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LANDSCAPE REVIEW OF NUTRITION SENSITIVE SOCIAL PROTECTION IN THE SADC REGION

2024

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LANDSCAPE REVIEW OF NUTRITION SENSITIVE SOCIAL PROTECTION IN THE SADC REGION

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About SADC

The Southern African Development Community is an organisation founded and maintained by countries in Southern Africa that aims to further socio-economic, political, and security cooperation among its Member States and foster regional integration, in order to achieve peace, stability, and wealth. The Member States are: Angola, Botswana, Union of the Comoros, Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

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List of acronyms

AOA	Angolan Kwanza
CGP	Child Grant Programme
CNMN-RDC	Comité National Multisectoriel de Nutrition
DRC	Democratic Republic of Congo
FID	Fonds d'Intervention pour le Développement
GDP	Gross domestic product
GGE	General government expenditure
INAS	National Institute of Social Action
IYCF	Infant and young child feeding
KI	Key informant
KII	Key informant interview
MBE	Ministry of Basic Education
MGCAS	Ministry of Gender, Children, and Social Action
MoH	Ministry of Health
MLGRD	Ministry of Local Government and Rural Development
MoPS	Ministry of Population and Solidarity
N\$	Namibian dollars
NCP	Neighbourhood Care Points
NDP	National Development Plan
NGO	Non-governmental organisation
ODA	Official development assistance
OVC	Orphans and vulnerable children
R	Rand
SADC	Southern African Development Community
SBC	Social and behaviour change
SCT	Social Cash Transfer
SPP	Social protection programme
SSA	sub-Saharan Africa
UNICEF	United Nations Children's Fund
USD	United States Dollar

WHO	World Health Organization
WFP	World Food Programme
ZMW	Zambian Kwacha
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Terminology

1. Social protection and social assistance

These terms will be used interchangeably. This review will concentrate on social assistance (also called social transfers), with particular attention to these categories, as they have the greatest likelihood of nutrition impact:

1. Cash transfers
2. Food or voucher transfers
3. School feeding programmes

The report focuses in particular on any of the above that have nutrition objectives and synergies with nutrition programmes. For further information on definitions, see linked guidance below.¹

2. Nutrition-sensitive

We acknowledge that there are various terms to recognise that social protection can influence nutritional outcomes in individuals and populations given that it addresses underlying risk factors of malnutrition. These include terms such as nutrition-responsive, nutrition-smart, amongst others. This review will use “nutrition-sensitive” as it is more commonly referred to when discussing social protection.

¹ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*. Available online: <https://www.unicef.org/media/151141/file/Building%20synergies%20between%20child%20nutrition%20and%20social%20protection%20to%20address%20malnutrition%20and%20poverty.pdf>. Accessed: 21/02/2024

Executive summary

BACKGROUND

In the Southern African Development Community (SADC) Region, child malnutrition poses a significant socio-economic challenge, with six out of sixteen Member States exhibiting high stunting prevalence (20% to <30%) and eight showing very high prevalence ($\geq 30\%$).² Further, in sub-Saharan Africa (SSA) only 23% of children aged 6 to 23 months meet minimum dietary diversity and 44% meet minimum meal frequency.³ Three-quarters of Member States report a prevalence of anaemia in pregnant women exceeding 20%, which is a level of public health concern according to the World Health Organization (WHO).⁴ Lastly, being overweight in children under five years is a growing concern with five Member States' prevalence classified as high.⁵

Addressing this triple burden of malnutrition necessitates a comprehensive systems approach. Food insecurity, poverty, and undernutrition are intricately linked, with malnutrition serving as both a contributing factor to and a consequence of poverty. Social protection emerges as part of a comprehensive package of multi-system interventions to address monetary poverty and lack of availability of nutritious foods as key drivers of malnutrition. Example programmes include food baskets, cash transfers, and meals through school feeding programmes. These initiatives can be made nutrition-sensitive by explicitly integrating nutrition-related objectives, targeting the most nutritionally vulnerable and acting as platforms for additional multi-sectoral nutrition-specific interventions.

AIM AND OBJECTIVES

This study aimed to identify gaps and assess opportunities within existing policy and programmes for nutrition-sensitive social protection in the Region. By focusing on these opportunities, the study looked to showcase case studies of Member States that are making progress in this aspect and provide comprehensive recommendations covering policy, governance structures, implementation, and monitoring and evaluation to support the scale up nutrition-sensitive social protection. This approach is designed to strengthen support for enhanced nutrition outcomes for women and children.

