable Women Benefit Program (VWB)**. The revised program aims to empower women, enabling them to fulfill their basic requirements—such as food and nutrition—for both themselves and their households. The initial VGD program design comprised of food security and an income generation component. As a part of the food security component, beneficiaries received a monthly ration of 30kg of fortified rice for 24 months (which is referred to as a VGD cycle). For the income generation component, the participants received (i) 30.30kg of fortified rice per month throughout the VGD cycle, (ii) a cash grant of BDT 15,000 for every beneficiary to invest in an income-generating activity (IGA), and (iii) social behaviour change communication sessions to support improving nutrition (Begum, 2018). In 2020, the government introduced an implementation plan to transform VGD into the VWB program. The plan included consolidating VGD and other allowance programs for women under the VWB program. Procedural and administrative reforms were also laid out to reduce inclusion and exclusion errors and increase the program's return on investment (MoWCA, 2020). In terms of program activities, the newly introduced VWB aims to transition from food-based to cash-based support. The program was piloted in 2022 in urban areas before being mainstreamed and scaled up in 2023 (Ahmed & Bakhtiar, 2022). Initially, the pilot program was designed to provide urban beneficiaries with cash support that is equivalent to the market value of 30.3kg of fortified rice valued at BDT 1,500 (approx. USD $14) per month in addition to capacity-building sessions (Ahmed & Bakhtiar, 2022). However, recent country reports indicate that the shift toward cash support only was not completed. In 2023, participants of the VWB continued to receive monthly rations of fortified rice (30.3kg) in addition to intensive skill development training that is designed to help them graduate out of extreme poverty by engaging them in income generating activities (WFP, 2023). Evaluations of the impact of VWB on nutrition outcomes have yet to be conducted. However, an evaluation of the previous VGD program conducted across 10 sub-districts to assess the program's effects revealed a substantial reduction in severe food insecurity, dropping from an initial rate of approximately 50 percent to a mere 6.3 percent by the study's conclusion (Khanam et al., 2020). Another longitudinal study conducted in 10 sub-districts on participants of VGD showed that the program had positive impacts on nutrition outcomes (Ara et al., 2019). In this study, the intervention group received 30kg of fortified rice monthly, while the control group received 30kg of non-fortified rice each month from January 2013 to December 2013. Results of the study indicated that the provision of fortified rice through the VGD program significantly reduced anaemia (Ara et al., 2019).

- **India's** food-based in-kind transfers are the most extensive in the region. These include the **TPDS** and the supplementary nutrition program (SNP) being implemented through the **POSHAN Abhiyan/ ICDS.** The objective of **TPDS** is to ensure that vulnerable households have access to adequate and nutritious food. The eligible households are identified as Priority Households[24] (PHH) and Antodyaya Anna Yojana[25] (AAY)

[23] A Union Parishad (aka Union Council) is "the second lowest political chamber of rural local government structure and the fundamental unit of local government" (USAID, n.d.).
[24] They are determined based on criteria which includes socio-economic status, caste, and occupation

[25] These households are the poorest of the poor

households, with AAY being the poorest of the poor. Eligible households receive subsidized food grains (mostly rice and some wheat). PHH beneficiaries are entitled to receive 5kg of food grains per person per month, and AAY are entitled to receive 35kg of food grain per household per month. A key initiative is the use of fortified rice in the TPDS as a national initiative with variable progress across states. Some states are starting to distribute fortified flour as part of their own initiative. The latest data indicates that more than 800 million people receive subsidized rice as a result of the TPDS. The TPPS has not been evaluated.

The POSHAN Abhiyan, which launched in 2018, placed a renewed focus on the supplementary nutrition program (SNP) under the ICDS scheme. The SNP aims to fill the gap in nutrition amongst children under six years of age as well as pregnant and lactating women. SNP is delivered through two modalities— a hot, cooked meal at Anganwadi Centres (AWCs) and take-home ration (THR). The THR initiative aims to provide supplementary food products to children aged 6–36 months, and to pregnant and lactating women for use in their homes. The THR program takes up a major share of the ICDS budget with the central and state governments spending more than 13,500 crore (about USD $2 billion) annually on the program.[26]

The central government has issued detailed guidelines for THRs and other aspects including social behaviour change communication (SBCC) as a part of the POSHAN Abhiyan. State governments are expected to follow minimum provisions but they have the flexibility to add their own innovations and/or extended provisions and services. The central government's financial contribution varies by region, with northern states receiving 90 percent of the budget coming from the central government. Some states have developed nutrient-rich food ration packages or hot meals that include a variety of products in their supplementary foods. For instance, the state of Karnatak introduced **Mathrupoorna (One Full Meal program)**, which provides hot cooked meals to pregnant women and breastfeeding mothers through the existing system of AWCs.

A recent publication (WFP & Aayog, 2022) reviews and documents good practices from many states on various product mixes that are being used for THR. In many areas, women's self-help groups are also involved as volunteers in the preparation and distribution of THRs. As a part of the POSHAN Abhiyan initiative, convergence committees have been established at the block, district and state levels. They are responsible for planning, coordination, reviewing, monitoring, evaluating and resolving any issues and gaps using a bottom-up approach (WFP & Aayog 2022).

The national program has not been evaluated but the World Bank conducted a survey to assess the POSHAN program's delivery of nutrition services and changes in nutrition knowledge in 11 priority states where the Bank is supporting the program. The survey found that an average of 60 percent of women or children practiced recommended nutrition behaviours and 81 percent of beneficiaries practiced exclusive breastfeeding across the 11 priority states,. Moreover, nearly three-quarters (73.7 percent) of beneficiaries with children 0–23 months old had received growth monitoring services at the AWC in the past years (Chaudery et al., 2022).

- **Indonesia's Sembako program** is a culmination of a series of transformations aimed at enhancing the country's social assistance initiatives. Introduced in 2020, Sembako builds on a previous food assistance program. The Sembako program aims to alleviate the burden of expenditures for beneficiaries in fulfilling some of their food requirements and seeks to enhance the nutritional balance of beneficiaries, ensuring they have access to a more diverse and nourishing diet. Since 2020, beneficiaries have received the equivalent of 150,000 BDT (approximately USD $9 in 2023) in monthly assistance. This governmental support is delivered monthly to beneficiary families through an electronic money system.

[26] https://www.niti.gov.in/sites/default/files/2022-06/Take-home-ration-report-30_06_2022.pdf

This is earmarked exclusively for purchasing designated food items within the Sembako Program from e-Warong establishments and cannot be withdrawn as cash. Some of the provisions included in the Sembako Program are rice, corn kernels, sago, eggs, chicken, beef, fish, chicken, beans, vegetables and fruit. To facilitate the distribution and utilization of the Sembako Program, the Prosperous Family Card serves as the payment instrument. Beneficiaries are required to present this card at e-Warong outlets when making their purchases. While there have been impact studies conducted on the program's predecessor, BPNT, there have yet to be impact evaluations conducted on the Sembako program itself (TNP2K, 2020).

- **Mongolia's food stamps program** was first introduced in 2008 in response to high food prices and as a safety net for the country's most vulnerable individuals (Oxford Policy Management et al., 2022). The primary aim of the food stamp program is to assist in the consumption of essential foods, with the anticipated outcome of reducing the susceptibility to food insecurity among impoverished households (Byambaa, 2021). Around 37,000 low-income households are provided with MNT 16,000 per adult (approximately USD $5.60) and MNT 8,000 per child (about USD $2.80) per month to purchase 10 high-protein food items from stores that provide value-added tax receipts (Oxford Policy Management et al., 2022). A comprehensive impact evaluation has demonstrated that the food stamp program had significant positive effects, not only on food security and food consumption but also on diet diversity (Byambaa, 2021). Recipients of food stamps experienced fewer months of insufficient food provisioning, indicating an improvement in their overall access to food. Additionally, the program contributed to a more diverse diet among beneficiaries, showcasing its effectiveness in addressing nutritional needs and enhancing the quality of their food consumption (Byambaa, 2021). The study scope did not include an assessment of nutrition status outcomes.

- In 2023, the **Philippines** introduced **a pilot food stamp program** called Walang Gutom 2028. The program aims to address hunger among impoverished households (Maralit, 2023). The initiative provides beneficiaries with an Electronic Benefits Transfer (EBT) card, loaded with credits for purchasing nutrient dense foods at Department of Social Welfare and Development (DSWD)-approved merchants. The program signifies the government's commitment to ensuring nutritional access for everyone, with a special emphasis on vulnerable groups (Maralit, 2023). The food stamp program allows beneficiaries to purchase a range of nutritious foods, specifically from "farmer-driven stores" and other affiliated merchants. The pilot phase, set to run from July 2023 to March 2024, will cater to around 3,000 low-income families from areas like the National Capital Region, Cagayan Valley, Bicol Region, Caraga Region and the Bangsamoro Autonomous Region in Muslim Mindanao. These households, which were identified via the DSWD's Listahanan registry, will receive monthly food credits of P3,000 (Gutierrez, 2023). Around 400,000 family beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps) may also qualify for the food stamp program. To promote balanced nutrition, the EBT card sets limits based on recommendations from the Food and Nutrition Research Institute. Of the P3,000 monthly credits, P1,500 is reserved for carbohydrate sources (such as rice and bread), P900 for protein sources (like chicken or pork), and P600 for vegetables, fruit and essential condiments (Gutierrez, 2023). The results and impact of the program are to be determined in 2024.

- **Sri Lanka's Thriposha Program** has been in place since 1973 and it has undergone periodic adjustments. The objective is to improve maternal and child nutrition. The focus groups include pregnant women, breastfeeding women (first six months after birth), and malnourished children between the ages of six months and five years of age. The design includes the provision of nutrient dense (iron and micronutrient-fortified) food supplements (Thriposha) to eligible beneficiaries. According to the program, eligible beneficiaries are expected to be provided with two packets of 750g Thriposha per month. No recent evaluation of the program was identified.

The majority of aforementioned in-kind transfer programs have not been evaluated adequately which inhibits drawing conclusions regarding their specific contributions to improved nutritional outcomes. Common challenges faced by the programs as indicated by various reviews and studies include inefficient targeting (exclusion and inclusion errors), inadequate funding and institutional capacity, quality issues and various wastages linked to weak management and governance. Nevertheless, the program designs largely conform to the evidence from several successful programs in LMICs, and depending on their coverage and quality, they appear to have considerable potential for improving dietary and nutritional outcomes among vulnerable groups in the region.

Key Opportunities

- The existence of the institutional/delivery system and the existing capacity at the local level provide enormous opportunity to reform and strengthen social protection systems including the food-based transfers being implemented in the region. Where possible, the use of cash transfers to nutritionally vulnerable children and women could be considered to complement the existing in-kind transfer programs such as Pakistan's Benazir Nashonuma program (detailed in Chapter 5) to further improve nutrition outcomes.

- The food-based programs need to undergo a review of their designs in light of the new evidence such as those generated by recent Nutrition International/IFPRI study. The reviews should consider the use of improved food rations (including the use of fortified/nutrient-rich foods) and the use of BCC options. In addition, the programs could be combined with nutrition-specific interventions such as the use of micronutrient supplementation, lipid-based nutrition supplements and the use of healthcare services. The use of BCC should be context-based and informed by testing and research, such as periodic surveys of health, nutrition and WASH-related knowledge, attitudes, and practices.

- In countries/regions where iron deficiency anaemia or micronutrient deficiencies are widely prevalent, the use of fortified food products as a part of the in-kind transfers holds considerable potential as a complementary strategy to reduce malnutrition. This has been seen in programs such as POSHAN Abhiyan in India and the Vulnerable Women Benefit Program in Bangladesh.

- Given the significant investments being made, it is crucial that targeting is improved and program leakages are reduced. As demonstrated by programs such as Indonesia's Sembako program (see Chapter 8 on operational issues), digital technology options can be used to improve identification, registry, targeting and compliance.

- The investments in information management systems remain low, contributing to a weak results-based monitoring and evaluation system. Thus, increasing investments in results-based monitoring and evaluation systems could improve program implementation, reduce various wastages and yield better results.

Focus: India's Success Story in Using Fortified Rice in Food-based Social Protection Programs

Food fortification is a proven complementary strategy to overcome micronutrient deficiency along with diet diversification, micronutrient supplementation, and health and nutrition education. As affirmed by the 2008 and 2013 Lancet Series on Maternal and Child Nutrition, the 2012 Copenhagen Consensus, and the global Scaling Up Nutrition (SUN) Movement, multi-micronutrient fortification is among the most cost-effective strategies to reduce malnutrition (Sight and Life & WFP, 2018). Moreover, multiple efficacy and effectiveness studies have established the impact of fortified rice on micronutrient status (WFP, 2022).

India is one of the largest producers of rice, accounting for more than 20 percent of the world's rice production. It is also the largest consumer of rice, with a per capita rice consumption of 6.8 kg per month (Dept. of Food and Public Distribution, n.d.). To address anaemia and micronutrient deficiencies in the country, the Government of India approved the Centrally Sponsored Pilot Scheme on Fortification of Rice and its Distribution under Public Distribution System, which began in 2019–2020. A total of 15 state governments took part in the pilot scheme with one district per state implementing the pilot scheme (Dept. of Food and Public Distribution, 2023). The government-led pilot-to-scale scheme was used to test and demonstrate the feasibility and effectiveness of including fortified rice in different social assistance programs. It was also used to assess value chain standard setting, local production of fortified rice, integration into government distribution systems, and information, education, and communication in different contexts. This effort gradually built the momentum for integration of fortified rice into social assistance programs countrywide (WFP 2022). A multi-agency fortification advisory network (Poshtik) brought together several development organizations working on fortification in India, including WFP, GAIN, Nutrition International, the Bill & Melinda Gates Foundation, Tata Trust, and PATH. Together, the network advocated for—and supported the promotion of—fortified rice with a unified voice.

The Department of Food and Public Administration developed detailed operational guidelines, which included the procedures for planning and implementing rice fortification, task procedures for plant operations, quality check procedures, hazard analysis and critical control points, and audit and inspection guidelines. As per the guidelines, fortified rice kernels produced using extrusion technology are made with rice flour. The guidelines advise that mandatory micronutrients include iron, folic acid and vitamin B12, while optional micronutrients to include are zinc, vitamin A, thiamine (vitamin B1), riboflavin (vitamin B2), niacin (vitamin B3), and pyridoxine (vitamin B6).

In 2021, the central government committed to mainstreaming fortified rice into all the social protection programs including TPDS, ICDS, and PM POSHAN. Fortified rice has gradually been introduced into all three programs over the past two years, and the country has become self-sufficient in fortified kernel production (WFP, 2022). The complete implementation of the initiative throughout the country is envisaged to take place in three phases:

- Phase I: Covering ICDS and PM-POSHAN in all of India by March 2022;
- Phase II: Phase I above plus TPDS and OWS in all Aspirational and High Burden Districts on stunting (total 291 districts) by March 2023;
- Phase-III: Phase II above plus covering the remaining districts of the country by March 2024 (Dept. of Food and Public Distribution, 2023.

The country has seen significant progress towards the use of fortified rice, and some states (such as Madhya Pradesh) have achieved the target of 100 percent usage of fortified rice in the three programs.

Key factors in India's success in rice fortification include high level political and government commitment (including state governments); effective partnership with the private sector (especially rice millers); contributions of national and international organizations; funding commitments for pilot and scale up; and continuous quality monitoring and assurance. In addition, India's pilot-to-scale approach to rice fortification may be useful in countries where governments are not yet fully convinced about fortification (WFP 2022). The precise impact of the use of fortified rice in reducing micronutrient deficiencies in India is yet to be measured. Nevertheless, large scale fortification of rice for distribution in social protection programs is considered a major success that is relevant for many other countries, such as Indonesia, that aspire to embark upon rice fortification.

Chapter 7. School Feeding Programs

School feeding is one of the largest and most widespread social protection programs in the world. In 2022, school feeding benefitted an estimated 418 million children globally, which is 30 million more than the 388 million children reached before the pandemic in early 2020 (WFP 2022).[27] Almost all school feeding programs around the world are led by national governments and an increasing number of governments are elevating their policies and expanding their investments. A 2022 survey shows that 82 percent of low-income countries now have a school meals policy in place (ibid.).

School feeding programs appear to have surged in popularity in recent years, particularly among governments in the South Asia and the Pacific region. However, the coverage[28] rates among school-going children show significant variation across the sub-regions and countries. East Asia and the Pacific exhibits the lowest coverage rate globally, standing at only 22 percent, while South Asia has a coverage of 51 percent (WFP, 2022). Moreover, there are substantial disparities among countries, ranging from almost universal coverage in Timor-Leste and Mongolia to 55 percent coverage in India, 15 percent in Bangladesh and 12 percent in Cambodia (WFP, 2022; WFP, 2021).

Food items used in school feeding programs range from micronutrient-fortified biscuits to complete meals with various degree of dietary diversity. In certain contexts, school feeding programs also offer children with take-home rations, which many countries used as an option during the COVID-19 pandemic (WFP, 2021). School feeding programs are rarely delivered as isolated interventions but are more often as platforms through which important complementary education, nutrition and health activities are delivered. More than 80 percent of the countries surveyed by WFP reported that they have complementary health and nutrition activities in conjunction with school feeding (ibid).[29] This reinforces the importance of school feeding programs as potential catalysts of crucial interventions to promote wellbeing among schoolchildren and adolescents.

There are strong arguments that make the case for investing in *well-designed* school feeding programs in LMICs (Bundy, D, et al., 2018; Drake, L. et al. 2018, WFP 2022). These arguments include the following:

- The positive impact of school feeding on human capital development stem from the benefits in terms of education, as well as health and nutrition. These interconnected benefits collectively promote children's attendance in school and enhance their ability to learn while at school. With respect to education, the research literature clearly demonstrates that school feeding increases attendance and years of schooling, especially for girls (Snilstveit et al., 2016).

- Well-designed, nutrition-sensitive school meals can help children meet their nutritional needs, promoting their healthy development. Better-nourished children can focus on learning in school and are at lower risk for developing health conditions.
- Anaemia—a widely prevalent health problem in school-age children in LMICs—is associated with poor cognition and learning as reflected in standardized test scores (Sungthong, Mo-suwan, & Chongsuvivatwong, 2002; McCann & Ames 2007). School

[27] It is to be noted however, that the rates of coverage are lowest in the lower income countries, and that the numbers of children fed in schools actually decreased in this period in the low-income group. About half of the 30 million increase was accounted for by India (WFP, 2022).

[28] Coverage is defined here as the proportion of school-attending primary school children who benefit from a school meal program. Coverage data not available for all countries.

[29] Evidence shows that the school system is an exceptionally cost-effective platform through which to deliver an essential integrated package of health and nutrition services, including school meals, deworming, iron and folic acid supplementation, vision screening and oral health (WFP 2022).

meals that include micronutrient-rich foods or supplementation can reduce the risk of anaemia (Jomaa, McDonnell, & Probart 2011).

- The benefits are especially important for the poorest and most disadvantaged children. In the most vulnerable communities, nutrition-sensitive school meals can offer children a regular source of nutrients that are essential for their mental and physical development. And for the growing number of countries with a double burden of undernutrition and emerging obesity problems, well-designed school meals can help set children on the path toward more healthy diets.

- In poor communities, economic benefits from school feeding programs are also evident—reducing poverty by boosting income for households and communities as a whole. For families, the value of meals in school is equivalent to about 10 percent of a household's income. For families with several children, that can mean substantial savings.

- School feeding programs also yield direct economic benefits for smallholder farmers in the community. Buying local food can help create stable markets, boosting local agriculture, impacting rural transformation and strengthening local food systems.

The following sections focus on the global evidence and an analysis of regional experience with respect to both potential and actual outcomes and impact of school feeding programs.

GLOBAL EVIDENCE AND IMPACT PATHWAYS OF SCHOOL FEEDING PROGRAMS

There is extensive research on the effectiveness of school feeding programs in improving dietary and nutritional outcomes for school-age children. Studies have found that school feeding programs can have a significant impact on height and weight gain among children and can significantly reduce the prevalence of anaemia among adolescent girls (Watkins et al., 2015; Adelman et al., 2019). A review by Bundy et al. (2018) highlights that well-designed and managed programs with micronutrient fortification can provide benefits to schoolchildren that complement nutrition programs for younger children. In terms of cost-effectiveness, studies have shown that school feeding programs in the LMICs can generate human capital returns of USD $180 billion, with USD $24 billion resulting from health and nutrition gains, and the remaining resulting from education (Verguet et al., 2020).

A recent systematic review commissioned by Nutrition International with IFPRI (Olney et al., 2022) examined 12 studies on school feeding programs in LMICs to assess their impact on nutrition. Key findings were as follows:

- Well-designed programs with micronutrient fortification provided benefits for the nutritional status of schoolchildren.

- All school feeding programs providing fortified foods showed positive impacts on anaemia, while the one program without fortified foods did not.

The review found that well-implemented school feeding programs in LMICs can make a significant contribution to daily nutrient intake and improve dietary quality for children. The programs can also act as a platform to promote better food choices with improved quality (nutrients and dietary diversity). Regarding the impact of school feeding programs on nutrition outcomes, the study concluded that school meals that provide fortified foods reduce anaemia and no concrete evidence is available regarding other outcomes. Two possible reasons for the uncertainty of the impact is that a) school feeding programs vary in design and

quality and b) studies evaluating the programs also vary with regard to quality.

Another recent systematic review and meta-analysis examined the impacts of school feeding on educational and health outcomes of school-aged children and adolescents in LMICs (Wang et al., 2021). They analyzed 57 articles that met the inclusion criteria for the review, including 44 randomized controlled trials and 13 controlled before-after studies. Altogether, 19 articles were included in the meta-analysis. Wang et al. found that school feeding resulted in a significant increase in height and weight over 12 months, compared to those in the control groups. School feeding also resulted in a significant increase in the percentage of school days attended. The study concluded that "school feeding is an important approach to improving the health and education outcomes of children and adolescents living in LMICs. More well-designed research is needed to establish further the effectiveness of school feeding for nutritional outcomes and academic achievement" (Wang et al,. 2021).

There is limited evidence on whether school feeding benefits carry over to the next generation. One recent study in India (Chakrabarti et al., 2021) used national data to assess if school meals— particularly mid-day meals (MDM)—improved linear growth for children of women exposed to the program as girls. Using data on school meal exposure for women born between 1980–1998 and height-for-age (HAZ) for their children under five in 2016, the study found plausible intergenerational benefits of the scheme. Children of women who had previously received school meals had better linear growth compared to children whose mothers did not get school meals. More research is needed to confirm these intergenerational impacts.

The study found that HAZ scores were 0.4 standard deviations higher among children whose mothers were exposed to the MDM program, compared to children whose mothers were not exposed. Stronger associations were seen in low socio-economic status groups. School meals were linked to 13–32 percent of the improvement in child HAZ scores in India from 2006–2016. The results suggest school meals may improve education, health service utilization and fertility timing—pathways that can reduce undernutrition risk for the next generation. The study concluded that India's MDM program has the potential to address multiple determinants of undernutrition through improving the quality of meals. Extending meals beyond primary school could further enhance benefits, though empirical data is lacking.

Despite their mixed findings regarding nutritional outcomes of school feeding programs, the findings from the aforementioned studies and the broader literature review have several implications for **improving school feeding program design/ features**:

- Conducting formal or informal participatory assessments of the socio-economic situation in communities (or appropriate sub-national level) to gather information on (i) educational challenges, (ii) health and nutrition problems and (iii) the market situation and local production of food items including availability of fortified products.

- Assessing health and nutrition (anaemia in particular) and education (enrolment, attendance) situation of school age/adolescent girls, and using the information to determine the specific design of the school nutrition/feeding programs.

- Positioning school feeding as part of a broader school health and nutrition initiative, with nutrient-rich meals, micronutrient supplementation, health education and links to health services.

- Using the assessments to develop an appropriate mix of fortified foods, micronutrient supplements, nutrition education and health service linkages.

- Establishing a robust monitoring system for regular delivery, meal quality and compliance including use of possible redesign options.

STATUS OF SCHOOL FEEDING PROGRAMS IN SELECTED ASIAN COUNTRIES AND OPPORTUNITIES[30]

Out of the 12 focus countries included in this study, nine were implementing school feeding programs, with considerable variation in their duration, design and coverage. The majority of programs were implemented at the primary school level, with some programs implemented at multiple levels of the education system (such as primary and secondary or pre-primary and primary levels). Some of these programs have undergone reviews or evaluations.

- In **Bangladesh**, a school feeding program was implemented in poverty-prone[31] areas in 2011. The objective was to ensure that the primary school children receive key micronutrients and macronutrients to support their overall development and to help achieve the country's quality primary education targets. Participants in 104 poverty-prone sub-districts (out of a total of 495 national sub-districts) received nutrient-rich biscuits. The WFP managed program implementation in 10 sub-districts, while the other 94 districts were managed by the Ministry of Education with WFP's technical assistance. The school feeding program also delivered an essential learning package to parents, teachers, school management committees, children and community members. This package included information on WASH, health and nutrition, and supported the establishment of school vegetable gardens. Furthermore, the program included the deworming of schoolchildren (WFP, 2022). The government also decided to pilot daily school meals in two sub-districts (Bamna and Lama) in southern Bangladesh between 2013–2020. As part of the pilot program, children received school meals instead of fortified biscuits. Evaluations of the programs found that both the provision of biscuits across schools in poverty-prone sub-districts and cooked meals in the pilot districts led to improved educational outcomes for children, resulting in a 4.2 percent increase in school enrollment and a notable 7.5 percent reduction in dropout rates. Moreover, the overall implementation of school feeding programs resulted in significantly lower prevalence rates of anaemia (10.9 percent) among participating children (WFP, 2023). Despite these achievements, the school feeding program in poverty-prone areas was discontinued in 2021 due to budgetary constraints. The WFP has attempted to reinitiate the program, however, it has yet to be reinstated in schools (WFP, 2022).

- In **Cambodia**, the school feeding program is a government-led initiative that has been in place since 1999 (WFP, 2011). It provides fortified, nutritious breakfasts or lunches to pre-primary and primary schoolchildren, allowing them to meet 30 percent of the recommended daily nutritional requirements for schoolchildren. Originally launched as a joint program between the WFP, UNICEF, and the Ministry of Education (WFP, 2011), the program transitioned to being fully managed and funded by the Cambodian government as of 2019 (Chea, 2022). It is currently being implemented in 427 schools across 10 provinces out of Cambodia's 24 provinces. The main goals are to improve nutrition, health and education outcomes for children and to encourage school attendance. By providing nutritious daily meals, school enrollment and attendance have increased (Bliss, 2017). Moreover, students benefiting from the program showed improved vitamin A status (WFP, 2011). The program also stimulates local agriculture by sourcing ingredients from smallholder farmers (WFP, 2023). The government aims to further expand the nationally-owned program in the coming years to reach all primary schools in Cambodia (Chea, 2022).

- In **Indonesia**, a pilot school feeding program called Progras was implemented from 2016–2019, with the objective to promote healthy behaviours and improve nutritional intake among primary schoolchildren. The Progras program was implemented in 600 primary schools across 11 districts within five provinces out of a total of 7,281 sub-districts and 38 provinces. Children were provided with one cooked meal, information on nutrition and personal hygiene, and deworming. School gardens were also established, and they

[30] SEE ANNEX 3: SCOPING REVIEW SUMMARY OF SCHOOL FEEDING PROGRAMS IN THE ASIA REGION (12 COUNTRIES).

[31] Poverty-prone areas are those in which the poverty rate is 36 percent or above (Monitoring and Evaluation Division Directorate of Primary Education Government of the People's Republic of Bangladesh, 2017).

included activities to encourage local food production. An evaluation of Progras' impact indicated significant positive effects on dietary intake and nutrition outcomes. Daily protein and energy intake increased by approximately 10.2g and 465 kcal in the intervention group before and after the implementation of Progras. Iron intake also significantly increased by 3.18mg among children in the intervention group. Moreover, there was a weight gain of 0.2kg within the initial two months of the program, demonstrating its positive impact on the nutritional wellbeing of the beneficiaries (Skiyama et al., 2018). Despite its positive impact, the lack of sustainable funding and weak implementation resulted in the program's discontinuation. As of 2024, Progras has yet to be reinstated in schools. According to key informant interviews, Indonesia's Ministry of Health has recently launched a food supplement program which targets elementary schoolchildren. The program aims to improve their nutrition outcomes as well as stimulate local food production. However, the program has yet to be implemented at a large scale, and data on this program is limited.

- In **Nepal**, a WFP-supported MDM program was implemented during 2018–2021, which focused on preprimary, primary and lower secondary schoolchildren. During phase one, 218,815 children in 11 districts in three provinces (out of 77 districts and seven provinces) were reached. The objective was to reduce hunger and improve the literacy and primary education of children. The program provided mid-day meals made up of 80g of fortified rice, 20g of lentils, 10g of vitamin A fortified vegetable oil, and 2g of iodized salt. Students received these mid-day meals every functional school day, a total of 200 days. An end-line evaluation of the program showed overall positive findings on educational, health and nutrition objectives. Some findings require verification due to COVID-related interruptions (WFP Country Office, 2022). The lessons from the program are being used for the second phase of the program which covers 2021–2024.

- In **the Philippines**, a School-Based Feeding Program was launched in 1997. The program was institutionalized in 2018 and has been ongoing ever since. The objective is to eliminate hunger, encourage enrollment, improve classroom attendance, provide nourishment for growth and development, contribute to the improvement of children's nutritional status, help boost immune systems, and enhance and improve health and nutrition values (USDA, 2023; Department of Education, 2023). As part of the program, school implementers identified wasted and stunted schoolchildren using the WHO's weight-for-age and BMI–for-age tables to identify undernourished children. The program focused on undernourished children from kindergarten to grade six in public daycare centres, kindergarten, and elementary schools. In 2022, the program had a nationwide scope with a coverage of 3.5 million students in more than 33,000 public schools out of approximately 47,000 public schools. Evaluations conducted in 2013–2014 showed that about 62 percent of participating children improved to normal nutrition status and teachers reported improvements in attentiveness (Tabunda, Albert & Angeles-Agdeppa, 2016). Furthermore, parents noted the following improvements in their children: weight gain, reduced illness occurrences, enhanced school attendance, and better eating habits and table etiquette. Another evaluation found that during the 2016–2017 school year, 32.13 percent of learners were classified as severely wasted or wasted; this figure decreased to 22.35 percent by the 2019–2020 school year (USDA, 2023; Department of Education, 2023).

The programs in India, Timor-Leste and Lao PDR have not been evaluated though there are several state or district-level evaluations that show positive effects on nutrition and school performance.

Key opportunities

Apart from their role in improving dietary intake and nutrition of school-age children, the justification for school feeding programs must consider their well-established role in enrolment, attendance and learning, which contribute to the overall development of children and strengthening of human capital in the longer term. This is particularly important considering that in Asia—as in all other regions of the world—the nutritional status of young children is closely associated with their mothers' educational attainment. When considered in this manner, well-designed school feeding programs offer considerable potential in the Asia region given the low level of educational participation (especially among girls) in several countries and the high rate of malnutrition (especially anaemia and micronutrient deficiencies in girls) in most countries.

- Many countries are moving toward using broader school health and nutrition initiatives by combining school feeding with supplementation, deworming, sanitation and hygiene promotion, and a package on health and nutrition education. Several studies have recommended the use of school feeding programs as vehicles for micronutrient supplementation and deworming, including links with nutrition education (Alderman, 2016; WFP, 2021; Adelman et al., 2019). When viewed in this manner, school nutrition/feeding programs offer considerable potential to address nutrient deficiencies in schoolchildren and particularly the high prevalence of anaemia in adolescent girls in many Asian countries. The increase in the use of micronutrient fortified food products in school feeding programs in countries like India and Bangladesh needs to be assessed further with focus on its effectiveness and scale up in particular contexts. As shown in the appended annexure, India, Bangladesh, Cambodia, Lao PDR, Indonesia, Nepal and the Philippines already have substantive experience with school nutrition/feeding programs (including use of fortified food in most cases), which need to be reviewed further for possible refinement and scale up.

- In food-secure regions, procuring ingredients locally and garnering community support through monetary or food donations could enhance sustainability. However, it is important to ensure quality of foods procured and—in areas where anaemia in schoolchildren is widely prevalent—supplementation and/or deworming may be necessary. Community engagement through self-help groups (such as women's self-help groups who help prepare and serve school meals) can contribute to cost management and sustainability.

In areas that are chronically food insecure and poverty rates are high, government-sponsored school feeding programs can have an additional benefit in their role as economic support to families. In many such communities, the provision of a good meal at school can be equivalent to a significant share of the total household food expenditure, while yielding educational and nutritional benefits to the participating children, thus having a potentially positive effect on one of the possible pathways to improving nutrition.

Chapter 8. Cross-cutting and Operational Issues

The broader literature on social protection and the scoping of the policies and programs across the 12 focus countries in the Asia region shows that there are several challenges related to program design and implementation that can often limit their effectiveness and impact. This section covers two broad issues—challenges related to gaps in coverage and weak governance of social protection systems—with a particular focus on weak targeting and inadequate results-based monitoring and evaluation.

COVERAGE AND TARGETING ISSUES

As indicated by a recent UN review of social protection systems in the Asia and Pacific Region, current coverage gaps continue to undermine the broader impact of programs (UN ESCAP & ILO, 2021). Recent estimates indicate that poverty-targeted schemes in Asia and the Pacific frequently miss about half of the intended beneficiaries. Children, especially children with disabilities, are particularly vulnerable to being excluded. Estimates indicate that less than one in five children receive child or family benefits and, in many countries, coverage is below 10 percent (UN ESCAP & ILO, 2021). The review further indicated that these coverage gaps are the result of insufficient investments in social protection (particularly in South Asia and Southeast Asian countries), ineffective targeting mechanisms and weaknesses in the implementation of programs.

Ensuring efficient and effective coverage of existing social protection programs requires accurately identifying and selecting beneficiaries. This requires avoiding two types of errors, known as inclusion and exclusion errors. When individuals or households eligible for program benefits are not covered in the relevant programs, it results in exclusion errors. Inclusion errors arise when non-eligible individuals are admitted to social protection programs (Razzaque & Rahman, 2019). High inclusion or exclusion errors in social protection programs could impact a program's efficiency and effectiveness. Thus, NSSPs with high inclusion or exclusion errors could be ineffective in providing benefits to the most undernourished and vulnerable groups.

An earlier study by Corina & Stewart (1993) had examined the design of targeted food transfers having two types of wastages: (i) those involving the wastage of resources because some or all non-target groups are covered by the interventions and (ii) those involving a failure to reach the entire target groups. The paper proposed that both types of mistakes should be considered in the design of good schemes.

The **gaps and challenges** related to accurate targeting have drawn considerable attention in the reviews and evaluations of social protection programs. The Asia region is no exception as many programs in the region suffer from various weaknesses related to targeting. To note a few examples:

- **Indonesia**'s PKH program is the country's largest poverty-targeting social protection program. It has an estimated exclusion error[32] of 81.8 percent (UN ESCAP & ILO, 2021). Exclusion on this scale could also be potentially harmful from a nutritional perspective for people who are nutritionally at risk or affected.

- In **Bangladesh**, beneficiaries of the VGD program are not eligible to participate in the Food Friendly Program, but many cases of overlap occur where beneficiaries concurrently benefit from both programs (Chowdhury et al., 2020). While this type of overlap may not

[32] An exclusion error refers to the proportion of those individuals eligible for a social protection program but are excluded as a result of inaccurate targeting.

seem unethical as its helps those in disadvantaged situations, it does signal that a lack of targeting efficiency might be a systemic issue.

- Similarly, **Sri Lanka**'s Samurdhi program and Nepal's Child Grant program have estimated exclusion errors of 57.9 percent and 51 percent, respectively (UN ESCAP & ILO, 2021; Bhandary et al., 2021). This implies more than half the intended beneficiaries are not able to benefit from these programs, limiting their potential to reach the groups that are vulnerable to poverty and malnutrition.

Further, as noted by UN ESCAP and ILO's regional review of Asia and the Pacific, current social protection schemes often fail to cover the portion of the population whose income is not high enough income to qualify for contributory schemes, nor is it low enough to qualify for non-contributory schemes (UN ESCAP & ILO, 2021). Inclusion errors—while far less potentially harmful to people who are poor or malnourished—have also been noted in the literature, whereby people who are not eligible for specific social protection programs receive benefits from these programs. Lack of accurate data and administrative systems are also barriers to efficient targeting (ibid.).

Resolving targeting errors requires designing and implementing strict inclusion and exclusion criteria, ensuring in particular that people who are nutritionally at risk or affected are not inadvertently excluded during implementation. This implies increased investments in strengthening existing targeting mechanisms by adopting context-specific solutions (UN ESCAP and & ILO, 2021; UNICEF, 2023). For NSSPs, targeting mechanisms should also consider malnutrition, food security inclusivity, and nutritionally vulnerable populations (WFP, 2017). Furthermore, there is potential to explore cross-referral of identified beneficiaries, improved linkages and coordinated use of information systems between nutrition services and social protection programs. The use of data and integrated information systems can improve the efficiency and effectiveness of targeting mechanisms (UN ESCAP & ILO, 2021; UNICEF, 2023).