Specific objectives included:

1. To provide an overview of the state of nutrition-sensitive social protection policies and programmes in the SADC Region across policy, governance, financing, programmes, and monitoring and evaluation.
2. To identify the most positively impactful maternal and child nutrition indicators and/or promising social assistance programmes reaching nutritionally vulnerable groups across the SADC Region, with a focus on gender-responsive and inclusive approaches and the supporting governance environment in which they have been embedded.
3. To identify innovations in the design, implementation, and monitoring of nutrition-sensitive SPPs in the SADC Region.
4. To determine feasible options for scale-up and dissemination to improve policy and programme design and implementation by embedding both nutrition-specific and nutrition-sensitive interventions into policies and programmes.

METHODOLOGY

The study comprised three distinct phases. In Phase 1, a desk-based literature search was conducted through a scoping review, combining peer-reviewed and grey literature using systematic and purposeful methodologies. The research question guiding this phase focused on the current status of social protection and nutrition-

² Figure 1 graph created by authors, Member State data from: SADC (2022). *Regional Vulnerability Assessment an Analysis Programme: Synthesis Report*. and Sub-Saharan and Global averages from: UNICEF, WHO & World Bank (2023). *Joint Child Malnutrition Estimates (global and regional)*. Available online: <https://data.unicef.org/wp-content/uploads/2019/04/Joint-Malnutrition-Estimates-Regional-and-Global-Estimates-May-2023.xlsx>. Accessed: 02/01/2024

³ Minimum dietary diversity is considered as consuming foods and beverages from at least five out of eight defined food groups and is a proxy for micronutrient adequacy in the diet. Data from: UNICEF (2023). *The State of the World's Children 2023: Statistical Tables*. Table 9: Nutrition Breastfeeding and Diets. Available online: <https://data.unicef.org/wp-content/uploads/2023/04/Table-9-Nutrition-Breastfeeding-Diets-SOWC2023.xlsx>. Accessed: 06/10/2023

⁴ Ibid.

⁵ Ibid.

sensitive policies and programs in the SADC Region. Phase 2 involved key informant interviews (KIIs) with 36 participants selected through purposeful and snowball sampling. The interviews, conducted in English or French, utilised a semi-structured format with a predefined interview guide. The participants, representing a diverse mix of regional, topical, or country-specific backgrounds from each Member State, with experience working, in the areas of social protection and/or nutrition programmes. These interviews were used to gather information on relevant existing policies and programmes in the region. Phase 3 encompassed the analysis and interpretation of gathered data from the literature review and KIIs. Both deductive and inductive thematic analysis were applied to identify regional trends, inform recommendations in subsequent chapters, and conclude the study. Drawing on insights from KIIs and the scoping review, eight case studies (two of which are cross-referenced to external reports) were identified as instances showcasing the practical implementation of nutrition-sensitive social protection across policy, governance, programmes, and monitoring dimensions.

RESULTS AND DISCUSSION

Nutrition-sensitive social protection programmes (SPPs) that positively influence nutrition outcomes rely on multi-agency collaboration, multisectoral governance structures, adequate financing, and well-structured programming, supported by robust monitoring and evaluation. While opportunities for improvement exist, commendable practices have been identified in some Member States.

The following programmes exemplify commendable practices. [Case Study 1](#) focuses on Malawi and Zambia's nutrition-sensitive social protection policies, illustrating a comprehensive approach that integrates both nutrition and social protection sectors into a unified policy. [Case Study 2](#) highlights Madagascar and Mozambique, showcasing the utilisation of community-based workforces to support nutrition education. [Case Study 3](#) features Lesotho and Namibia's school feeding programmes, demonstrating the integration of nutrition-sensitive components and adaptability to shocks. In [Case Study 4](#), Botswana and Zimbabwe utilise routinely collected nutrition indicator data to inform early warning systems and target SPPs. [Case Study 5](#) explores Angola's Valor Criança Project, a cash 'plus' programme with a positive impact that has been translated into policy, contributing to the establishment of the current national programme. [Case Study 6](#) cross-references an external report on Mozambique's Child Grant 0-2 Programme and [Case Study 7](#) cross-references an external report on Tanzania's Stawisha Maisha Programme, both cash 'plus' programmes showing impact on child nutrition indicators. Lastly, [Case Study 8](#) explores Zambia's 1,000 Days Social Cash Transfer pilot programme, a cash 'plus' initiative that incorporates a range of nutrition- and gender-sensitive aspects.