The present review of the 12 focus countries across South and Southeast Asia looked at various approaches that the social protection programs were using to **identify and include eligible beneficiaries**. The findings indicate that the majority of countries utilize poverty-based indicators to identify beneficiaries eligible for social protection programs. Digital information systems have also been used to increase targeting accuracy. It should be noted that despite the review's explicit focus on NSSPs, the programs reviewed did not find any programs that explicitly utilized nutrition-specific indicators to identify eligible beneficiaries.

- In **Indonesia**, a unified database was established which includes comprehensive details like names and addresses for approximately 40 percent of the population with the lowest welfare (TPN2K, 2023). This database has allowed the government of Indonesia to reduce errors in targeting and enhance program effectiveness by selecting extremely poor families to benefit from the national social protection programs.

- In **Cambodia**, the Identification of Poor Households (IDPoor) program was initiated in 2006 to identify needy households for targeted aid, using criteria like housing, income, land, livestock and assets (MoSVY, 2023). Households score as IDPoor Level 1 (very poor) with 59–68 points or Level 2 (poor) with 45–58 points. Since the introduction of the system, the IDPoor program has been used by development partners as a guide for targeting development funds and by government and non-governmental agencies for accessing government programs. Recent improvements to the system have included on-demand[33] identification of the IDPoor, which has the potential to ease barriers to access among poor

[33] The on-demand component allows those who recently fell into poverty to apply for financial assessment, which is done by their commune councils, village chief, or local NGO representative, to determine eligibility for cash transfer programs without waiting for the regular three-year poverty listing cycle (UNICEF, 2020).

and newly-poor households, and the extension of the system to cover urban populations (MoSVY, 2023).

LEVERAGING DIGITAL TECHNOLOGY FOR BETTER TARGETING

The use of digital technology in social protection programs can benefit both administrative functions and beneficiaries. At the administrative level, digitalizing social protection programs can reduce administrative costs, improve data accuracy and transparency, and facilitate monitoring. With regard to the beneficiaries, digitalization provides an opportunity to deliver certain services virtually (for example, nutrition-sensitive BCC sessions), which can reduce the burden of transportation costs on beneficiaries (Burattini et al., 2022). However, it is important to identify potential barriers and provide adequate guidelines to the use of technology (UN ESCAP & ILO, 2021). In Bangladesh's Mother and Child Benefit Program, eligible women self-enroll by going to their Union Data Center or municipality office (Nawaz, Newar, & O'Connor, 2023). Once enrolled, a beneficiary's data is integrated into a digital system that is linked to the Government to Person (G2P) system. G2P enables payments to be made on a monthly basis to a beneficiary's bank account. However, the implementation of this digital system has been hindered by the unreliable power and connectivity issues faced by Union Data Centers in rural areas, which pose enrollment difficulties for beneficiaries (Nawaz, Newar, & O'Connor, 2023). Additionally, the Union Data Centers currently operate independently from the Ministry of Health Data and are not held accountable for the accuracy of their data inputs. This has led to data entry errors and bounced cash transfers (Nawaz, Newar, & O'Connor, 2023). A key lesson is that digital solutions should be tailored and made context-specific, and that they require close monitoring in how they operate.

WEAK INFORMATION, MONITORING AND EVALUATION SYSTEMS

Monitoring and evaluation (M&E) refers to a well-established data and information system that contributes to planning. It is crucial for optimizing results from social protection systems. Regular data collection and M&E allow for the identification of potential gaps in existing social protection systems and course correction at earlier stages of program implementation (Asian Development Bank, 2022). With regard to NSSPs, M&E systems should include nutrition-specific indicators that are regularly monitored and assessed to ensure that nutrition goals and objectives are met (WFP, 2017). These indicators could include measures of food consumption and anthropometric status of intended beneficiaries; however, the choice of indicator used should be based on the intended nutrition goals of the NSSP (WFP, 2017).

The broader literature on social protection indicates a systemic gap related to availability of adequate data and functional M&E systems in many Asian countries. In our examination of 12 Asian countries, we identified a total of 17 cash transfer programs, nine in-kind programs, and nine school feeding initiatives. However, there is a scarcity of comprehensive evaluations for these programs. Among the 35 interventions in total, only 18 have undergone evaluation (eight cash transfer programs, four in-kind transfer programs and six school feeding programs). Of these 18 programs, only half of the programs (five cash transfer programs and four school feeding programs) included an evaluation of the nutritional impacts of the NSSPs. The remaining programs included evaluated indicators related to food security, dietary diversity and healthcare seeking behaviours.

Insufficient data and monitoring were also reported as barriers to successful implementation of NSSPs in some of the countries examined. In Bangladesh, a specific study revealed disparities in data infrastructure and monitoring and reporting mechanisms among the relevant ministries responsible for NSSP implementation, which indicates a lack of multisector coordination. This disparity poses a significant challenge to the successful execution of NSSPs in Bangladesh (BNNC, 2021). Conversely, in the case of an in-kind food transfer program in India, monitoring mechanisms were recognized as a pivotal element for successful implementation (WFP India & NITI Aayog, 2022). The POSHAN Abhiyan initiative depended on consistent monitoring, which involved regular checks of take-home ration

samples and the deployment of monitoring squads at the district and block levels. This approach was instrumental in ensuring the efficacy of the program implementation (WFP India & NITI Aayog, 2022).

Other prominent examples of the impact of M&E system on program design come from Indonesia and Timor-Leste. Through the use of well-founded M&E systems, the Indonesian government was able to detect various inadequacies related to targeting and effectiveness in Rastra (Prosperous Rice), the country's food assistance program. To enhance effectiveness and targeting accuracy of the program, Rastra underwent various transformations including transitioning into the non-cash assistance program, called BPNT. Through BPNT, beneficiaries received electronic cards that were distributed through the banking system, which enabled participants to purchase rice and/or eggs directly from specific stores. Through the use of electronic vouchers, targeting was improved by the BPNT program (Banerjee et al., 2020). The BPNT program was further transformed into the current non-cash food assistance program, called Sembako. This program relies on the use of data information systems and electronic payments to reduce targeting inefficiencies (TNP2K, 2020).

Timor-Leste has notably worked to improve their coverage of social protection programs by relying on data from evaluations (see the focus panel on page 84). Results of an evaluation conducted by the Ministry of Social Solidarity and Inclusion uncovered shortcomings in the Bolsa da Mae (BdM) program's targeting and monitoring mechanisms (World Bank Group, 2015). Drawing from the lessons learned evaluations of the BdM program, Timor-Leste introduced BdM-JF, which addressed the coverage gaps among children that existing in the BdM program (P4SP, 2022).

Investing in efforts that strengthen data, information and M&E systems is vital to reducing coverage gaps and achieving universal coverage of social protection programs. Moreover, efforts should be contextualized based on assessment of gaps and capacity to build on existing systems.

OPPORTUNITIES TO IMPROVE PROGRAM COVERAGE AND IMPACT

The broader reviews of social protection programs and the current scoping review indicates that many social protection programs could significantly expand their coverage by addressing problems related to inclusion and exclusion errors in beneficiary targeting and selection. As mentioned, the NSSPs reviewed primarily relied on poverty-based indicators for the identification of beneficiaries. Thus, targeting mechanisms for NSSPs can improve their reach by taking nutrition-related indicators into consideration when identifying eligible beneficiaries. Programs could further improve their effectiveness, sustainability and impact on nutrition outcomes by strengthening their information, and results-based M&E systems. These systems could also be enhanced to provide greater understanding of progress made towards addressing malnutrition and reducing gender-related and other barriers to access among intended participants. There is considerable experience and learning within the region which could be tapped for the collective benefit, which calls for a role for international organizations to contribute.

Specific opportunities include:

- For countries that have not undergone a review or evaluation of their social protection programs/system, a key step would be to organize a formative review with an explicit focus on examining the factors related to coverage gaps and weak targeting, monitoring and evaluation systems—including related good governance issues and capacity gaps at various levels. For NSSPs, the review should identify existing gaps in the program design that hinder the overall impact on nutrition outcomes. It should also involve an assessment of the type of program monitoring indicators and systems (including nutrition surveillance) being used to identify outputs and pathways on a periodic basis (or as a part of the routine information system) to help assess progress and impact.

- It might be useful to expand selection criteria for NSSPs to include both poverty-based and malnutrition-based indicators and data, particularly in countries and geographic regions where both poverty and malnutrition rates are high and NSSPs could potentially play a much larger role in addressing both problems. There seems to be considerable scope for improving cross-referral of identified beneficiaries and improved linkages and coordinated use of information systems between nutrition services and social protection programs.

- Use of digital identity and registration mechanisms provide new opportunities to address targeting and service delivery inefficiencies. Digitalizing the delivery and/or the monitoring of the payment systems (in cash transfers) can contribute to improved efficiency and transparency of social protection programs. Digitalization of social protection data can also contribute to improving program monitoring and evaluation. This could be considered as a part of strengthening results-based monitoring and evaluation. However, it is crucial that digital solutions are context specific. The accessibility of digital technologies among rural populations, persons with visual disabilities and illiterate people is a constraint that could hinder the effectiveness and inclusiveness of digitized social protection programs (Burattini et al., 2022).

- The scoping review shows that lack of well-designed reviews and evaluations is a significant issue affecting the effectiveness of—and learning from—many social protection programs. Evaluation is a well-established tool for conducting a systematic and objective assessment of social protection programs including their design, implementation and results. Evaluations can also generate evidence and learning on what works and why, and identify gaps and constraints that need to be addressed to improve program scale up, sustainability and impact. There are many examples of well-designed evaluations and their use within the region and elsewhere that can be used to organize program evaluations where they are lacking. One such example is the evaluation that was conducted on Indonesia's PKH program. The evaluation measured the program's impact on moderate stunting and severe stunting among children. It also aimed to identify potential pathways to improved nutrition for children under five (Cahyadi et al., 2018).

Focus: Learning from Evaluation to Enhance Social Protection

Timor-Leste's Bolsa da Mãe and Bolsa da Mae - Jerasaun Foun

Timor-Leste has made some progress in maternal and child nutrition, but challenges related to malnutrition remain. The country's extremely high rate of child stunting (46.7 percent) remains a critical issue, and anaemia among women between the ages of 15–49 years old is also a concern at 29.9 percent. Moreover, the prevalence of low birthweight remains relatively high at 18.2 percent (UNICEF & WHO, 2022). However, the country has demonstrated a strong commitment to enhancing the health and nutrition outcomes of women and children by bolstering its social protection system. Despite being a young nation, it has one of the highest social protection budgets in the region. Timor-Leste currently allocates approximately eight percent of its GDP to social protection, the majority of which is allocated to the veterans' pension (ILO, 2022). The country has been responsive to learning and reforming its nutrition-responsive social protection programs based on reviews and evaluation findings, and the use of broader evidence is worth documenting.

The Bolsa da Mãe (BdM) was introduced in 2008 as a conditional cash transfer program designed to support poor and vulnerable households with children. The program's objectives are to alleviate poverty, encourage enrollment in compulsory basic education for nine years, and enhance the utilization of primary healthcare services. A year after its inception, the Ministry of Social Solidarity and Inclusion, in collaboration with UNDP, conducted the program's initial formative assessment, which uncovered shortcomings in its targeting and monitoring mechanisms (World Bank, 2015). Drawing from the lessons learned during the evaluation, adjustments were made to the program's eligibility criteria, focusing primarily on child immunization and education, thereby narrowing its scope to children between the ages of 0–17 years. Moreover, a beneficiary database was established to improve the registration and monitoring systems (MDG Fund, 2012). Despite these efforts, challenges such as ineffective targeting for children under the age of seven years, budget constraints and limited operational capacity continued to impede the program's effectiveness.

To ensure that vulnerable groups not covered by BdM could benefit from social protection, the government introduced BdM-JF in 2022. This universal cash transfer program is aimed at all pregnant women and children between the ages of 0–6 years. Initially implemented in three regions, BdM-JF expanded to encompass seven regions, with the goal of extending coverage to all of Timor-Leste by 2025 (Sharpe et al., 2023). The BdM-JF program used the country's own experience to establish a comprehensive cash transfer program which comprised of two components: a maternity benefit and a child benefit for children between the ages of 0-6 years. It aimed to reduce poverty and improve health and nutrition among beneficiary groups. As part of the program, pregnant women received the equivalent of approximately USD $15 per month, while caregivers received the equivalent of approximately USD $20 per month for each child, with an additional USD $10 per month provided if the child had a disability or chronic illness. Importantly, the BdM-JF strategy integrated direct links to health and nutrition services while incorporating social behaviour change communication. Beneficiary registration and transfer payments occurred at health clinics, incentivizing individuals to access maternal and child healthcare services (P4SP, 2022). As of 2023, the program was repealed and the original BdM scheme was retained (Government of Timor-Leste, 2023). The original BdM scheme, however, will build on the foundations of the BdM-JF (Government of Timor-Leste, 2023).

Cash transfers have been the most widely used social protection measure and their impact on dietary and nutrition outcomes has been a subject of considerable research. Recent evidence underscores that among program design features, targeting transfers to women and/or children was the one most consistently associated with positive impacts on diet and/or nutritional status outcomes (associated with positive impacts on diet diversity, stunting and wasting) followed by including a BCC component (associated with positive impacts on stunting and anaemia) (Olney et al., 2022). Accordingly, the BdM-JF program held considerable promise and potential for improving child nutrition outcomes, which will need to be confirmed through well-designed evaluations. Timor-Leste's recognition of issues surrounding the initial BdM program and its subsequent transformation to enhance program design and operations is a crucial step toward improving nutrition outcomes among the country's children and women. The country sets a good example for other countries in the region, particularly where social protection programs have been much less responsive to using evaluation findings and learning to reform their social programs.

Chapter 9. Conclusions and the Way Forward

This concluding chapter summarizes key insights and trends in the region followed by opportunities for making social protection programs more effective—both in general and to improve nutrition outcomes—among the vulnerable groups, especially children and women.

KEY INSIGHTS AND TRENDS

The Asia region has advanced well in developing social protection **policies and frameworks** as well as nutrition policies and MSNPs. There has been considerable emphasis over the past decade on the role of social protection programs in nutrition policies and MSNPs. Nutrition policies and plans in the region highlight the importance of investing in key stages of the life cycle—mainly early childhood, adolescence, and maternity—to reduce malnutrition. Yet this is not adequately reflected in the social protection programs of some of the countries where malnutrition rates are alarmingly high. Despite the widespread prevalence of various forms of malnutrition among children and women, social protection policies and frameworks appear to have limited recognition of the need to address malnutrition.

Most countries in the region included in this scoping review are working towards strengthening their social protection systems by fostering institutional development at sub-national and local levels involving key sectors. Evidence shows that, despite these efforts, there is considerable scope for countries to reform these systems by reviewing their design and implementation aspects. The review findings identify several factors that are relevant for strengthening social assistance systems to achieve better nutritional outcomes among highly at-risk and affected groups. These include:

- Strengthening inter-sectoral linkages between social protection programs and nutrition-specific services provided through the health system at the policy/planning level and by improving multisector coordination.
- Institution building from central to local levels by determining and addressing capacity gaps.
- Empowering women by making them the primary beneficiaries of social protection benefits.
- Defining and implementing strategies for expanding coverage and scale-up of programs that widen inclusion among those most nutritionally at-risk and affected, and that impact nutrition outcomes and the pathways to improved nutrition.
- Building resilience and responsiveness to natural disasters and economic shocks.
- Strengthening information management and M&E measures.
- Investing in research and development including those related to food quality improvement such as fortification and storage, and using new evidence/innovations for program refinement.

With respect to specific social protection programs, the Asia region has a rich experience in implementing **cash transfers and in-kind transfers** as a part of their social protection systems. There are a number of nutrition-specific interventions that are proven to be low-cost and high-impact—and therefore highly cost-effective. These include micronutrient supplementation, food fortification, BCC, nutrition education, growth monitoring and promotion, and deworming. There is limited experience in the use of these interventions in the region in conjunction with social protection transfer schemes, which needs to be explored further based on country-specific situation assessment to determine feasibility and wider applicability.

Evidence shows that targeting **cash transfers to young children and mothers** is likely to yield the best nutrition outcomes and high return on investment. In addition, social protection programs can have a positive role in strengthening women's skills and decision-making power, as well as positively impacting diets, caregiving practices and services. For example,

women who benefit from cash transfers are more likely to make good nutrition choices for themselves and for their children, particularly with respect to dietary diversity.

In many countries, the prevalence of malnutrition among adolescent girls—anaemia, in particular—is a major concern and is also linked to intergenerational effects. However, there is very limited evidence in the region regarding the role and impact of social protection programs in improving nutrition among adolescent girls. There may be spillover effects of cash and in-kind transfers benefitting adolescent girls but it is important to consider this group more explicitly given their nutritional needs and the use of life cycle approach to address intergenerational malnutrition. School nutrition/feeding programs could serve as a potential platform for reaching girls, at least those who attend schools, with nutrition-specific interventions.

Most countries in the region have substantive experience in implementing **school feeding programs.** Apart from their role in improving dietary intake and nutrition (especially when fortified food is used) among school-age children, the justification for school feeding programs comes from their well-established role in improving enrolment, attendance and learning, which contribute to the strengthening of human capital and long-term development of children. When considered in this manner, well-designed school feeding programs offer considerable potential in the Asia region given the low level of educational participation (especially among girls in several countries) and the high rate of malnutrition (especially anaemia and micronutrient deficiencies in girls) in the region. In addition, the Asia region has a growing trend in the **use of fortified food products** in in-kind transfers and school feeding programs. These have considerable potential to address micronutrient deficiencies in young children, mothers and girls.

The broader reviews of social protection programs and the current scoping review indicate that many NSSPs in the region could significantly **expand their coverage** and broaden their impact by addressing problems related to errors of inclusion (broadly) and exclusion (in some instances) in beneficiary eligibility and selection. Similarly, they could improve program effectiveness and impact by strengthening their information and results-based M&E systems. There is considerable experience and learning globally, and some within the region, which could be tapped for collective benefit. This presents an opportunity for international organizations to play a role as well.

KEY OPPORTUNITIES IDENTIFIED BY THE REVIEW

Almost all countries in the region have a solid base and experience to further **build their social protection policies and systems** to reach the twin goals of protecting the people in economic and multi-dimensional poverty while contributing to reducing malnutrition among the most at-risk and affected groups. There appears to be considerable scope for improving coherence and synergy between national social protection policies/plans and multisector nutrition plans by a) setting common goals and objectives for reducing various forms of malnutrition among vulnerable socio-economic groups, particularly children and women; and b) joint monitoring of shared indicators, including those relating to nutrition outcomes and the pathways to better nutrition impact.

A few countries have reviewed their **social protection policies and systems,** including budget allocations and expenditure analysis, as an initiative to reform their approaches. Such reviews can have considerable potential by expanding their scope to include a) ways to improve synergistic outcomes of social protection programs in reducing both poverty and nutritional vulnerability; and b) including a focus on more effective governance, efficiency improvement, coverage improvement and sustainability.

Cash Transfers

- Introducing cash transfer modalities that provide cash grants for women and children or increase the targeting and coverage of such programs where they already exist. These cash transfers should be sufficient to cover the costs of nutritious food items for beneficiaries

that meet their nutritional requirements and should be specifically targeted to women and children. It is also imperative that cash transfers are delivered in a timely and accessible manner. In addition, there is some evidence in the region that directing cash transfers to women (mothers) increases the likelihood of better dietary and nutrition outcomes by improving women's control over own lives and ability to make decisions.

- Incorporating BCC into cash transfer program designs. The BCC packages should be tailored to the specific context, drawing from situational assessment of underlying causes of malnutrition and considering the social and cultural environments where the activities will be executed. They should also be pilot tested and participant feedback gathered. The BCC package and sessions could include a combination of behavioural components such as infant and young child feeding, WASH, healthy food and nutrition practices (including dietary diversity), and healthcare practices. In addition, where they exist, delivering BCC at cash payment sites appear to be more effective. Where the payments are made through electronic transfers, use of accompanying messages and/or broadcast media, as well as group sessions at community or health facility levels could be considered depending on the local context.

- For conditional cash transfers, it is important that the healthcare services that are a part of the conditionality—such as use of antenatal care, growth monitoring and promotion sessions—are accessible and meet minimum quality standards. The application of conditionalities should also be promotive and inclusive (rather than punitive or exclusive) as in some contexts, the most vulnerable families are those who tend to face most difficulties in meeting the expected conditions. Most importantly, conditional cash transfer programs should be designed with nutrition as one of the core program objectives that have specific measurable outcomes.

In-kind Transfers

- The food-based transfer programs could benefit from a review of their designs in light of the new evidence on impact pathways and design features that yield better results. The reviews should consider the use of improved food rations (including the use of fortified/nutrient-rich foods) and the use of BCC options. In addition, these programs could further benefit from being combined with nutrition-specific interventions such as the use of micronutrient supplementation, lipid-based nutrition supplements, and promotion of the use of healthcare services. The use of BCC and other features should be context-based and informed by testing and research, such as pilot testing, participant co-design and feedback, and periodic surveys of health, nutrition and WASH-related knowledge attitudes, and practices.

- In countries/regions where iron deficiency anaemia or micronutrient deficiencies are widely prevalent, the use of fortified food products as a part of the in-kind transfers holds considerable potential as a complementary strategy to reduce malnutrition.

- Another intervention modality of potential interest is the combination of cash transfers with in-kind interventions, with focus on highly vulnerable and affected groups. Such initiatives may be relevant for regions with particularly high rates of malnutrition and chronic food insecurity or economic poverty, and could be pursued based on feasibility assessments and piloting.

School Feeding

- Many countries are moving towards using broader school health and nutrition initiatives by combining school feeding with supplementation, deworming, sanitation and hygiene promotion, and health and nutrition education. As recommended by several studies, the use of school nutrition/feeding programs as vehicles for micronutrient supplementation and deworming, including links with nutrition education, could also be explored based on their relevance in particular contexts.

- In food-secure regions, procuring ingredients locally and garnering community support through monetary or food donations are being explored as cost-sharing options. However, it is important to ensure the good quality of foods procured and—in areas where anaemia in schoolchildren is widely prevalent—iron supplementation and/or deworming may be necessary. Community engagement through self-help groups who help prepare and serve school meals can further contribute to cost management and sustainability. When extended to the secondary level, school-based health and nutrition programs can also serve as a platform for addressing malnutrition among adolescent girls, especially if they have an outreach component to benefit out-of-school girls as well.

- In areas that are chronically food-insecure and where poverty rates are high, government-sponsored school feeding programs can have an additional benefit in terms of their role as economic support to families. In many such communities, the provision of a good meal at school can be equivalent to a significant share of the total household food expenditure while yielding educational and nutritional benefits to the participating children.

Improving Coverage, Scale Up and Sustainability

- For countries that have not undergone a review or evaluation of their social protection policies/system, a key step would be to organize a formative review with an explicit focus on examining the factors related to coverage gaps, targeting approaches, information system, institutional capacity and related good governance issues. This should involve an assessment of the type of program monitoring indicators and systems (including nutrition surveillance) being used for identifying outputs and pathways on a periodic basis to help assess progress/impact as well as gaps and opportunities for improving the linkages between SPPs and health systems delivering nutrition-specific interventions.

- It may be useful to expand eligibility/selection criteria for SPP participants to include both poverty-based and malnutrition-based indicators and data, particularly in countries and geographic areas where both poverty and malnutrition rates are high and SPPs could potentially play a much larger role in addressing both problems.

- In some countries, use of digital identity and registration mechanisms may provide new opportunities to address targeting and service delivery inefficiencies, as well as to broaden access and inclusion. Digitalizing the delivery and/or the monitoring of the payment systems (in the case of cash transfers) can contribute to improved efficiency and transparency of social protection programs. Digitalization of social protection data can also contribute to improving program monitoring and evaluation. However, the move to digital delivery can create difficulties of accessibility for some people. It may also potentially decrease contact between participants and providers which would need to be addressed through other approaches such as periodic community visits and focus group meetings.

The limited utilization of well-designed reviews and evaluations in the region appears to hinder the consistent enhancement of programs, affecting their overall impact and sustainability. Evaluation is a well-established tool to systematically and objectively assess social protection programs with respect to nutritional impacts and identifying pathways to progress and outcomes. Additionally, evaluation plays a crucial role in generating evidence and insights into what works and why, and in identifying gaps and constraints that require attention to enhance program scalability, sustainability and impact. Drawing on experiences from within the region and beyond, there are numerous instances of effectively designed evaluations and their application. These experiences can be leveraged to organize evaluations for programs where such assessments are lacking, which would contribute to a more comprehensive understanding of program effectiveness. Evaluations need to prioritize assessment of outcomes and issues related to gender equality and inclusion to identify gaps and challenges that need to be addressed systematically. Furthermore, active involvement of program participants as partners in monitoring, reviews and evaluations is equally vital. Incorporating participant feedback and establishing grievance mechanisms can facilitate

routine improvements in program design and implementation, fostering a collaborative approach to enhance overall program quality.

Annex

ANNEX 1: SCOPING REVIEW SUMMARY OF CASH TRANSFER PROGRAMS IN THE ASIA REGION (12 COUNTRIES)

Country	Program name & duration	Target group & eligibility	Program design	Program objective(s)	Program scope & coverage	Key output(s)/outcome (s)
			Unconditional Cash Transfers			
Mongolia	**Program name:** Child Money Programme (universal cash transfer) **Duration:** 2005–present	**Target population:** Children aged 0–17 years old **Eligibility criteria:** Every child included in the PMT database is eligible for the child benefit if they have a PMT livelihood score of below 670	**Benefits received:** Since the pandemic, the government has continued to provide cash grants of MNT 20,000 (USD $7) to MNT 100,000 (USD $35) eligible beneficiaries.	Improve the health and wellbeing of all children	**Scope:** Nationwide **Coverage:** 1.2 million children in 2022	Program was essential in ensuring food security for households during COVID-19 (2020) (Joint SDG Fund, 2022) Outcome not available

Lao PDR	**Program name:** Mother and early child grant programme **Duration:** 2020–present	**Target population:** Pregnant women and, children from 0–12 months of age **Eligibility:** N/A	**Benefits received:** The MECG program consists of three main program pillars: (i) unconditional cash transfers, (ii) facilitating access to health, nutrition, legal and social services, which includes referral to services and strengthening of systems, and (iii) social and behavioural change communication. Pregnant women in the pilot districts receive a cash transfer of approximately USD $7 per month. Additionally, those who give birth in a health facility receive an extra transfer of USD $7 after delivery. These transfers are distributed to beneficiaries either through the u-money service on a bimonthly basis or through cash delivered to their doorstep. Payments are received according to the following schedule: first antenatal care (ANC) visit at 12 weeks, second ANC visit at 26 weeks, third ANC visit at 36 weeks, fourth ANC visit at 36–38 weeks, delivery and first vaccine, second vaccine at six weeks, third vaccine at 10 weeks, fourth vaccine at 14 weeks, and fifth vaccine at 9–23 weeks. **Targeting mechanisms:** The MECG program cycle begins when a woman enrolls during the first trimester of her	Improve childcare, nutrition, post-natal care services and birth registration	**Scope:** Provincial level Villages in Sanamxay and Phouvong (Attapeu province) and Nong (Savannakhet province). **Coverage**: approximately 2,000 children in 2022	N/A

			pregnancy and concludes when her child reaches 12 months of age. This means the entire MECG pilot program cycle spans approximately 18–19 months and involves three key milestones: registration and enrollment during the first 2–3 months of pregnancy, delivery of the newborn, and reaching the child's 12-month mark.			
Bangladesh	**Program name:** Mother and child benefit programme **Duration:** 2019–present	**Target population:** Women aged 20–35 years and children 0–4 years old **Eligibility criteria:** Women have to be pregnant upon enrollment	**Benefits received:** Women are enrolled once pregnancy is confirmed, and they receive monthly cash transfers of BDT 800 (~USD $7.4). They are also encouraged to complete up to four ANC visits, deliver at a facility and complete the vaccination schedule for the newborn. Nutritional counseling is also provided at the community level through BCC sessions, connections with early childhood development services, access to health services for pregnant women, and partnerships with local governments to facilitate enrollment and promote birth registration. The BCC component was piloted in 4 unions of Thanchi Upazila under Bandarban District.	To achieve safe births, prevent stunting and wasting, ensure breastfeeding, optimal complementary feeding and proper cognitive and psychosocial development of young children	**Scope:** Nationwide **Coverage:** 1.25 million women and children in 2023	An evaluation is currently in progress.

Timor-Leste	**Program name:** BdM-JF universal cash transfer **Duration:** 2022–2023	**Target population:** Poor and vulnerable pregnant women and children (0–6) **Eligibility:** exclusive for pregnant women and children 0–3 years old. The benefit is extended until the child turns 6 years old.	**Benefits received**: The program has two components: a maternity benefit and a child benefit (0–6 years). Under BdM-JF, pregnant women receive USD $15 per month, while caregivers receive USD $20 per month for each child, with an additional USD $10 per month provided if the child has a disability or chronic illness. BdM-JF embeds an integrated strategy that aims to strengthen linkages between the cash transfer and the existing health and nutrition services including Saude na Familia and SISCA.	To improve nutrition and health outcomes among target beneficiaries	**Scope**: District-level Currently implemented in Ainaro, Bobonaro, Oecusse, Covalima, Liquiça, Viqueque and Manatuto The program will expand to further 5 municipalities in 2024 and will reach national coverage in 2025 **Coverage**: 51,000 pregnant	N/A

					women and children in 2022	
Nepal	**Name**: Child Cash Grant **Duration**: 2009 Saude na Familia and SISCA present	**Target group**: Universal coverage for children under 5 but only 27 districts implementing as of 2022 Children under 5 years scheduled casts nationwide	**Benefits received**: As of 2023, mothers are given Rs 532 (approximately USD $6) per month for up to 2 children (more than double when it started in 2009 with Rs 200 per month).	Reduce malnutrition in targeted young children	**Scope:** Nationwide **Coverage:** 1.15 million children reached in 2022 (36.3 %)	An evaluation conducted in 2020 found lower prevalence of wasting and underweight in the participating children (Samson, 2022)
Pakistan	**Name:** Benazir Income Support Program **Duration:** 2008 Saude na Familia and SISCA present	**Target group**: Poorest 20% of households in Pakistan; to the female head of the household	**Benefits received:** Quarterly transfers of PKR 4,500 (approximately USD $16) are provided via debit card or other channels. **Targeting mechanisms:** The BISP cash transfer is targeted using a Proxy Means Test (PMT). A PMT provides an objective method of approximating a household's level of welfare and poverty using a sub-set of indicators correlated with measures of monetary welfare. This is combined into a unique index to identify poor and non-poor households.	To provide a minimum income package to the poor and to protect the vulnerable population against chronic and transient poverty	**Scope:** Nationwide **Coverage:** 4.37 million beneficiaries as of June 2023	According to an evaluation in 2016, the program had an impact by reducing poverty, increasing food consumption and reducing wasting in girls (OPM, 2016)

			Armed with this PMT, the government of Pakistan conducted a national poverty census which attempted to visit every household in Pakistan to implement the BISP poverty scorecard and assign each household with a poverty score. An eligibility threshold was set to target the poorest 20% of households in Pakistan. Households with a PMT score below this threshold containing at least one ever-married woman in possession of a valid Computerized National Identify Card (CNIC) were deemed eligible for the BISP.			
Vietnam	**Program name:** National Target Program for Sustainable Poverty Reduction (NTP-SPR) **Duration:** 2016–2022	**Target group:** Poor districts and communes	**Benefits received:** Cash transfer (Food support provided through cash or in-kind transfers to households).	N/A	**Scope:** Nationwide with a special focus on poor districts and communes in coastal sand dunes, coastal areas and islands **Coverage:** NTP-SPR targeted 94 poorest	N/A

					districts and 310 coastal communes (2016–2021), later expanded nationwide with emphasis on poor districts, coastal areas, and islands (2021 onwards) **The coverage of cash transfers is not available**	
Cambodia	**Program name:** CARD and UNICEF Cash Transfer Pilot Project **Duration:** 2016–2017 (pilot)	**Target group:** Pregnant women and children under 5	**Benefits received:** The intended recipients were given cash transfers and attended educational meetings about maternal and child wellbeing and nutrition bimonthly. They received a base payment of USD $5 monthly immediately after joining. Additionally, they could earn bonus payments up to USD $90 annually.	Improve health and nutrition of beneficiaries	**Scope:** District level **Coverage**: Eight communes of Prasat Bakong district in	Positive impact on the utilization of health services like growth monitoring and more nutritious and diverse food consumption

			Targeting mechanisms: CARD generated the payroll list which was forwarded to the payment agency (AMK Microfinance), who was then responsible for disbursing cash to household receivers. Cash was provided at specified pay points once every 2 months and account holders needed to present their ATM card and pin code (password) to receive the payments. **Conditionality for the additional payments:** Additional payments were contingent on meeting certain health-related conditions, such as prenatal, delivery, and postnatal care, participating in growth assessments, ensuring their children under 5 received necessary vaccinations, and attending health and nutrition informational sessions.		Siem Reap province.	Improved rates of breastfeeding and minimum meal frequency for children. (CARD & UNICEF, 2017)
Cambodia	**Program Name**: Cash Transfer Programme Top-up to the COVID-19 cash	**Target group:** Households affected by COVID-19 and floods in Cambodia	**Benefits received:** a household of 5 people would receive USD $80 to USD $123 per month from the combined transfer (KHR 32,000/member (USD $8) x 3 transfers Plus, a one-time transfer of	N/A	**Scope:** Nationwide	The COVID-19 cash initiative considerably cushioned the blow of food insecurity for impoverished

	transfer program by RGC **Duration:** September 2021–February 2022		KHR 20,000/member (USD $5) for other cash transfer-related expenses). **Targeting Mechanisms**: The IDPoor household database and satellite which showed the extent of the floods were used to determine target beneficiaries.		**Coverage**: approximately 40,000 floods impacted IDPoor households	families during the pandemic A UN analysis observed a moderate decline in food security, with the IDPoor segment feeling a slightly stronger impact MoSVY's quick reviews showed 90% of families utilized the cash for food, with a majority expressing satisfaction in sustaining their food needs with the funds (MoSVY, 2023)
Sri Lanka	**Program name:** Samurdhi National Subsidy Program **Duration:** 1995–present	**Target group:** Low-income households **Eligibility**: Households living in poverty who meet vulnerability criteria, assessed based on the following indicators: (i) levels of education (ii) health	**Benefits received:** Monthly unconditional cash transfer linked to household size. (between LKR 420–LKR 3,500 (USD $1.30–$10.80) monthly). Transfers are deposited directly into recipient bank accounts after several deductions, variable according to recipient group, towards compulsory	Poverty reduction through the short-term strategy of reducing vulnerabilities through income transfers and social security and ii) the long-term	**Scope:** Nationwide **Coverage:** Reached 1.8 million	N/A

		(iii) economic situation (iv) total of assets (v) housing conditions (vi) family demographics	savings, social security and housing lottery funds. **Targeting Mechanisms:** The value of the payments are made according to household size.	objective of poverty reduction through livelihood development and empowerment	households in 2022	
Conditional Cash Transfer Programs						
Indonesia	**Name:** Program Keluarga Harapan (PKH) **Duration**: 2007–present	**Target group:** Low-income households with children, expectant mothers, elderly and people living with disabilities **Eligibility criteria:** Families must have a per capita consumption below 80% of the poverty line and fulfill one of the following criteria: Have a pregnant or lactating woman in the family. Have a child between the ages of 0–6 years	**Benefits received:** Offers quarterly monetary assistance to eligible households. As of 2022, eligible households receive between 550,000 to 2,200,000 Rupiah (approximately USD $60 to $220) per year. The amount provided to each beneficiary is dependent on age and condition: Pregnant/Breastfeeding Mothers: Rp 2,400,000 (Up to the second pregnancy) Children Aged 0–6 Years Old: Rp 2,400,000 (Maximum 2 per family)	Improve the lives of beneficiary households through access to education, health and social welfare services Create behavioral changes and independence among beneficiary families in accessing health and education services and social welfare	**Scope**: Nationwide **Coverage**: 10 million low-income households in all 34 provinces and 514 subdistricts (2023)	A randomized control trial found that from 2007 until 2013, there was a decrease in the likelihood of stunting by 23% among children aged 0–60 months belonging to PKH beneficiary group There was also a decrease in the likelihood of severe stunting by 50% among children aged 0–60 months belonging to PKH

		Or a member between the age of 6–21 who has not completed 12 years of compulsory schooling A member aged 70 years or above A member with a severe physical or mental disability	Children in Elementary School: Rp 900,000 Children in Junior High School: Rp 1,500,000 Children in Senior High School: Rp 2,000,000 Elderly (≥ 70 Years Old): Rp 2,400,000 (Maximum 2 per family) People with Severe Disability: Rp 2,400,000 (Maximum 1 per family) The program extends aid for a six-year period to eligible households that consistently meet the set conditions, as evaluated by community extension staff and healthcare facilities. **Targeting mechanisms:** The identification of recipient households is carried out through the utilization of a Unified Social Welfare List (Daftar Penerima Bantuan Sosial Terpadu, or			beneficiary group (Cahyadi et al., 2020)