Policy support for nutrition-sensitive social protection varies among Member States, with some showcasing successful practices. Policies play a crucial role in guiding interventions through the setting or codifying of government priorities, providing structure, and allocating resources. While social protection and nutrition feature prominently in strategic development plans, the policies for these two sectors are sometimes not fully interlinked, because they were not designed as such. Significantly, Malawi and Zambia stand out as at least two Member States that have effectively formulated explicit nutrition-sensitive social protection policies. These policies delineate critical entry points for the enhancement of programs, showcasing a strategic approach to integrating nutrition considerations into social protection frameworks. Opportunities exist in enhancing existing nutrition and social protection policies by incorporating more detailed and actionable implementation plans, as well as fostering coordination among agencies operating across different sectors..

Adequate and consistent budget allocation is crucial for effective implementation, but the financing landscape across SADC Member States varies widely. African countries, on average, allocate less than 4% of their gross domestic product (GDP) to social protection.⁶ Challenges arise from fiscal constraints, driven in part by the substantial burden of debt servicing costs, among other factors, and a notable reliance on official development assistance (ODA).⁷ These factors pose a potential threat to long-term sustainability.

Efficiency gains for increased fiscal space can be realised through strategic entry points. One approach involves more direct targeting of the most nutritionally vulnerable, especially during the first 1,000 days. Another approach is leveraging existing community-based workforces, such as community health workers, and

⁶ This statistic covers contributory and non-contributory social protection, and not social assistance alone. ILO (2021). *Africa Regional Social Protection Strategy, 2021-2025: Towards 40% – a social protection coverage acceleration framework to achieve the SDGs*. Available from: https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/documents/publication/wcms_828423.pdf. Accessed: 15/01/2024

⁷ Ibid.

services, such as community centers, to help in targeting beneficiaries and delivering social and behaviour change (SBC). Both strategies can play an important role in generating additional domestic fiscal space for nutrition-sensitive social protection.

There is an opportunity for improvement in the nutrition-sensitivity of social assistance and in-kind transfer programmes across several Member States. Social protection systems across Member States exhibit varying degrees of maturity and capacity to implement nutrition-sensitive SPPs. While most nutrition-sensitive SPPs are in the pilot stage and face challenges in going to scale, larger and more mature national SPPs lack nutrition-sensitive features⁸, particularly in cash transfer programmes. Key considerations include adjusting transfer values to accommodate inflation, refining targeting mechanisms to encompass pregnant women and children more comprehensively, exploring potential linkages with basic services, incorporating SBC strategies for nutrition, and enhancing the capacity for scalable responses during crises. These are not often found in programmes in the Region. The reasons for this are diverse and include limited fiscal space and inefficiencies, as detailed in the preceding paragraph, the fragmentation of social protection systems resulting in missed opportunities or duplication of services, and a significant challenge in bridging the gap between policy and implementation. This challenge is partially attributed to policies which lack clear implementation plans and difficulties in fostering multisectoral collaboration.

Additionally, there is opportunity to strengthen the gender-responsiveness of social protection programmes to support women, a nutritionally vulnerable group better. Gender-responsive social protection ensures that girls and women have enhanced and equitable access to effective and adequate social protection benefits tailored to their practical needs.⁹ There are various pilot programmes in the Region explicitly designed with a gender-responsive approach by including it in the objectives, targeting women caregivers, and offering women economic empowerment opportunities attached to social assistance.

Some programmes have demonstrated flexibility by adapting to shocks through both vertical and horizontal expansion, although this is not seen consistently across the Region and is an area that could be strengthened. This is an important aspect of supporting nutritionally vulnerable populations amidst increasingly frequent crises. In general, the review shows that some school feeding programmes incorporate nutrition-sensitive components, however, there is insufficient evidence to assess the scale of these integrated components.

In terms of monitoring and evaluation, the integration of nutrition and SPPs shows an area of opportunity., Utilisation and sharing of nutrition data can strengthen early warning systems and targeting of beneficiaries. Botswana and Zimbabwe serve as examples of Member States implementing such practices. Many policies do not have cohesive monitoring and evaluation frameworks yet, highlighting the need for improved linkage between nutrition and social protection indicators. Malawi's Nutrition-Sensitive Operational Framework stands out as a potential model for enhanced integration.