			DPTBST). This database encompasses the poorest 40 percent of families. **Conditions**: **Health**: Pregnant women have to receive 4 ANC appointments during pregnancy. Pregnant women have to take iron supplements during pregnancy. Ensure that a qualified professional attends childbirth. Attend 2 postnatal care appointments. Ensure that children receive all required immunizations during their early years. Regular monthly weight checks for children under 3, and biannual checks for those under 5. Administer vitamin A supplements to children under 5 twice a year. **Education**:			

			Enroll children between the ages of 6–12 in primary school, with a minimum attendance rate of 85%. Enroll children aged 13–15 in junior secondary school, with a minimum attendance rate of 85%. **Elderly/Disabled:** Providing home care or visits by medical personnel. Participation in routine social activities.			
Lao PDR	**Name:** Helping Hand **Duration:** 2021–present	**Target group:** Poor and vulnerable households that include pregnant women or children under 2 years old **Eligibility:** Households must be located within one of the 879 preselected villages spanning across 12 districts within the four designated provinces A household must be identified as economically	**Benefits received**: Beneficiaries receive a monthly payment of USD $18 after they meet the conditions. **Targeting mechanisms:** Eligible families are identified through PMT scores to identify poor and vulnerable households. The PMT assesses a household's economic status or welfare by analyzing observable socio-demographic factors such as household composition, assets, housing conditions, tenure, education and access to essential services. District community mobilizers (CMs) and village facilitators (VFs) are	To improve nutrition and health outcomes through behavioral change activities	**Scope**: Provincial level 879 villages from 12 (out of 148) districts in 4 target provinces (Huaphan,	In 2021, results from a "Helping Hand beneficiary experience survey" revealed that 94% of beneficiaries reported utilized the grants they received to increase food consumption and improve their nutrition (Kawasoe & Avalos, 2021)

		disadvantaged or vulnerable Households falling below the 60th percentile according to PMT scores are eligible for assistance	responsible for the implementation of the program. MOH-trained and supervised VFs carry out monthly BCC sessions, assess and record children's anthropometric status in maternal and child health records, conduct home visits to households without toilets or those with malnourished children and pregnant women, perform cooking demonstrations, and organize cleaning days in their respective villages. To promote the use of digital financial services in target villages and enhance financial inclusion among marginalized communities, Helping Hand offers digital payment options. Beneficiaries can receive their grants through mobile wallets or existing bank or mobile money accounts. **Conditions**: Beneficiaries must attend the BCC sessions as well as attend health and nutrition sessions		Oudomxay, Phongsaly, Xieng Kuang) **Coverage**: 11,006 households were enrolled in 2021	No outcome data available

Timor-Leste	**Program name**: BdM **Duration**: 2008–present (Regulated by Decree Law in 2012)	**Target group**: Poor and vulnerable households with children (0–17 years old) **Eligibility**: Applicants must meet certain criteria, including: Being Timorese citizens, residing in the country for at least one year before the application date 17 years or older Have at least one child under 18 years old Have a vulnerable status	**Benefits received**: Payments of USD $5 per child for up to 3 children are provided on a yearly basis, with a maximum grant of USD $15 per month per household. **Targeting mechanisms:** Potential beneficiaries of the BdM program are identified by assessing their vulnerability using a qualitative scoring method. The qualitative vulnerability assessment assigns a score to each applicant based on four factors: self-reported income, the number of children, the type of caregivers and the number of children with disabilities. Eligibility is determined based on a fixed annual per capita household income threshold of USD $456.25, which corresponds to the official poverty line of USD $1.25 per capita per day. Eligible beneficiaries are then ranked according to their vulnerability scores, and priority is given to the most vulnerable households. The most vulnerable households are those headed by single parents or equivalent, households with 3 or more children, and households with 2 or more children with physical or mental disabilities.	Increase use of primary healthcare services	**Scope:** Nationwide **Coverage**: 47,539 households in 2021	N/A

			Conditionality: **Education**: Every child between the ages of 6–17 in formal education must be enrolled There must be a minimum school attendance rate of at least 80% for all school-aged children. **Health**: Children aged 0–1 years old must receive all required vaccinations Children aged 0–5 years old must visit the nearest health centre for regular health check-ups every six months. **Community Development Sessions**: Beneficiaries should actively engage in community development sessions.			
Pakistan	**Program name**: Ehsaas Nashonuma (Renamed Benazir	**Target group:** BISP beneficiary families	**Benefits received:** Stipends of PKR 2,000 are provided during pregnancy and after delivery they receive PKR 2,000 for boys and PKR 2,500 for girls contingent	To prevent stunting in children under 2 years of age,	**Scope:** Nationwide	A 2021 process evaluation found 97% women

	Nashonuma in mid-2022) **Duration:** 2020–present		on meeting specific conditions. The program includes a dietary supplement for pregnant women and lactating mothers during the first 6 months of lactation. The supplement is called Maamta, and it is a 75-gram sachet made with peanut butter with 400 kcal of energy. The dietary supplement for children aged 6–23 months called Wawamum, and it is a lipid-based nutrient supplement consisting of skimmed milk powder, micronutrients, vegetable oil, roasted chickpeas and antioxidants. Wawamum covers the recommended daily dose of most micronutrients and 255 kcal of energy (1/4 of daily energy requirements for children in this age range). **Targeting mechanisms:** Families declared eligible under Ehsaas' Socio-economic Registry Survey can benefit from the program. A fully digital system has been built for Ehsaas Nashonuma to enroll and track the eligible beneficiaries. **Conditionalities**: Beneficiaries must attend 3 ANC visits; attend awareness	improve weight gain of pregnant women during pregnancy, reduce anaemia and micronutrient deficiencies and prevent low birthweight	**Coverage**: Reached 770,000 beneficiaries as of August 2023	satisfied by the program Major evaluation underway; results expected after Sept 2023

			sessions on health and nutrition; get 2 doses of tetanus toxoid and institutional delivery. After delivery PKR 2,000 for boys and PKR 2,500 for girls paid as incentives conditional on getting child's birth registered, routine immunization and consumption of SNF by the child from 6–23 months.			
Philippines	**Program name:** Pantawid Pamilyang Pilipino Program (4Ps) **Duration:** 2008–present	**Target group & eligibility:** Households whose economic condition is equal to or below the provincial poverty threshold Households that have children 0–18 years old and/or have a pregnant woman at the time of assessment	**Benefits received**: Two types of grants are provided as part of the program: Health Grant and Education Grant *Health Grant*: P500 (approx. USD $8.80) per household every month, or a total of P6,000 (approx. USD $105) every year. *Education grant*: P300 (approx.. USD $5.28) per child every month for 10 months, or a total of P3,000 approx. USD	Provide CT to the poorest of the poor to improve health, nutrition, and education outcomes of pregnant women and/or with children under the age of 18	**Scope:** Nationwide **Coverage**: 4.4 million households in all 17 regions, covering 79 provinces, 143 cities, and 1,484 municipalities	Evaluations in 2013, 2017–2018, and 2020 showed varying degrees of impact (Abrigo, Astilla-Magoncia, Tam & Yee, 2022; Cho et al., 2020; Philippine Institute for Development Studies, 2020) However, across different research methodologies, it's consistent that Pantawid improved maternal and child healthcare access,

			\$52.80) every year (a household may register a maximum of 3 children for the program). **Targeting mechanisms:** Digital payments are made through a cash card like Mastercard, or Europay or an over-the-counter transaction by Accredited Government Depository Banks (AGDBs). Beneficiaries also receive benefits from other programs including health coverage from the National Health Insurance Program and rice subsidy. **Conditionality**: Participants must access basic maternal and child health facilities, ensure consistent school enrollment and attendance, and regularly participate in Family Development Sessions (FDS). These sessions are a major channel for disseminating information on topics such as responsible parenthood, health and nutrition, education, disaster preparedness and more.			elevated child-related health and education expenditure, and promoted varied diets A 2020 study showed an unexpected negative effect on nutrition, particularly on the incidence of stunting (Philippine Institute for Development Studies, 2020) More children were shown to be stunted (5.5 percentage points higher) and severely stunted (5 percentage points higher) compared to non-Pantawid children; also, no program impact was observed on all other nutrition indicators such as underweight or

						wasting (Philippine Institute for Development Studies, 2020)
Cambodia	**Program name:** NOURISH program (USAID and Save the Children) **Duration:** 2014–2019	**Target group:** Pregnant women and mothers of children under 2 **Eligibility:** Beneficiaries must be registered as Poor Level 1 and Level 2 in the IDPoor database	**Benefits received:** Families could receive up to 6 payments, totaling USD $65, over the first 1,000 days of a child's life. Complementary feeding activities and education are also provided through community-based growth promotion sessions, caregiver groups, and home visits along with WASH interventions and BCC. **Targeting mechanisms:** In 2006, Cambodia's IDPoor program was initiated to identify needy households for targeted aid, using criteria like housing, income, land, livestock and assets. Households score as IDPoor Level 1 (very poor) with 59–68 points or Level 2 (poor) with 45–58 points. Beneficiaries are	Improve nutrition practices and access to services	**Scope:** Provincial level **Coverage:** Three provinces: Siem Reap, Battambang, and Pursat (around 555 communities)	Improvement in child growth 19% decrease in stunting from baseline 54% decrease in diarrhoeal prevalence from baseline 54% increase in early initiation of breastfeeding (Save

			selected if they are registered as poor level 1 and level 2 in the IDPoor database. **Conditionalities:** Families receive payments after the completion of specific health and nutrition services, known as conditions.			the Children & USAID, 2019)
Cambodia	**Program name:** Cash Transfer for Pregnant Women and Children Under 2 (to be integrated with the Family Package Programme) (CT-PWYC) **Duration**: June 2019–present	**Target group:** Mother and child – first 1,000 days of life **Eligibility**: Eligibility is determined by the IDPoor system	Benefits provided: 4 payments of $10 are provided during pregnancy + birth bonus ($50) and 10 payments of $10 for eligible children from birth to 2. **Targeting mechanisms**: The cash transfer is conditional to women from families holding an IDPoor card. Starting January 2020, the program has been spearheaded by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). MoSVY's Social Welfare Department handles the design and management of the program's Management Information System (MIS). This system, centralized at the national level, necessitates proper data management resources. The process of transferring cash to beneficiaries has been completely digitized, and a MIS is	Improve wellbeing of mother and child (from conception until 2 years old) and contribute to reducing child malnutrition in poor households	**Scope:** Nationwide **Coverage**: As of 2023, around 339,977 women and children have benefited from this program	An evaluation of CT-PWYC showed participants were content with the program's delivery, noting increased food security and heightened awareness of children's nutritional needs (CARD & TWGFSN, unpublished draft)

			integrated with an e-payment system managed by a selected Payment Service Provider. **Conditionalities**: Beneficiaries must receive and attend prenatal and postnatal care, health center deliveries, and child health checks and immunizations.			

ANNEX 2: SCOPING REVIEW SUMMARY OF IN-KIND TRANSFER PROGRAMS IN THE ASIA REGION (12 COUNTRIES)

Country	Program name & duration	Target group & eligibility	Program design	Program objective(s)	Program scope & coverage	Key output(s)/outcome (s)
Sri Lanka	**Program name:** Thriposha **Duration**: 1973–present	**Target groups**: Pregnant women; breastfeeding women (first 6 months); malnourished children 6–5 years of age.	**Benefits received**: Packages of nutrient-dense food supplements are provided to pregnant mothers, lactating mothers (up to 6 months after birth) and malnourished children between 6 months–5 years. The eligible beneficiaries are expected to be provided with 2 packets of 750g Thriposha (fortified with iron and micronutrients) per month free of charge.	Improve maternal and child nutrition.	**Scope:** Nationwide **Coverage:** 900,000 women and children were reached in 2017	The program has not been evaluated
India	**Program name:** Targeted public distribution (TPDS) **Duration:** ongoing	**Target groups**: Priority households (PHH) and Antodyaya Anna Yojana (AAY) households which are identified as the poorest of the poor	**Benefits received**: All participants receive subsidized food grains (mostly rice, some wheat). Rice distributed is fortified but coverage varies across states. Some states are starting to use fortified flour on their own initiative. PHH are entitled to receive 5kg of food grains per	To ensure that vulnerable households have access to adequate and nutritious food	**Scope**: Nationwide **Coverage**: More than 800 million people receive subsidized food	A number of small-scale studies and evaluations have examined the design, implementation processes, and outcomes of the TDPS over the years The findings in general indicate that the TDPS has made significant

			person per month; and AAY households are entitled to receive 35kg of food grain per household, per month. **Targeting mechanisms:** The PHH are identified based on several criteria including their socio-economic status, caste and occupation. In December 2000, the government introduced the AAY initiative to enhance the focus of the TPDS on the poorest of the poor. Detailed guidelines were issued for identification and inclusion of the target beneficiaries in the TPDS.		grains every month (WFP 2022)	contribution to improving food security and diets of the participating households (Chaudery et al., 2022)
India	**Program name:** POSHAN Abhiyan Supplementary feeding component implemented through	**Target groups:** Young children, pregnant and nursing mothers	**Benefits received:** Target beneficiaries get nutritious supplementary take-home rations. Children 3–6 years receive hot cooked meals and out-of-school girls and adolescent girls receive take-home rations.	Prevent and reduce stunting in children (0– 6 years) Prevent and reduce under-nutrition (underweight prevalence) in children (0–6 years) Reduce the prevalence of	**Scope:** Nationwide **Coverage:** 110 million young children, pregnant and nursing mothers received nutritious	A World Bank survey conducted to assess the program's delivery of nutrition services and changes in nutrition knowledge found that 56%–67% of women or children practiced most nutrition behaviours and 81% of beneficiaries

	Integrated Child Development Services **Duration:** 1975–present		Dry rations or fortified blended food. can vary across states; For younger kids there is a take home ration. No one size fits all.	anaemia among young children (6–59 months)	supplementary take-home rations in 2021	practiced exclusive breastfeeding Moreover, nearly three-quarters (73.7 %) of beneficiaries with children 0–23 months old had received growth monitoring services at the AWC in the past years (Chaudery et al., 2022)
Bangladesh	**Program name:** Food Friendly Program (FFP) **Duration:** 2016–present	**Target groups**: Rural communities residing in Union Parishads (UP) **Eligibility criteria:** ○ Household head must be a permanent resident of the UP and possess a national ID card ○ Household must be impoverished, functionally landless, and the head of the household must work as a daily labourer ○ Priority is given to households led by widowed, separated, divorced, deserted, elderly or disabled	**Benefits received:** The program offers 30kg of fortified and subsidized rice per month to eligible households during two periods of the year: the Boro pre-harvest season (March-April) and the Aman pre-harvest season (September-November) in rural Bangladesh. **Targeting mechanisms**: The distribution process for this subsidized rice is a multi-stage operation. It begins with the UPZ committee's assignment of dealers for each UP area, typically with one dealer serving	To achieve zero hunger and no poverty through food assistance and nutrition support	**Scope:** Rural areas across Bangladesh **Coverage:** Exact coverage for the FFP alone is not known however, approximately 8 million people benefitted from the food friendly and vulnerable group development	An evaluation of the program's impact on nutrition outcomes has not yet been conducted

		females, as well as those with children and disabled individuals ○ Multiple members from the same household cannot benefit from the program, and current VGD recipients are also ineligible	approximately 500 beneficiaries. These designated dealers procure rice from the Upazila Food Controller (TCF) and subsequently distribute it to eligible beneficiaries at their shops, typically 2-3 times a week. Distribution details, including schedules, quantities, and prices, are prominently displayed at these shops. Each beneficiary possesses a beneficiary card, and a comprehensive list of beneficiaries is maintained at the UP digital center		programs in 2022	
Bangladesh	**Program name:** Vulnerable Group Development Program (Transformed to the **vulnerable women benefit program** in 2020) **Duration**: 1982–present	**Target group:** Ultra-poor rural women **Eligibility criteria for women:** ○ Widowed, separated, deserted, divorced or has a husband who is unable to work ○ Has severe food insecurity; ○ Landless or owns less than 0.5 acre of land	**Benefits received VGD:** Participants receive monthly rations of fortified rice (30.3kg) in addition to intensive skill development training that is designed to help them graduate out of extreme poverty by engaging them in income generating activities. **Targeting Mechanisms** **VGD**: Only 90% of the eligible	Improve the nutritional outcomes of women and their families in Bangladesh	**Scope:** Nationwide **Coverage**: In 2023, 1.7 million women benefitted from the VWB in 165 sub-districts	An evaluation conducted across 10 sub-districts to assess the VGD program's effects revealed a substantial reduction in severe food insecurity, dropping from an initial rate of approximately 50% to a mere 6.3% by the study's conclusion (Khanam et al., 2020) In another longitudinal study, baseline and end-

		○ Has very low and irregular family income or works as casual labour ○ From a household headed by a woman	women are selected to participate in the income generation segment of the VWB program. Targeting mechanism for the VWB program is not stated in the literature.			line surveys conducted among female beneficiaries of the VGD program in 5 districts before and after 12 months of distributing Fortified Rice (FFR) showed a decrease in the prevalence of anaemia by 4.8% in the intervention group (Ara et al., 2019) Evaluations of VWB have yet to be conducted
Mongolia	**Program name:** Food Stamp Program **Duration:** 2008–present	**Target group:** Impoverished households **Eligibility criteria**: Able-bodied working-age individuals to either have employment or register with the employment office and engage in employment promotion activities	**Benefits received**: Beneficiaries are provided with MNT 16,000 per adult (approximately USD $5.60) and MNT 8,000 per child (about USD 2.80) per month to purchase 10 high protein food items (meat and meat products (not imported), milk and dairy products (not imported), flour and pastries (not imported), butter and animal fats, sugar, potatoes and other vegetables, rice, vegetable oil, eggs, and	To protect vulnerable households from food insecurity by supporting them in the purchase of essential foods	**Scope:** Nationwide **Coverage:** 206,229 people in 37,987 low-income households	A comprehensive impact evaluation has demonstrated that the FSP had significant positive effects, not only on food security and food consumption but also on diet diversity, achieved through the purchase of 10 eligible food items (Byambaa, 2021) Recipients of food stamps experienced fewer months of insufficient

			fruits) from stores that provide value added tax receipts **Targeting mechanisms**: The FSP uses PMT scores to identify eligible households and in 2018, MLSP also introduced **employment conditions for FSP recipients**, requiring able-bodied working-age individuals to either have employment or register with the employment office and engage in employment promotion activities that include employment orientation and counseling services, employment training, public works, and community works under the local governor's office. Certain groups—such as pregnant women, caregivers of young children and those in full-time education—were exempt from these requirements. In 2021, these employment conditions were strengthened, stipulating that if an eligible household member refuses two job offers after failing to register with the			food provisioning, indicating an improvement in their overall access to food Additionally, the program contributed to a more diverse diet among beneficiaries, showcasing its effectiveness in addressing nutritional needs and enhancing the quality of their food consumption (Byambaa, 2021)

			employment office, their food stamp benefits will be terminated.			
Indonesia	**Program name:** Sembako food subsidy e-voucher program **Duration:** 2020–present	**Target group:** Intended for families in the most disadvantaged socio-economic circumstances within the designated regions (regencies/cities), as determined by government allocations **Eligibility criteria**: Eligible families are those included in the Ministry of Social Affairs' List of Family Beneficiaries (KPM).	**Benefits received:** Each beneficiary receives Rp150,000 (USD $10.40) monthly. This governmental assistance is imparted to beneficiary families on a monthly basis through an electronic money system. These funds are strictly earmarked for purchasing designated. Fortified rice constitutes one of the provisions within the Sembako Program from e-Warong establishments. **Rice, corn kernels, sago, eggs, chicken, beef, fish, chicken, beans, vegetable, and fruit** are among the provisions included in the Sembako program. **Targeting mechanisms:** To facilitate the distribution and utilization of the Sembako Program, the Prosperous Family Card (KKS) serves as the payment instrument. Operating as electronic money,	Promote healthy behaviors and improve nutritional intake	**Scope:** Nationwide **Coverage:** 15.6 million beneficiaries	The program has not been evaluated

			beneficiaries are required to possess and present this card when utilizing the assistance funds at e-Warong outlets for their purchases. Currently, the program reaches 15.6 million beneficiaries across the country.			
Philippines	**Program name:** WALANG GUTOM 2028: Food Stamp Program (Pilot phase) **Program duration:** 2023–present	**Target group:** Most destitute food-poor families and pregnant and lactating women with children under the age of 2	**Benefits received:** The initiative provides beneficiaries with an Electronic Benefit Transfer (EBT) card, loaded with credits for purchasing nutrient-dense foods at DSWD-approved merchants. The FSP also allows beneficiaries to purchase a range of nutritious foods, specifically from "farmer-driven stores" and other affiliated merchants. To promote balanced nutrition, the EBT card sets limits based on recommendations from the Food and Nutrition Research Institute. Of the P3,000 monthly credits: P1,500 is reserved for carbohydrate sources such as rice and bread; P900 for protein sources like chicken or pork; and P600 for vegetables, fruits, and essential condiments. Beneficiaries will also be required to attend capacity	To reduce involuntary hunger, malnutrition, and stunting among Filipinos	**Scope:** Provincial level **Coverage:** 4 areas so far: one in geographically isolated regions or provinces; one in urban poor settings; one in calamity-stricken areas; and one in a yet-to-be-determined rural poor area	The program is still in its pilot phase and results of the impact will be determined in 2024

			building and development training.			
Sri Lanka	**Program name:** Poshna Malla **Duration:** 2006–present	**Target group:** Pregnant women **Eligibility criteria:** All pregnant women registered with the Ministry of Health are eligible	**Benefits received:** In 2006, the program started targeting low-income mothers with a Nutrition Food Package. Since 2015, monthly vouchers of LKR 2,000 have been provided to pregnant women for 10 months (6 months during pregnancy and 4 months during lactation). The vouchers must be used in one purchase, at one of a limited number of outlets.	To provide nutrition support to pregnant and lactating mothers	**Scope:** Nationwide **Coverage:** 370,000 (2020)	An evaluation of the program has not been conducted

ANNEX 3: SCOPING REVIEW SUMMARY OF SCHOOL FEEDING PROGRAMS IN THE ASIA REGION (12 COUNTRIES)

Country	Program name & duration	Target group & eligibility	Program design	Program objective(s)	Program scope & coverage	Key output(s)/outcome (s)
Bangladesh	**Program name:** School feeding program in poverty-prone areas **Duration:** 2011–2021	**Biscuit based program**: Primary school students in poverty-prone areas nationwide **The pilot HGSF hot meal program**: pre-primary and primary school children in the Bamna and Lama sub-districts of Bangladesh	**Benefits received**: **Biscuit Based Program**: Students receive fortified biscuits for free. The biscuits provide 323 kcal per day. The school feeding program also delivers an essential learning package to parents, teachers, school management committees, children and community members. Activities include water and sanitation, health, and nutrition education, as well as the establishment of school vegetable gardens. **HGSF hot meal pilot program**: Between 2013–2020, the government piloted the provision of school meals instead of fortified biscuits in two sub-districts in Bangladesh. The school meals comprised of	To ensure children receive key micronutrients and macronutrients to support their overall development and to help achieve the country's quality primary education targets	**Scope:** Sub-district-level **Coverage:** **Biscuit Based Program**: 104 poverty-prone sub-districts (WFP is managing implementation of the program in 10 sub-districts, while the 94 others are managed by the Ministry with WFP technical assistance) **HGSF hot meal pilot program**: School meals	Evaluations of the school feeding program have demonstrated positive effects on child education and nutrition outcomes Both the provision of biscuits across schools in poverty-prone sub-districts and cooked meals in the pilot districts have led to improved educational outcomes for children, resulting in a 4.2% increase in school enrollment and a notable 7.5% reduction in dropout rates Schools with feeding programs have shown significantly lower prevalence rates of anaemia (10.9%) compared to those without (21.9%) (WFP, 2023)

			fortified rice, pulses, vegetables and eggs.		were piloted in the Bamna & Lama sub-districts of Bangladesh	
Cambodia	**Program name:** School feeding program **Duration:** 1999–present (Currently transitioning from WFP to government management)	Pre-primary and primary school students up to grade 6	The program offers hot meals either for breakfast or lunch at school. These meals are fortified allowing children to meet 30% of RDA for schoolchildren.	Provide nutritious meals to schoolchildren Improve nutrition and encourage school attendance	**Scope:** Selected provinces **Coverage:** 427 schools in 10 provinces	Increased school enrolment rate of children from poor and vulnerable families and increased dietary diversity (Bliss, 2017; WFP, 2011)
Timor-Leste	**Program name:** School feeding program **Duration:** 2005-present	Students aged 3–15 years	**Benefits received**: Government funding of $0.42 per student per day is provided to offer students one hot meal per day.	Combat hunger among school-age children	**Scope:** Nationwide **Total number of beneficiaries:** 290,000	No evaluation that looked at the impact of the program could be identified However, a recent limited scope evaluation conducted on the school meal program's implementation found that only 32% of the basic education and 8% of the pre-schools were reaching the minimum

						requirement of 4 out of 8 food categories (vegetables, fruit, eggs, meat, fish, grains, tubers and legumes) consumed (Care International & Imron, 2019)
Indonesia	**Program name:** Program Gizi Anak Sekolah (Progras) **Duration:** 2016–2019	Primary school children	**Benefits received:** Children were provided with one cooked dish (energy: 400~500 kcal; protein: 10~12g; 24 days/session, 4 sessions/year), nutrition and personal hygiene education, and deworming. School gardens were also established, and activities were undertaken to encourage local food production.	Promote healthy behaviours and improve nutritional intake	**Scope:** Provincial level **Coverage:** 100,000 students in 600 primary schools across 11 districts within 5 provinces	An evaluation of Progras' impact indicated significant positive effects on dietary intake and nutrition outcomes Daily protein and energy intake increased by approximately 10.2 g and 465 kcal in the intervention group before and after the implementation of Progras Iron intake also significantly increased by 3.18 mg among children in the intervention group Moreover, there was weight gain of 0.2 kg within the initial 2 months of the program,

						demonstrating its positive impact on the nutritional wellbeing of the beneficiaries (Sekiyama et al., 2018)
Lao PDR	**Program name:** School meals program **Duration:** 2002–present	Primary school children	**Benefits received:** School meals are delivered through two modalities: i) cash modality ii) in-kind food modality. The government-run National School Lunch Program uses a cash modality, providing schools with 800 LAK per child per day per meal (equivalent to USD $0.10 per child) to purchase food from local communities. Meanwhile, WFP and CRS use an in-kind food modality and provide schools with support for activities such as establishing school gardens, safe food storage training, literacy programs, improved access to water and hygiene, and technical assistance for policy and advocacy work at both national and sub-national levels. The WFP school meal program in Lao PDR provides a balanced diet to schoolchildren. This includes fortified rice (100g of	To ensure sustainable access to food and enhance educational performance	**Scope:** Nationwide **Coverage:** 140,000 children in 1,430 schools across Lao PDR	The impact of the National School Meals Program on nutrition outcomes has not been assessed

			dry fortified white rice per child per day), which contains multiple vitamins and minerals. In addition to rice, the program provides fortified vegetable oil (10g per day, enriched with vitamins A and D), 40g of lentils per day for 3 days a week, and 30g of canned fish per day for 2 days a week. These food items are procured through regional sources. In total, the food ration supplied by the program offers approximately 630 kcal, which represents roughly 48% of the recommended daily intake for pre-primary school children and between 33%–42% of the daily energy requirements (in kcal) for primary school children.			
Nepal	**Program name:** Mid-day school meals program (WFP supported) **Duration**: Phase I 2018–2021	Preprimary, primary and lower secondary grade school children	**Benefits received:** Meals using 80g of fortified rice, 20g of lentils, 10g vitamin A fortified vegetable oil, and 2g iodized salt are provided to students during functional school days (200 days).	Reducing hunger, improving literacy and primary education of children	**Scope:** District level **Coverage**: During phase one, 218,815 children in 11 districts in 3	An end-line evaluation for the first phase of the program showed overall positive findings on educational and health and nutrition objectives Some findings require verification due to COVID-related

	Phase II 2021–2024				provinces were reached From 2021-2024, the program will be implemented in six districts	interruptions (WFP Country Office, 2022)
Philippines	**Program name:** School Based Feeding Program (SBFP) **Duration:** Launched in 1997, institutionalized in 2018 –ongoing	Undernourished children from kindergarten to grade 6 for undernourished children in public day care centres, kindergarten and elementary schools	**Benefits received:** SBFP provides hot meals/nutritious food products (NFP) and milk to undernourished K-6 public school learners through a 120-day feeding program. *Pre-pandemic*: the SBFP was serving hot meals to undernourished learners in feeding areas within the schools. Each school developed its own cycle menu for 120 days based on DepEd's standardized recipes	To eliminate hunger, encourage enrollment, improve classroom attendance, provide nourishment for growth and development, contribute to the improvement of their nutritional status, help boost immune systems, and enhance and improve health and nutrition values	**Scope:** nationwide **Coverage**: 3.5 million students in more than 33,000 public schools nationwide (2022)	Evaluations conducted in 2013–2014 showcased that about 62% of beneficiaries improved to normal nutrition status and teachers reported improvements in attentiveness (Tabunda, Albert & Angeles-Agdeppa, 2016) Also, parents of the beneficiaries noted the following improvements in their children: weight gain, reduced illness occurrences, enhanced school attendance, and better eating habits and table etiquette

			Post-pandemic: Nutri-bun, along with other ready-to-eat items like NFP, was created. The food packs were distributed in various ways: parents could pick them up, other partner organizations aided in delivering them to the intended recipients, or schools utilized contracted vehicles and motorcycles to transport the packs directly to households. **Targeting mechanism:** As part of the program, school implementers identified wasted and stunted schoolchildren by using the WHO's weight-for-age and BMI–for-age tables to identify undernourished children.			Another evaluation found that in SY 2016–2017, 32.13% of learners were classified as Severely Wasted or Wasted, with this figure decreasing to 22.35% by SY 2019–2020 (USDA, 2023; Department of Education, 2023)
Sri Lanka	**Program name:** National School Meals Program	Primary school children, grades 1–5	**Benefits received:** A nutritionally balanced meal that consists of a combination of	Enhance primary schoolchildren's nutritional status, minimize nutrition deficiencies, increase school attendance,	**Scope:** Nationwide	An evaluation of the program has yet to be conducted

	Duration: 2022-present		rice, pulses, oil and canned fish is provided 5 days a week.	and promote good health and nutrition habits	**Coverage:** Reached 1.1 million in 2021; Recent coverage not known	
India	**Program name:** PM- POSHAN Mid-Day School Meals **Duration**: 1995–present	**Target group**: 6–14-year-olds (grades 1–8) school-aged children **Eligibility criteria:** Children who attend govt. or govt. supported schools	**Benefits received:** Children are provided with one hot cooked meal. Special provisions are made for providing supplementary nutrition items to children in aspirational districts and districts with high prevalence of anaemia. Rice used in school meals is increasingly being fortified although coverage varies across states.	To increase the number of admissions in the schools and their retention, at least for primary education To increase the nutrition level of economically vulnerable students by providing them with a nutritious	**Scope:** Nationwide **Coverage:** 100 million school-aged children reached in 2021	An evaluation of the program has yet to be conducted.

ANNEX 4: LIST OF KEY INFORMATANTS INTERVIEWED

Name	Organization	Country
Aneeka Rahman	World Bank	Bangladesh
Anirudra Sharma	UNICEF	Nepal
Anusara Singhkumarwong	WFP Regional Office	Bangkok
Daniel López de Romaña	Nutrition International	Global
Diplav Sapkota	Scaling Up Nutrition Movement	Bangkok
Eadara Srikanth	Scaling Up Nutrition Movement	Bangkok
Ferdinand Nunez	Ministry of Education	Philippines
HE Sok Silo	Council of Agriculture and Rural Development	Cambodia
Herrio Hattu	Nutrition International	Indonesia
Iean Russell	Nutrition International	Cambodia
Khambang Thipphavong	Lao DHRRA	Laos
Kristin Hall	Nutrition International	Global
Lucchese Lole Valentina	European Union	Bangladesh
MA Carina Hangad- Regalado	Supplementary Feeding Program, Bureau of DSWD	Philippines
Magdalene Cariage	Ministry of Education,	Philippines
Manpreet Chadha	Nutrition International	Global
Margherita Capalb	EU	Bangladesh
Mei-Ling V. Duhig	Ministry of Education,	Philippines
Mini Varghese	Nutrition International	India
Nazeer Ahmed	Planning	Pakistan
Nimal Hettiartchy	Former UNICEF	Sri Lanka
Pietro Bonanome	Partnerships for Social Protection	East Timor
Piyali Mustafi	UNICEF	Bangladesh
Priyanka Goyal	Food Supplies Department, Madhya Pradesh	India
Saiqa Siraj	Nutrition International	Bangladesh
Shabina Raza	Nutrition International	Pakistan
Shariqua Yunus	WFP	India
Suvabrata Dey	Nutrition International	India
Vivi Yulaswati	BAPPENAS	Indonesia

Bibliography

Aayog, N. (2020). *Mechanisms to avoid inclusion and exclusion errors in cash transfer Interventions*. https://dmeo.gov.in/sites/default/files/2021-08/Package5_Rural%20Development_CaseStudy40.pdf

Adams, A. M., Ahmed, R., Latif, A. M., Rasheed, S., Das, S. K., Hasib, E., Dil, F., Ferdous, F., Ahmed, S., & Faruque, A. S. G. (2017). Impact of fortified biscuits on micronutrient deficiencies among primary school children in Bangladesh. PLoS One, 12(4), e0174673. https://doi.org/10.1371/journal.pone.0174673

Adelman, S., Gilligan, D. O., Konde-Lule, J., & Alderman, H. (2019). School feeding reduces anemia prevalence in adolescent girls and other vulnerable household members in a cluster randomized controlled trial in Uganda. *The Journal of Nutrition*, *149*(4), 659-666. http://dx.doi.org/10.1093/jn/nxy305

Ahmed, A. & Bakhtiar, M. (2022). *Proposed indicators for selecting needy participants for the Vulnerable Women's Benefit (VWB) program in urban Bangladesh*. https://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/136534/filename/136750.pdf

Alderman, H. (2015). *Leveraging social protection programs for improved nutrition summary of evidence prepared for the global forum on nutrition-sensitive social protection programs, 2015*. https://documents1.worldbank.org/curated/en/462981467040874717/pdf/106265-PUB-REPLACEMENT-FILE-PUBLIC-K8701.pdf

Alderman, H. (2016). *Leveraging social protection programs for improved nutrition: Summary of evidence prepared for the global forum on nutrition-sensitive social protection programs 2015*. The World Bank. Washington, DC. https://documents1.worldbank.org/curated/en/462981467040874717/pdf/106265-PUB-REPLACEMENT-FILE-PUBLIC-K8701.pdf

Alderman, H., Gentilini, U., & Yemtsov, R. (2018). *The 1.5 billion people question: Food, vouchers, or cash transfers?* https://openknowledge.worldbank.org/server/api/core/bitstreams/4d3f7eab-e058-5bda-b8be-0ead6820c270/content

Andrea Giovanni, C., Frances, S. (1993). Two errors of targeting, *Innocenti Occasional Papers, Economic Policy Series*, no. 36, International Child Development Centre, Florence. https://www.unicef-irc.org/publications/154-two-errors-of-targeting.html

Asian Development Bank (ADB). (2016). *Social welfare support program in Mongolia* (ADB Briefs No. 59). https://www.adb.org/sites/default/files/publication/185618/social-welfare-mongolia.pdf (Accessed on August 1, 2023)

Asian Development Bank. (2016). *Child nutrition and social protection measures: A case in Nepal*. https://www.adb.org/sites/default/files/publication/184598/child-nutrition-social-protection-nepal.pdf

Asian Development Bank. (2022). *The social protection indicator for Asia: Tracking developments in social protection*. https://www.adb.org/sites/default/files/publication/849591/social-protection-indicator-asia-tracking-developments.pdf

Asian Development Bank. (n.d.). *Summary of the program Keluarga Harapan and its technical assistance framework*. https://www.adb.org/sites/default/files/linked-documents/51313-001-sd-02.pdf

Attanasio, O. P., Fernández, C., Fitzsimons, E. O., Grantham-McGregor, S. M., Meghir, C., & Rubio-Codina, M. (2014). Using the infrastructure of a conditional cash transfer program to deliver a scalable integrated early child development program in Colombia: Cluster randomized controlled trial. *BMJ (Clinical research ed.)*, *349*, g5785. https://doi.org/10.1136/bmj.g5785

Ara, G., Khanam, M., Rahman, A. S., Islam, Z., Farhad, S., Sanin, K. I., Khan, S.S., Rahman, M.M., Majoor, H. & Ahmed, T. (2019). Effectiveness of micronutrient-fortified rice consumption on anaemia and zinc status among vulnerable women in Bangladesh. PloS one, 14(1), e0210501. https://doi.org/10.1371%2Fjournal.pone.0210501

Banerjee, A., Hanna, R., Olken, B. A., Satriawan, E., & Sumarto, S. (2023). Electronic food vouchers: Evidence from an at-scale experiment in Indonesia. *American Economic Review*, *113*(2), 514-547. DOI: 10.1257/aer.20210461

Bangladesh National Nutrition Council. (2020). *National food and nutrition security policy of Bangladesh (NFNSP)*. https://faolex.fao.org/docs/pdf/BGD214295En.pdf

Bangladesh National Nutrition Council. (2021). *Addressing bottlenecks for the coverage of nutrition sensitive interventions in Bangladesh*. https://bnnc.portal.gov.bd/sites/default/files/files/bnnc.portal.gov.bd/page/1f1d0f32_ab6f_49f3_8b9c_b52ccefd63c4/2021-09-22-06-21-bf72c4d6bb2f206a56e550e1196b5d87.pdf

Begum, M. (2018). *Bangladesh's vulnerable group development program*. https://pubdocs.worldbank.org/en/804111520537796819/SSLF18-Building-Resilience-Bangladesh.pdf

Bliss, F. (2017). *Home-grown school feeding as a "good practice" for poverty alleviation and nutrition security in Cambodia*. https://www.uni-due.de/imperia/md/content/inef/ave4.pdf

Bundy, D. A. P., N. de Silva, S. Horton, D. T. Jamison, & G. C. Patton. (2018). Re-Imagining School Feeding: A High-Return Investment in Human Capital and Local Economies. *Washington, DC: World Bank*. License: Creative Commons Attribution CC BY 3.0 IGO. https://docs.wfp.org/api/documents/WFP-0000116138/download/

Bundy, D. A. P., Silva, N. D., Horton, A. P., Patton, G. C., Schultz, L., & Jamison, D. T. (2017). Child and adolescent health and development: Realizing neglected potential. In D. A. P. Bundy (Eds.) et. al., *Child and Adolescent Health and Development*. (3rd ed.). The International Bank for Reconstruction and Development / The World Bank.