RECOMMENDATIONS

1. Policy

1. Establish better alignment between social protection and nutrition policies that foster synergy and complementarity.
2. Ensure nutrition and social protection policies include detailed implementation plans with clear targets, objectives, and responsibilities, and accountability with clear timeframes.
3. Incorporate nutritionally vulnerable populations into disaster management strategies, addressing the need for scaling up nutrition services during shocks.

2. Governance:

1. Establish coordination platforms at national and local levels for different sector ministries and workforces for social protection/social welfare, health and nutrition, and other relevant sectors to support system linkages and coordinated action, enhancing the nutrition sensitivity of existing programmes.

⁸ Nutrition-sensitive means to address the underlying factors of fetal and child nutrition and development. For example, designing social transfers that target nutritionally vulnerable populations like pregnant or lactating women and children under five, influencing the composition of the food basket or guaranteeing that cash transfers are accompanied by affordable, nutritious foods available in local markets, integrating nutrition SBC interventions or linking beneficiaries with health and nutrition services.

⁹ UNICEF (2020). *Gender-Responsive, Age-Sensitive Social Protection: A Conceptual Framework*. Available online: https://www.unicef-irc.org/publications/pdf/WP-10_Gender-Responsive-Age-Sensitive-Social-Protection.pdf. Accessed: 21/02/2024

3. Financing:

1. Analyse areas for efficiency gains within limited fiscal space, for example, where relevant exploring the use of existing community structures or digital platforms for SBC and linkage with basic services.
2. Explore leveraging ODA to improve public financial management, fostering coordinated engagement with governments responsible for emerging social protection systems. This approach offers a potential roadmap for transitioning from donor-led to government-driven initiatives.
3. Embed mechanisms in public finance systems that enable rapid drawdown of funds to support the scale up of nutrition-responsive social transfers promptly in response to emergency triggers. This aims to prevent malnutrition during crises.

4. Programmes:

1. Design social assistance programmes targeting nutritionally vulnerable populations by creating specific categories of eligibility for pregnant women and children under five and adopt gender-responsive approaches. For existing programmes, this could include incorporating additional 'top-ups' or other programme enhancements specifically tailored for these target groups.
2. Identify entry points within national social assistance programmes to engage participants in nutrition SBC to support improved nutrition practices (applies to cash transfer programmes and food transfer programmes).
3. Identify opportunities to link participants of national social assistance programmes with nutrition and other services, for example through integrated case management services and other forms of social protection such as social insurance to support improved uptake of health and other services.
4. Ensure nutrient-dense in-kind transfers are provided in contexts with limited food access, using fortified foods or culturally relevant options rich in micronutrients and proteins.
5. Adjust cash transfer values to reflect the local cost of nutrient-dense foods and to ensure regular updates to maintain purchasing power at a minimum.
6. Develop country school nutrition strategies that include school feeding plus nutrition education and nutrition SBC, and nutrition services for school aged children and adolescents, and wider policy initiatives to support healthy food environments.
7. Enhance the targeting of SPPs for nutritionally vulnerable individuals by making greater use of routinely collected data relating to nutrition and vulnerability, and to improve early warning mechanisms for shocks.