Burattini, B., Perin, G., Alvarenga, K., Valiyaparambil, V., & International Policy Centre for Inclusive Growth. (2022). *Digital innovations in delivering social protection in rural areas: Lessons for public provisioning during the post-pandemic recovery and beyond*. https://ipcig.org/sites/default/files/pub/en/RR85_Digital_innovations_in_delivering_social_protection_in_rural_areas.pdf

Byambaa, E. (2021). The food stamp programme in Mongolia. https://events.development.asia/system/files/materials/2021/12/202112-food-stamp-programme-mongolia.pdf

Cahyadi, Nur, Rema Hanna, Benjamin A. Olken, Rizal Adi Prima, Elan Satriawan, & Ekki Syamsulhakim. (2020). Cumulative impacts of conditional cash transfer programs: Experimental evidence from Indonesia. *American Economic Journal: Economic Policy*, 12 (4): 88-110. DOI: 10.1257/pol.20190245

CARD & UNICEF (2017). Evaluation of the CARD and UNICEF cash transfer pilot project for pregnant women and children in Cambodia. Siem Reap Province, Cambodia. https://www.unicef.org/cambodia/media/1161/file/CARD%20Evaluation%20Vol.1.pdf

Care International & Imron, J. (2019). *School feeding program study report*. https://www.careevaluations.org/wp-content/uploads/HATUTAN-School-Feeding-Program-Study-Report_December-2019_complete.pdf

Chakrabarti, S., Scott, S.P., Alderman, H. et al. Intergenerational nutrition benefits of India's national school feeding program. *Nat Communications* **12**, 4248 (2021). https://doi.org/10.1038/s41467-021-24433-w https://www.nature.com/articles/s41467-021-24433-w#ref-CR10

Chakraborty, S., Mukherjee, P., Kaur, R., & Shreedhar, S. (2022). The role of gender equity in reducing malnutrition: The view from South Asia. *ORF Issue Brief No. 578*. Observer Research Foundation. https://www.learning4impact.org/content/the-role-of-gender-equity-in-reducing-malnutrition-the-view-from-south-asia-972

Chakraborty, T., & Jayaraman, R. (2019). School feeding and learning achievement: Evidence from India's midday meal program. *Journal of Development Economics*, *139*, 249-265. https://doi.org/10.1016/j.jdeveco.2018.10.011

Chaudhery, D., Andersen, C.,Pandey, R., Hariprasad, D., & Kak, M. (2022). *India: The POSHAN Abhiyaan improves the nutrition of pregnant women and young* children. https://blogs.worldbank.org/endpovertyinsouthasia/india-poshan-abhiyaan-improves-nutrition-pregnant-women-and-young-children

Chea, C. (2022), Celebrating the continued transition of school feeding programme in Cambodia. World Food Programme. https://www.wfp.org/news/celebrating-continued-transition-school-feeding-programme-cambodia (Accessed on July 25, 2023)

Cheema, I., Hunt, S., Javeed, S., Lone, T., & O'Leary, S. (2016). Benazir income support programme: Final impact evaluation report. *Oxford Policy Management*. https://www.opml.co.uk/files/Publications/7328-evaluating-pakistans-flagship-social-protection-programme-bisp/bisp-final-impact-evaluation-report.pdf?noredirect=1

Cho, Y., Avalos, J., Kawasoe, Y., & Rodriguez, R. (2020). Optimizing Pantawid for Nutrition. The World Bank Group. https://d1wqtxts1xzle7.cloudfront.net/95077753/Optimizing-Pantawid-for-Nutrition-libre.pdf?1669828689=&response-content-disposition=inline%3B+filename%3DOptimizing_Pantawid_for_Nutrition.pdf&Expires=1688706392&Signature=EivYqYhnrHdrnzxHndKcwlwq6pwvQPB9SCRCqYUOMdh87DWJBwnMU5nHAH1-xY1Fh-TJc4IFugSvlml-9exvkYa-hCkDaZVLifI1ycYEmnIjL81ESbMJm8aBFqw29izpC1PCGUWnK08d3L8owNhpNg9GEi5Cvz7mBL7-DaD~mDrPVhsjg1Z-

Chowdhury, S. K.; Hoque, M. M.; Rashid, S.; & Bin Khaled, M. N. (2020). Targeting errors and leakage in a large-scale in-kind transfer program: The food friendly program in

Bangladesh as an example. IFPRI Discussion Paper 01935. Washington, DC: International Food Policy Research Institute (IFPRI). https://doi.org/10.2499/p15738coll2.133761

Cirillio, C., Palermo, T., & Viola, F. (2021). *Non-contributory social protection and adolescents in lower- and middle-income countries: A review of government programming and impacts*. https://www.unicef-irc.org/publications/pdf/Non-contributory-Social-Protection-and-Adolescents-in-Lower-and-Middle-Income-Countries.pdf

Cunningham, K., Ruel, M., Ferguson, E., & Uauy, R. (2015). Women's empowerment and child nutritional status in South Asia: A synthesis of the literature. *Maternal & child nutrition*, *11*(1), 1–19. https://doi.org/10.1111/mcn.12125

da Silva Lopes, K., Yamaji, N., Rahman, M. O., Suto, M., Takemoto, Y., Garcia-Casal, M. N., & Ota, E. (2021). Nutrition-specific interventions for preventing and controlling anemia throughout the life cycle: An overview of systematic reviews. *The Cochrane Database of Systematic Reviews*, *9*(9), CD013092. https://doi.org/10.1002/14651858.cd013092.pub2

Department of Education. (2023). School-Based Feeding Program (SBFP) in Support of the Matatag Agenda SY 2023–2024. https://www.depedpanabocity.com/wp-content/uploads/2024/02/DM-0003-S-2024-School-Based-Feeding-Program-SBFP-Implementation-for-SY-2023-2024.pdf

Department of Food and Public Distribution. (2023). *Centrally sponsored pilot scheme on "Fortification of Rice & its Distribution under Public Distribution System"*. https://pib.gov.in/PressReleasePage.aspx?PRID=1731144#:~:text=It%20may%20be%20noted%20that,outlay%20of%20Rs%20174.64%20Crore.

Department of Food and Public Distribution. (2023). *Scaling up of fortification of rice (Phase I to Phase III*. https://dfpd.gov.in/Home/ContentManagement?Url=allocation-food.html&ManuId=3&language=1

Department of Food and Public Distribution. (n.d.) Pilot scheme on fortification of rice and its distribution under public distribution system. Operational Guidelines. *Government of India, New Delhi*. https://dfpd.gov.in/WriteReadData/Other/allocation_pdf1.pdf

Development of Monitoring and Evaluation. (2020). *Mechanisms to avoid inclusion and exclusion errors in cash transfer interventions.* https://dmeo.gov.in/sites/default/files/2021-08/Package5_Rural%20Development_CaseStudy40.pdf

Drake, L., A. Woolnough, C. Burbano, & D. Bundy. (2016). Global school feeding sourcebook: Lessons from 14 countries. London: *Imperial College Press*.

Elder, L. & Ransom, E. (2003). *Nutrition of women and adolescent girls: Why it matters*. Nutrition of Women and Adolescent Girls: Why It Matters | PRB

Ekbrand H, & Halleröd B. The more gender equity, the less child poverty? A multilevel analysis of malnutrition and health deprivation in 49 low-and middle-income countries. World Dev. (2018) 108:221–30. https://doi.org/10.1016/j.worlddev.2018.01.028

FAO, UNICEF, IFAD, & WHO. (2023). *The state of food security and nutrition 2023*. https://data.unicef.org/resources/sofi-2023/

FAO. (2013). *Asia- Pacific regional fact sheet: Closing the gender gap for better food and nutrition*. https://www.fao.org/fileadmin/templates/rap/files/Newsletter/150625_gender-fact-sheet.pdf

FAO. (2015). *Global Forum on Food Security and Nutrition (FSN Forum).* https://www.fao.org/fsnforum/consultation/nutrition-sensitive-social-protection-programmes-around-world-whats-being-done-and

General Economics Division Planning Commission. (2020). Bangladesh *8th five year plan July 2020–June 2025*.

https://www.ircwash.org/resources/8th-five-year-plan-july-2020-june-2025-promoting-prosperity-and-fostering-inclusiveness

Gentilini, U. (2022). *Cash transfers in pandemic times: Evidence, practices, and implications from the largest scale up in history*. World Bank. https://documents1.worldbank.org/curated/en/099800007112236655/pdf/P176585 05ca3820930a254018e229a30bf8.pdf

Gentilini, U. (2023). *Why does in-kind assistance persist when evidence favors cash transfers*?. https://www.brookings.edu/articles/why-does-in-kind-assistance-persist-when-evidence-favors-cash-transfers/

Global Hunger Index. (2023). *Global hunger index scores by 2023 GHI Rank*. https://www.globalhungerindex.org/ranking.html

Global Nutrition Report. (2022). Country Nutrition Profiles. https://globalnutritionreport.org/resources/nutrition-profiles/

Gutierrez, G.L., (2023). Food stamp program to eradicate hunger by the end of 2028. https://pia.gov.ph/news/2023/07/19/food-stamp-program-to-eradicate-hunger-by-the-end-of-2028 (Accessed on August 17, 2023)

Government of Timor-Leste. (2023). *Repeal of the Mother's Grant New Generation (Bolsa da Mãe - Jerasaun Foun) Programme and improvement of the "Mother's Grant" conditional support grant programme*. http://timor-leste.gov.tl/?p=35409&lang=en

Hagen-Zanker, J., Bastagli, F., Harman, L., Barca, V., Sturge, G., & Schmidt, T. (2016). Understanding the impact of cash transfers: The evidence. CALP Network. https://www.researchgate.net/publication/316081860_The_impact_of_cash_transfers_on_women_and_girls_A_summary_of_the_evidence

Heidkamp, R., Clermont, A., & Black, R. E. (2017). Effectiveness of nutrition-specific interventions in pregnancy and early childhood. *The Biology of the First 1,000 Days*, 371-388. https://www.taylorfrancis.com/chapters/oa-edit/10.1201/9781315152950-24/effectiveness-nutrition-specific-interventions-pregnancy-early-childhood-rebecca-heidkamp-adrienne-clermont-robert-black

Helble, M., Hill, H., & Magee, D. (2020). Mongolia's economic prospects. https://www.adb.org/sites/default/files/publication/611416/mongolia-economic-prospects.pdf

Hemsteede, R. (2018). *Conditional or unconditional cash transfers? From ideology to policy dialogue*. https://socialprotection.org/discover/blog/conditional-or-unconditional-cash-transfers-ideology-policy-dialogue

Hadna, A. H., & Askar, M.W. (2022). The impact of conditional cash transfers on low-income individuals in Indonesia. Advances in Southeast Asian Studies, 15(1), 23-41. https://aseas.univie.ac.at/index.php/aseas/article/view/6153

ILO. (2022). *Progress Report – TIMOR-LESTE*. https://www.social-protection.org/gimi/gess/RessourcePDF.action?id=58059#:~:text=Timor%2DLeste%20spends%20around%208,Portuguese%20Language%20Countries%20(CPLP)

ILO. (2022). *World social protection report 2020–2022*. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_853860.pdf

ILO. (2023). Extending social protection for all in Nepal. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/publication/wcms_882394.pdf

ILO. (2023). *Social security in Asia and the Pacific*. https://www.ilo.org/asia/areas/social-security/lang--en/index.htm

ILO. (2023). *World social protection data dashboards*. https://www.social-protection.org/gimi/WSPDB.action?id=13

Joint SDG Fund (2022). Joint programme final narrative report for Cambodia: Supporting the national social protection policy framework in Cambodia. https://mptf.undp.org/sites/default/files/documents/2023-05/cambodia_final_report.pdf (Accessed on August 15, 2023)

Joint SDG Fund. (2022). Joint programme final narrative report. https://mptf.undp.org/sites/default/files/documents/2023-05/mongolia_final_report.pdf

Jomaa, L. H., McDonnell, E., & Probart, C. (2011). School feeding programs in developing countries: impacts on children's health and educational outcomes. *Nutrition reviews*, *69*(2), 83-98. https://doi.org/10.1111/j.1753-4887.2010.00369.x

Kawasoe, Y. & Avalos, J. (2021). *Enhancing the conditional cash transfer experience in Lao PDR The beneficiary feedback survey, 2021*. https://documents1.worldbank.org/curated/en/099745004122238218/pdf/P1720890787364002 0aeb007b4553342298.pdf

Khanam, M., Ara, G., Rahman, A. S., Islam, Z., Farhad, S., Khan, S. S., Sanin, K.I, Rahman, M.M, Majoor, H., & Ahmed, T. (2020). Factors affecting food security in women enrolled in a program for vulnerable group development. *Current Developments in Nutrition*, *4*(4), nzaa037. doi: 10.1093/cdn/nzaa037.

Krishna, A., Mejía-Guevara, I., McGovern, M., Aguayo, V. M., & Subramanian, S. V. (2018). Trends in inequalities in child stunting in South Asia. *Maternal & child nutrition*, *14*, e12517. https://doi.org/10.1111/mcn.12517

Langendorf, C., T. Roederer, S. de Pee, D. Brown, S. Doyon, A. A. Mamaty, L. W. M. Touré, M. L. Manzo, & R. F. Grais. 2014. Preventing acute malnutrition among young children in crises: A prospective intervention study in Niger. *PLOS Medicine* 11 (9): 2–15. http://dx.doi.org/10.1371/journal.pmed.1001714

Manley, J., Alderman, H., & Gentilini, U. (2022). More evidence on cash transfers and child nutritional outcomes: a systematic review and meta analysis. *BMJ Global Health* ;7:e008233. doi:10.1136/ bmjgh-2021-008233

Manley, J., Balarajan, Y., Malm, S., et al. (2020). Cash transfers and child nutritional outcomes: A systematic review and meta-analysis. *BMJ Global Health* ;5:e003621. doi:10.1136/ bmjgh-2020-003621

Maralit, K. (2023). Marcos leads the launch of the food stamp program. The Manila Times. https://www.manilatimes.net/2023/07/19/news/national/marcos-leads-launch-of-food-stamp-program/1901324 (Accessed on July 26, 2023)

McCann, J. C., & Ames, B. N. (2007). An overview of evidence for a causal relation between iron deficiency during development and deficits in cognitive or behavioral function. *The American journal of clinical nutrition*, *85*(4), 931-945. https://doi.org/10.1093/ajcn/85.4.931

McGuire, J., Kaiser, C. & Bach-Mortensen, A.M. A systematic review and meta-analysis of the impact of cash transfers on subjective well-being and mental health in low- and middle-income countries. *Nat Hum Behav* 6, 359–370 (2022). https://doi.org/10.1038/s41562-021-01252-z

McNabb, K. & Rattenhuber, P. (n.d.). *Assessing the targeting efficiency of the social cash transfer in Zambia*. https://www.wider.unu.edu/sites/default/files/Events/PDF/Slides/slides-NCDE2018-McNabb.pdf

MDG Fund. (2012). *Timor Leste Final Evaluation*. https://info.undp.org/docs/pdc/Documents/TLS/Gender%20Joint%20Programme%20Final%20Evaluation%20Report%20Timor-Leste.pdf

Ministry of Food. (2021). *National Food and Nutrition Security Policy Plan of Action (2021–2030)*. https://faolex.fao.org/docs/pdf/BGD214404.pdf

Ministry of Health and Family Welfare. (2023). *Strategic Investment Plan for 5th Health, Population, and Nutrition Sector Program (2024–29)*.

Ministry of Health. (2014). *National Nutrition Strategy 2014–2019*. https://faolex.fao.org/docs/pdf/tim146710.pdf

Ministry of Health. (2022). *National health sector nutrition strategic plan*. https://www.unicef.org/timorleste/media/4766/file/unicef%20National%20Health%20Sector%20Nutrition%20Strategic%20Plan%202022-2026%20Eng-low%20res.pdf

Ministry of Social Affairs Veterans and Youth Rehabilitation. (2023). Social protection in Cambodia. *Unpublished report*.