5. Monitoring & Evaluation:

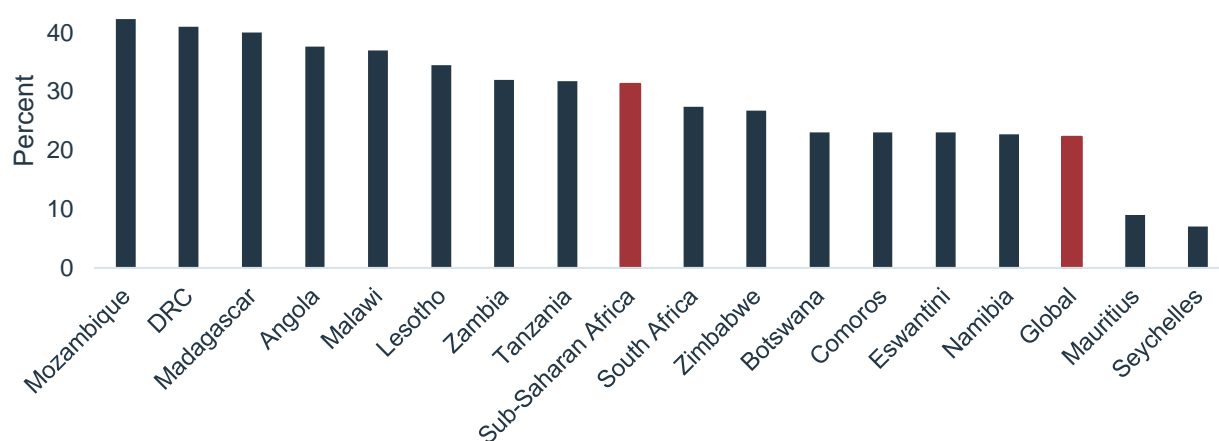
1. Integrate nutrition indicators within monitoring frameworks for social assistance programmes to ensure that nutrition indicators (especially diet related) are monitored to identify progress and inform course corrections.
2. Research in nutrition-sensitive social protection should be prioritised in the region, with a focus on programme evaluations, to guide policymakers, practitioners, and researchers and to foster collaboration and knowledge-sharing across Member States.

Background

SADC REGION NUTRITION CONTEXT

In the SADC Region, child malnutrition is a significant challenge with broad socio-economic implications. Approximately 19 million children under five suffer from stunting, constituting one-third of all cases in Africa.¹⁰ Among the sixteen Member States, six demonstrate high stunting prevalence (20% to <30%), while eight show very high prevalence ($\geq 30\%$), with the majority exceeding both the global and Sub-Saharan averages (Figure 1).¹¹ Child wasting is also a concern with six SADC Member States - including the DRC, Botswana, Namibia, Zimbabwe, and Madagascar - with a prevalence above 5%.¹² Three-quarters of Member States report a prevalence of anaemia in pregnant women exceeding 20%, a level of public health concern according to the World Health Organization (WHO).¹³ Lastly, overweight in children under five years is a growing concern, with five Member States' prevalence classified as high, including Botswana, Comoros, Mauritius, Seychelles, and South Africa.¹⁴ Refer to [Annex 1](#) for a table detailing key nutrition outcomes per Member State.

Figure 1: Stunting Prevalence in SADC Member States vis-à-vis Sub-Saharan Africa and Global Averages for the Year 2022



Pan-African commitments to address malnutrition, through initiatives such as the African Union Agenda 2063 and the African Union Year of Nutrition 2022, align with the strategic direction set out in SADC's Regional Indicative Strategic Development Plan.¹⁵ This reinforces the Region's commitment to enhance investments in addressing malnutrition. In response to this, some Member States are now actively implementing social protection programmes (SPPs), with the aim to improve nutritional outcomes for high-risk groups including pregnant women, children under five, and school learners, however, many gaps and opportunities across the Region remain.

Maternal and child nutrition is determined by immediate factors such as adequate nutrient-rich food and care.¹⁶ However, equally as important are the underlying determinants including access to nutritious foods, optimal child care and feeding practices and access to quality nutrition, health and other services. Key enablers of these are sufficient household resources and social norms. Additionally, good

¹⁰ SADC (2022). *Regional Vulnerability Assessment an Analysis Programme: Synthesis Report*. Available at: <https://www.sadc.int/document/sadc-rvaa-synthesis-report-2022-eng>. Accessed: 06/10/2023

¹¹ Figure 1 graph created by authors, Member State data from: SADC (2022). *Regional Vulnerability Assessment an Analysis Programme: Synthesis Report*. and Sub-Saharan and Global averages from: UNICEF, WHO & World Bank (2023). *Joint Child Malnutrition Estimates (global and regional)*. Available online: <https://data.unicef.org/wp-content/uploads/2019/04/Joint-Malnutrition-Estimates-Regional-and-Global-Estimates-May-2023.xlsx>. Accessed: 02/01/2024

¹² SADC (2022). *Regional Vulnerability Assessment an Analysis Programme: Synthesis Report*

¹³ Ibid.

¹⁴ Ibid.

¹⁵ SADC. (2020). *SADC Regional Indicative Strategic Development Plan (RISDP) 2020-2030*. Available online: https://www.sadc.int/sites/default/files/2021-08/RISDP_2020-2030.pdf. Accessed: 29/01/2024

¹⁶ UNICEF (2020). *UNICEF Conceptual Framework*. Available online: <https://www.unicef.org/documents/conceptual-framework-nutrition>. Accessed: 06/10/2023

maternal and child nutrition is enabled by supportive governance in the form of political, financial, social, and multisectoral actions. What follows is a high-level overview of some of these factors within the SADC Region.

In SSA, only 23% of children aged between 6 and 23 months meet the requirement for minimum dietary diversity and less than half (44%) meet the minimum meal frequency.¹⁷

Furthermore, approximately one-third of households in SSA have access to basic sanitation and hygiene facilities, well below the global average (over 70%).¹⁸ Universal health coverage, encompassing reproductive, maternal, newborn, and child health; infectious diseases; non-communicable diseases; and access to health services varies across the SADC Region. For example, in Madagascar (28%), Angola (40%), DRC (41%) and Tanzania (43%) less than half of the population has access to such services, while in Seychelles (71%), Namibia (62%), Botswana (61%) and South Africa (69%) this is higher.¹⁹

Despite improved food production in some SADC Member States, over 55 million people in the Region face persistent food insecurity.²⁰

The majority of cases come from the DRC, South Africa, Malawi, Zimbabwe, Madagascar, and Angola, comprising 93% of the Region's food insecurity.²¹ Recent years also show a rising trend, notably in Malawi, Tanzania, Zimbabwe, Madagascar, Zambia, Lesotho, and South Africa.²² Contributing factors include COVID-19-related economic effects, ongoing conflicts, high unemployment, income disparities, shocks, humanitarian crises, weak social protection systems, and limited access to essential services. Climate-related issues, like El Niño, are expected to worsen the situation, exacerbating poverty, chronic food insecurity, and hindering regional nutrition initiatives.

Food insecurity, poverty, and undernutrition are intricately linked, with malnutrition serving as both a contributing factor to and a consequence of poverty.

Malnutrition is associated with poor school performance and diminished earning potential, increasing the likelihood of future poverty.²³ Conversely, poverty contributes to malnutrition, as households may lack resources for sufficient, nutritious, age-appropriate, and hygienic food. Globally, an alarming 356 million children endure extreme poverty, surviving on less than USD 1.90 per day, with SSA bearing a disproportionate burden, where over 40% of the population is children, and nearly 60% are estimated to be multidimensionally poor.²⁴ The COVID-19 pandemic is likely to have exacerbated these numbers, particularly in the concentration of severe child food poverty affecting around 58 million children under 5 in SSA.²⁵ Importantly, SSA alongside South Asia, has the highest rates of stunting and wasting globally.²⁶ To further evidence the relationship between poverty and malnutrition, data from national surveys conducted since 2000 reveal that the prevalence of stunting can be up to 2.5 times higher in the poorest quintile of households compared to the wealthiest quintile.²⁷ Figure 2

¹⁷ Minimum dietary diversity is considered as consuming foods and beverages from at least five out of eight defined food groups and is a proxy for micronutrient adequacy in the diet. Data from: UNICEF (2023). *The State of the World's Children 2023: Statistical Tables. Table 9: Nutrition Breastfeeding and Diets*. Available online: <https://data.unicef.org/wp-content/uploads/2023/04/Table-9-Nutrition-Breastfeeding-Diets-SOWC2023.xlsx>. Accessed: 06/10/2023

¹⁸ UNICEF. (2022). *The State of the World's Children 2022: Statistical tables. Table 14: WASH*. Available online: <https://data.unicef.org/wp-content/uploads/2023/04/Table-14-WASH-SOWC2023.xlsx>. Accessed: 06/10/2023

¹⁹ WHO (2019). *Primary Health Care on the Road to Universal Health Coverage*. Available online: <https://iris.who.int/bitstream/handle/10665/344057/9789240004276-eng.pdf?sequence=2&isAllowed=y>. Accessed: 06/10/2023

²⁰ Including Angola, Botswana, DRC, Eswatini, Lesotho, Madagascar, Malawi, Namibia, South Africa, Tanzania, Zambia and Zimbabwe – the 12 member states that provided data for the following report: SADC (2022). *Synthesis report on the state of food and nutrition security and vulnerability in Southern Africa*. Available online: <https://reliefweb.int/attachments/b4f384ed-d676-4150-b0cd-9c488838002e/SADC%20RVAA%20Synthesis%20Report%202022%20-%20ENG.pdf>. Accessed: 06/10/2023

²¹ Ibid.