MoWCA (Ministry of women and child Affairs). (2020). *Investment component for vulnerable group development (ICVGD) 2nd phase project*. Bangladesh. https://dwa.portal.gov.bd/sites/default/files/files/dwa.portal.gov.bd/miscellaneous_info/4abbae17_46df_4577_9d4a_e132821b2b71/2022-04-20-07-08-32a57f5934088abd8cf4a679306692a6.pdf

Mosiño, A., Villagómez-Estrada, K. P., & Prieto-Patrón, A. (2020). Association Between School Performance and Anemia in Adolescents in Mexico. *International journal of environmental research and public health*, *17*(5), 1466. https://doi.org/10.3390/ijerph17051466

Narith, C., Sophornreaksmey, S., Golchha, P., Keo, S., & Ribar, E. (2023). Developing the family package in Cambodia: The realization of integrated social protection. Social protection in East Asia and Pacific: From evidence to action for children., pp 106. https://www.unicef.org/eap/media/13711/file/Chapter%207_Developing%20the%20Family%20Package%20in%20Cambodia.pdf

Nawaz, S., Newar, M., & O'Connor, C. (2022). *Improving social protection programmes to support mothers and young children's diets in Bangladesh: Combining cash transfers with behaviour change*. https://www.ennonline.net/nex/southasia/2/bangladesh

Nutrition International. (2023). *Indonesia's nutrition sensitive social safety net program: Program Keluarga Harapan (PKH) conditional cash transfer program*. [unpublished]

OECD. (2019). *Social protection system review of Indonesia*. https://www.oecd.org/social/inclusivesocietiesanddevelopment/SPSR_Indonesia_ebook.pdf

OECD. (n.d.). *Investing in women and girls*. https://www.oecd.org/dac/gender-development/investinginwomenandgirls.htm

Office of the Vice President & TNK2K. (2018). *The future of the social protection system in Indonesia: Social protection for all*. https://www.tnp2k.go.id/download/60832008 29%20TNP2K%20Social%20Protection%20for%20All%20Exec%20Summary_ENG.pdf

Olney, D. K., Gelli, A., Kumar, N., Alderman, H., Go, A., & Raza, A. (2022). Social assistance programme impacts on women's and children's diets and nutritional status. *Maternal & child nutrition*, *18*(4), e13378. https://doi.org/10.1111/mcn.13378

Olney, D., Geilli, A., & Go, A. (2022). Understanding how social assistance programs work to improve women's and children's diet and nutrition outcomes. [unpublished]

Oxford Policy Management, Research Institute of Labor and Social Protection, & Population Teaching Research Center. (2022). *Mongolia: building capacity for an effective social welfare system*. https://www.adb.org/sites/default/files/project-documents/51387/51387-001-tacr-en_1.pdf

Oxford Policy Management. (2016). *Benazir income support programme: Final impact evaluation report*. https://www.opml.co.uk/files/Publications/7328-evaluating-pakistans-flagship-social-protection-programme-bisp/bisp-final-impact-evaluation-report.pdf?noredirect=1

P4SP. (2022). *Investing in Timor-Leste's children through the Bolsa da Mae - Jerasaun Foun cash transfer program*. https://p4sp.org/documents/3/P4SP_Poster_Series_-_Timor_Leste.pdf?download=True

Pavanello, S. (2022). WFP: Social Protection and the World Food Programme in the Philippines. https://docs.wfp.org/api/documents/WFP-0000138634/download/ (Accessed on August 4, 2023)

Philippine Institute for Development Studies. (2020). *Pantawid Pamilyang Pilipino Program Third Wave Impact Evaluation (IE Wave 3)* Regression Discontinuity Report. Department of Social Welfare and Development. https://www.pids.gov.ph/publication/discussion-papers/reassessing-the-impact-of-the-pantawid-pamilyang-pilipino-program-results-of-the-third-wave-impact-evaluation

Razzaque, M. & Rahman, J. (2019). *Targeting errors in social security programs*. https://policyinsightsonline.com/2019/04/targeting-errors-in-social-security-programmes/

Royal Government of Cambodia. (2016). *National social protection policy framework 2016–2025*. Phnom Penh, Cambodia: Royal Government of Cambodia. https://www.social-protection.org/gimi/gess/ShowRessource.action;jsessionid=XzkjQs85mGGhBb6fGD0-FdIczFtieIoovCmQBYaLutImWN7NmJ8Y!-1463413688?id=55813#:~:text=The%20goal%20of%20this%20policy,poverty%20to%20a%20maximum%20extend.

Rogers, R. (2010). *Lecture 2: PEP604*. https://www.unm.edu/~rrobergs/604Lect2.pdf

Ruel, M. T., & Alderman, H. (2013). Nutrition-sensitive interventions and programs: How can they help to accelerate progress in improving maternal and child nutrition? *The Lancet, 382*(9891), 536–551. doi:10.1016/s0140-6736(13)60843-0

Samson, M. Golcha, P., & Stephan, K. (2020). Early impact evaluation and evaluability assessment of Nepal's child grant programme. *Economic Policy Research Institute*. https://www.unicef.org/nepal/media/14646/file/Early Impact Evaluation and Evaluability Assessment of Nepal%27s Child Grant Programme.pdf

Save the Children & USAID. (2019). NOURISH Project: Endline survey report. https://resourcecentre.savethechildren.net/pdf/NOURISH-Endline-Survey-Report-2019.pdf/

Save the Children. (2020). Improving nutrition in Cambodia during the first 1,000 days: NOURISH project. https://resourcecentre.savethechildren.net/document/improving-nutrition-cambodia-during-first-1000-days-nourish-experience-2014-2020

Sekiyama, M., Kawakami, T., Nurdiani, R., Roosita, K., Rimbawan, R., Murayama, N., Ishida, H.,& Nozue, M. (2018). School feeding programs in Indonesia. *The Japanese Journal of Nutrition and Dietetics*, *76*(Supplement), S86-S97. doi:10.5264/eiyogakuzashi.76.S86

Sharpe, J., Delforce, J., Sengupta, A., Correria, A., Joaquina, E., Pinto, A., da Costa, E. (2023). *Bolsa da Mãe - Jerasaun Foun (BdM-JF) qualitative learning evaluation: Round 1 report*. Partnerships for Social Protection

Sight and Life & WFP. (2018). *Rice fortification: Supply chain and technical feasibility. Evidence from 10 years of implementation around the world*. https://docs.wfp.org/api/documents/WFP-0000100456/download/

Snilstveit, B., Stevenson, J., Menon, R., Phillips, D., Gallagher, E., Geleen, M., Maxwell Stamp, Jobse, H., Schmidt, T., Jimenez, E., Maxwell Stamp, Jobse, H., Schmidt, T., Jimenez, E., & International Initiative for Impact Evaluation (3ie). (2016). The impact of education

programmes on learning and school participation in low- and middle-income countries. International Initiative for Impact Evaluation (3ie). https://doi.org/10.23846/SRS007

SPIAC-B. (2019). *Collaboration for policy coherence and development impact*. New York: Social Protection Inter-Agency Cooperation Board. https://www.socialprotection.org/discover/publications/collaborating-policy-coherence-and-development-impact

SUN. (2023). Viet Nam's national nutrition strategy for 2021–2030. https://scalingupnutrition.org/news/viet-nams-national-nutrition-strategy-for-2021-2030-more-equitable-resilient-and-sustainable-food-and-health-systems (Accessed on August 18, 2023)

Sungthong, R., Mo-suwan, L., & Chongsuvivatwong, V. (2002). Effects of haemoglobin and serum ferritin on cognitive function in school children. *Asia Pacific Journal of Clinical Nutrition*, *11*(2), 117-122. https://doi.org/10.1046/j.1440-6047.2002.00272.x

Syamsulhakim, E., & Khadijah, N. (2021). *Graduating from a conditional cash transfer program in Indonesia: Results of a household survey of prosperous-independent graduates of the Family Hope Program (PKH) in 2020*. https://documents1.worldbank.org/curated/en/099600112222138712/pdf/P1605900c895a70fc08b1f0d201c77430b5.pdf

Tabunda, A. M. L., Albert, J. R. G., & Angeles-Agdeppa, I. (2016). Results of an impact evaluation study on DepEd's school-based feeding program. *PIDS Discussion Paper Series* No. 2016-05. Philippine Institute for Development Studies. https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1605.pdf

The World Bank. (2022). *GDP per capita (current US$)*. https://genderdata.worldbank.org/indicators/ny-gdp-pcap-cd/?geos=PAK_NPL_IND_LKA_BGD_VNM_TLS_LAO_IDN_MNG_PHL_KHM&view=bar

The World Bank. (2023). *World Bank Country and Lending Groups*. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups#:~:text=For%20the%20current%202024%20fiscal,those%20with%20a%20GNI%20per

TNP2K. (2020). *Brief of Sembako Program*. https://www.tnp2k.go.id/download/30855sembakoENGFIN.pdf

TPN2K. (2023). *About TPN2K*. https://www.tnp2k.go.id/about/about-tnp2k

UNDP. (2021). *Gender Development Index*. https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII

UNDP. (2021). *Human Development Insights*. https://hdr.undp.org/data-center/country-insights#/ranks

UNDP. (2023). *Unstacking global poverty: Data for high impact action*. https://hdr.undp.org/content/2023-global-multidimensional-poverty-index-mpi#/indicies/MPI

UNESCAP & ILO. (2021). *The social protection we want: Social outlook for Asia and the Pacific*. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_758165.pdf

UNICEF. (n.d.). *Making systems work for nutrition*. https://www.unicef.org/nutrition/strengthening-nutrition-systems

UNICEF (2023). *Building the case for a lifecycle social protection system in Sri Lanka*. https://www.unicef.org/srilanka/media/3636/file/Building%20the%20case%20for%20a%20lifecycle%20social%20protection%20system%20in%20Sri%20Lanka.pdf

UNICEF & WHO. (2023). *Low birthweight*. https://data.unicef.org/topic/nutrition/low-birthweight/

UNICEF. (2019). *Universal child benefit case studies: The experience of Mongolia.* https://www.unicef.org/mongolia/media/2216/file/Mongolia%20Case%20Study.pdf

UNICEF, WHO & World Bank Group. (2021). *Levels and trends in child malnutrition*. https://www.who.int/publications/i/item/9789240025257

UNICEF. (2016). *Conditionality in cash transfers: UNICEF's approach*. https://www.unicef.org/easterncaribbean/media/731/file/Conditionality-in-Cash-Transfers-UNICEF%E2%80%99s-Approach-2016.pdf

UNICEF. (2020). *Nutrition, for every child.* https://www.unicef.org/media/91741/file/UNICEF-Nutrition-Strategy-2020-2030-Brief.pdf

UNICEF. (2021). *Southeast Asia regional report on maternal nutrition and complementary feeding*. https://www.unicef.org/eap/media/9466/file/Maternal%20Nutrition%20and%20Complementary%20Feeding%20Regional%20Report.pdf

UNICEF. (2023). *Small supplements for the prevention of malnutrition in early childhood (Small quantity lipid-based nutrient supplements)*. https://www.unicef.org/media/134786/file/SQLNS_Brief_Guidance_Note.pdf

UNICEF. (2023). *Social protection in East Asia and Pacific: From evidence to action for children Lessons from strengthening social protection systems*. https://www.unicef.org/eap/media/13666/file/UNICEF%20From%20Evidence%20to%20Action%20for%20Children.pdf

UNICEF. (2023). *The state of the world's children 2023*. https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf

UNICEF. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. UNICEF Child Nutrition Report Series, 2023. UNICEF, New York. https://www.unicef.org/reports/undernourished-overlooked-nutrition-crisis

UNICEF Laos. (2023). *MECG Brochure*. https://www.unicef.org/laos/media/8591/file/MECG%20Information%20Brochure-%20Eng.pdf

UNICEF & ODI. (2020). *Universal child benefits*. https://www.unicef.org/media/72916/file/UCB-ODI-UNICEF-Report-2020.pdf

UNICEF. (2022). *Country office annual report 2022 Pakistan*. https://www.unicef.org/media/136311/file/Pakistan-2022-COAR.pdf

UNICEF. (n.d.). *Children in South Asia*. https://www.unicef.org/rosa/children-south-asia

United Nations. (2023). *Times of crisis, times of change science for accelerating transformations to sustainable development*. https://sdgs.un.org/sites/default/files/2023-09/FINAL%20GSDR%202023-Digital%20-110923_1.pdf

USDA. (2023). *School based feeding in Philippines*. https://apps.fas.usda.gov/newgainapi/api/Report/DownloadReportByFileName?fileName=Philippine%20Department%20of%20Education%27s%20School Based%20Feeding%20Program_Manila_Philippines_RP2023-0005.pdf

USAID. (n.d.). *Study circulation guide Union Parishad*. https://pdf.usaid.gov/pdf_docs/Pnado537.pdf

Verguet, S., Limasalle, P., Chakrabarti, A., Husain, A., Burbano, C., Drake, L., & Bundy, D. A. (2020). The broader economic value of school feeding programs in low-and middle-income countries: estimating the multi-sectoral returns to public health, human capital, social protection, and the local economy. *Frontiers in public health*, *8*, 587046. https://doi.org/10.3389/fpubh.2020.587046

Watkins, K., Gelli, A., Hamdani, S., Masset, E., Mersch, C., Nadazdin, N., & Vanhees, J. (2015). Sensitive to nutrition? A literature review of school feeding effects in the child development lifecycle. In *HGSF Working Paper Series No. 16. Home Grown School Feeding*. https://www.imperial.ac.uk/media/imperial-college/medicine/sph/pcd/HGSF-Working-Paper-16-Sensitive-to-nutrition-lit-review-of-school-feeding-effects-in-child-development-life-cycle.pdf

Wang, D., Shinde, S., Young, T., & Fawzi, W. W. (2021). Impacts of school feeding on educational and health outcomes of school-age children and adolescents in low- and middle-income countries: A systematic review and meta-analysis. *Journal of Global Health, 11,* 04051. https://doi.org/10.7189/jogh.11.04051

World Economic Forum. (2021). *Global gender gap report 2021 Insight report March 2021*. https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

WFP Country Office Nepal. (2022). *End-line evaluation of USDA McGovern-Dole international food for education and child nutrition programme [FY 17–22]*. https://docs.wfp.org/api/documents/WFP-0000143622/download/?_ga=2.140592442.98046806.1693790376-1512538640.1687798898

WFP. (2017). *Building the blocks for nutrition-sensitive social protection systems in Asia*. https://docs.wfp.org/api/documents/WFP-0000022602/download/

WFP. (2021). *School feeding amidst a pandemic: Preparing for the new normal in Asia and the Pacific*. https://docs.wfp.org/api/documents/WFP-0000132125/download/

WFP. (2021). *The role of food security and nutrition-sensitive social protection in bridging the humanitarian-development divide in the Southern African region*. https://executiveboard.wfp.org/document_download/WFP-0000129017

WFP. (2022). *Micronutrient landscape in Southeast Asia status, strategies & future directions*. https://docs.wfp.org/api/documents/WFP-0000138040/download/

WFP. (2022). *School feeding in Bangladesh*. https://reliefweb.int/report/bangladesh/school-feeding-bangladesh-november-2022

WFP. (2022). *State of school feeding worldwide 2022*. Rome. https://docs.wfp.org/api/documents/WFP-0000147725/download/

WFP. (2022). *The proof is in the pilot: 9 insights from India's rice fortification pilot-scale approach, a case study*. https://docs.wfp.org/api/documents/WFP-0000141611/download/?_ga=2.231765343.1733092601.1695501637-1512538640.1687798898

WFP. (2023). *Capacity strengthening for social safety nets*. https://docs.wfp.org/api/documents/WFP-0000145096/download/

WFP. (2023). *Fortified Biscuits- Bangladesh*. https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp254323.pdf

WFP. (2023). *WFP Bangladesh Country Brief June 2023*. https://reliefweb.int/report/bangladesh/wfp-bangladesh-country-brief-june-2023#:~:text=More%20than%20198%2C400%20pregnant%20and,foods%20given%20in%20the%20past.

WFP. (2023). *WFP's support to national social protection in Asia and the Pacific*. https://docs.wfp.org/api/documents/WFP-0000152333/download/?_ga=2.238331589.474146008.1694090833-1512538640.1687798898_

WFP India & Niti Aayog. (2022). *Take home ration: Good Practices across states/UTs, New Delhi*. https://www.wfp.org/publications/take-home-ration-good-practices-across-statesuts

WHO. (2022). *Population using safely managed sanitation services (%)*. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-using-safely-managed-sanitation-services-(-)

WHO. (n.d.). *Low birthweight (prevalence)*. https://www.who.int/data/gho/indicator-metadata-registry/imr-details/76#:~:text=At%20the%20population%20level%2C%20the,poor%20health%20care%20in%20pregnancy.

WHO. (n.d.). *Stunting policy brief*. https://iris.who.int/bitstream/handle/10665/149019/WHO_NMH_NHD_14.3_eng.pdf?sequence=1

WHO. (2021). *Malnutrition*. https://www.who.int/news-room/fact-sheets/detail/malnutrition

WHO. (2023). *Anaemia*. https://www.who.int/health-topics/anaemia#tab=tab_1

World Bank Group. (2015). *Policy note: Assessing the Bolsa da Mae benefit structure. A preliminary analysis*. https://socialprotection.org/discover/publications/policy-note-assessing-bolsa-da-mae-benefit-structure-preliminary-analysis

World Bank. (2018). *The state of social safety nets*. https://openknowledge.worldbank.org/server/api/core/bitstreams/e9d9681c-2e77-5950-9f0d-4f10ef3791a8/content

World Bank. (2023). *Poverty & equity brief: Indonesia*. https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/current/Global_POVEQ_IDN.pdf

World Bank. (n.d.). *Social assistance schemes across the world eligibility conditions and benefits*. https://cipe.umd.edu/conferences/oecdumd/conf_papers/Papers/Tesliuc_Grosh_DelNinno.pdf

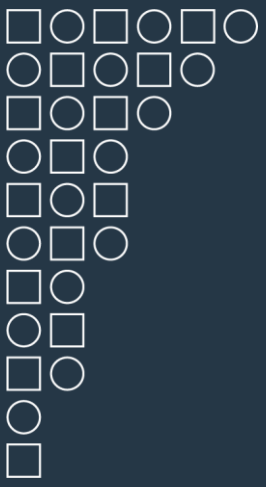
World Bank. 2021. *Bangladesh social protection public expenditure review (PER)*. Dhaka and Washington, DC: World Bank Group. https://documents1.worldbank.org/curated/en/829251631088806963/pdf/Bangladesh-Social-Protection-Public-Expenditure-Review.pdf

World Food Programme (2023). *WFP Cambodia: Country Brief*. https://www.wfp.org/countries/cambodia (Accessed on July 25, 2023)

World Food Programme. (2011). *Cambodia school feeding impact evaluation*. https://documents.wfp.org/stellent/groups/public/documents/reports/wfp230143.pdf (Accessed on August 1, 2023)

Woutesrse, F. (2018). *Design features of successful social protection programs*. https://www.ifpri.org/blog/design-features-successful-social-protection-programs#:~:text=Social%20protection%20programs%20typically%20target,Targeting%20does%20benefit%20the%20poor

Yulaswati, V. (2021). *Social protection and nutrition – Indonesia's case*. https://events.development.asia/system/files/materials/2021/12/202112-voices-frontlines-social-protection-interventions-indonesia.pdf



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