²² Ibid.

²³ R.E. Black, C.G. Victora, S.P. Walker et al. (2013). 'Maternal and child undernutrition and overweight in low-income and middle-income countries', *Lancet*, 382.

²⁴ OPHI and UNDP (2021). *OPHI and UNDP Regional MPI Brief: sub-Saharan Africa: An age group analysis of the 2021 Global MPI*. Available online: <https://www.undp.org/publications/leaving-no-one-behind-briefs-regional-multidimensional-poverty-index>. Accessed: 18/04/2023

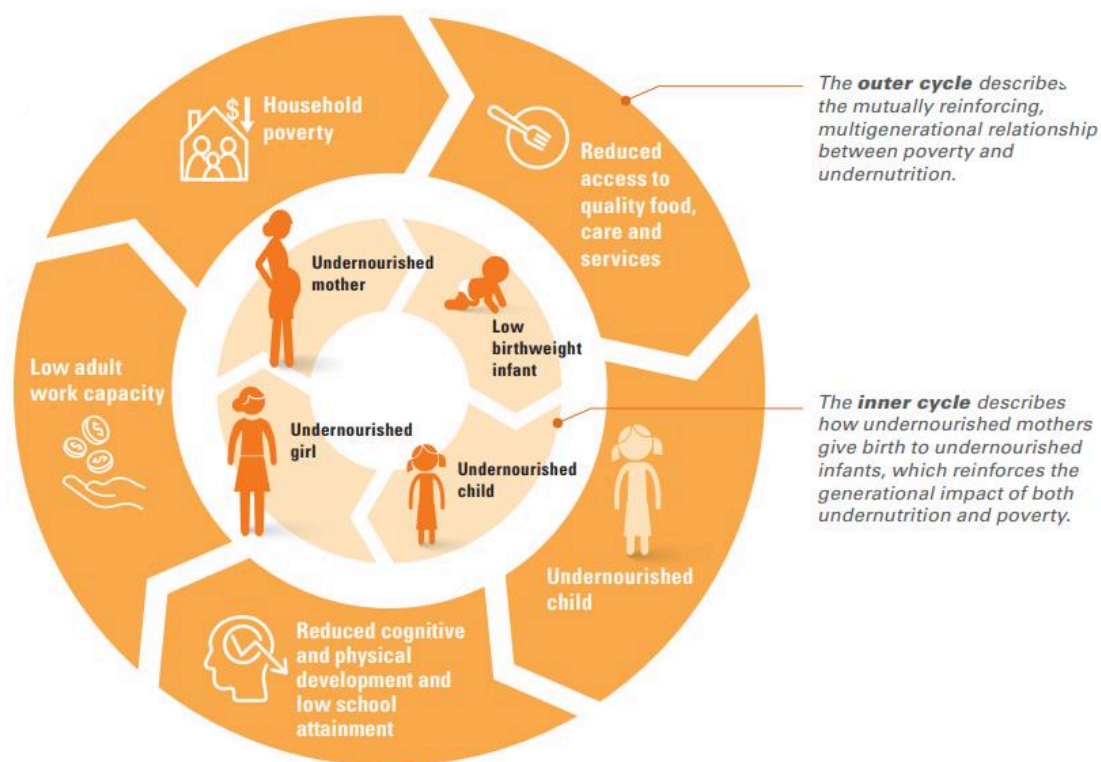
²⁵ Severe child food poverty is defined as children under 5 years of age who consumed food and beverage from only zero, one or two of eight defined food groups in the previous day. Indicating inadequate dietary diversity, a proxy of diet quality. Data combines Eastern and Southern Africa, and Western and Central Africa. Sourced from: UNICEF (2022). *Child food poverty: A nutrition crisis in early childhood*. Available online: <https://data.unicef.org/resources/child-food-poverty/>. Accessed: 21/02/2024

²⁶ UNICEF/WHO/World Bank (2023). *Joint Child Malnutrition Estimates (global and regional)*. Available online: https://data.unicef.org/wp-content/uploads/2019/04/JME_Country_Estimates_May_2023.xlsx. Accessed: 21/02/2024

²⁷ R.E. Black, C.G. Victora, S.P. Walker et al. (2013). 'Maternal and child undernutrition and overweight in low-income and middle-income countries'

depicts the relationship between lack of access to food, poverty and undernutrition clearly, highlighting the imperative to address these issues by improving household incomes.²⁸

Figure 2: the intergenerational cycle of child malnutrition and poverty 29



THE COST OF MALNUTRITION

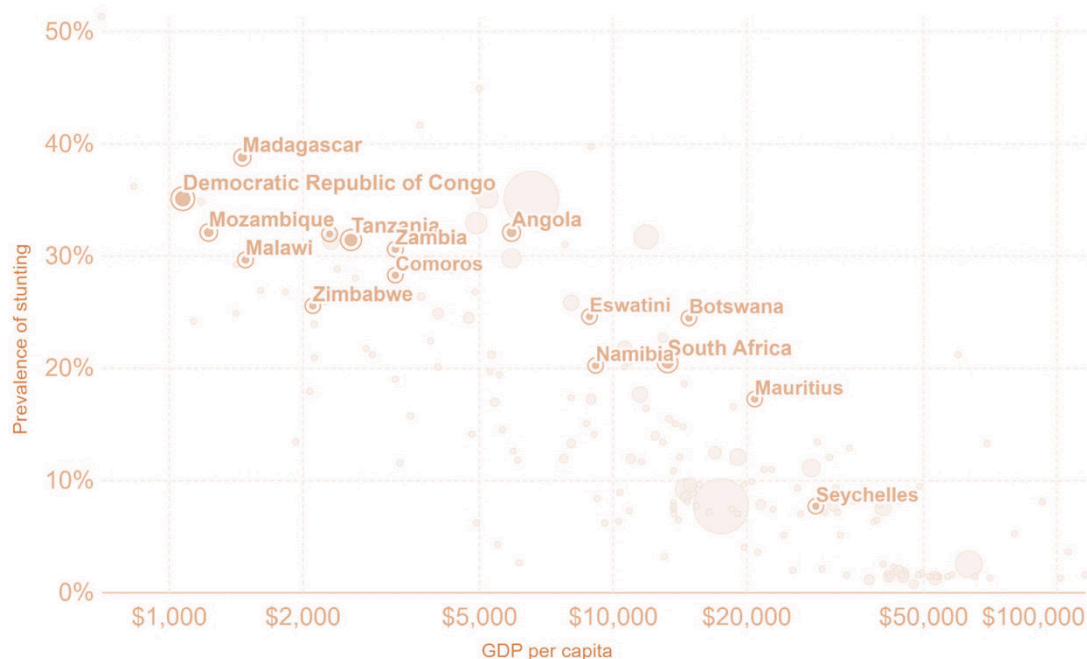
Stunting and wasting are closely linked to compromised brain development and result in negative macroeconomic implications. Both can impede a child's cognitive growth, educational attainments, and future productivity, ultimately influencing a nation's developmental potential and progress. Evidence shows that the long-lasting effects of young child stunting, across 95 low- and middle-income countries, result in reduced income earning potential for individuals, and costs the private sector up to USD 135.4 million annually, equating to 0.01 to 1.2% of GDP.³⁰ This cost is because of reduced productivity in adulthood and resulting losses in annual revenue. Furthermore, there exists a two-way relationship between the prevalence of stunting and GDP per capita. For SADC Member States, in general, the greater the prevalence of stunting, the lower the country's per capita GDP in 2021, and vice versa (Figure 3), although outliers do exist.

²⁸ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*

²⁹ Image sourced from: UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*

³⁰ N. Akseer, H. Tasic, M.N. Onah et al. (2022). 'Economic costs of childhood stunting to the private sector in low- and middle-income countries', *eClinicalMedicine*, 45.

Figure 3: Comparing Stunting Prevalence to GDP per Capita on a Logarithmic Scale in 2021³¹



SOCIAL PROTECTION IN A SYSTEMS APPROACH TO ADDRESSING MALNUTRITION

Given these complex challenges, a systems-based approach is essential to comprehensively address the triple burden of malnutrition and facilitate effective interventions.³² Nutrition-sensitive sectors such as water, sanitation and hygiene, health, food security, social protection, and education address the enabling and underlying determinants of maternal and child malnutrition.³³ Investments in these sectors hold paramount importance in eradicating undernutrition, which is the outcome of multiple causes across multiple sectors of society. Table 1 below provides further explanation of nutrition-specific and nutrition-sensitive programmes. This multisectoral approach to nutrition is becoming more widely recognised. For example, SADC’s Action Framework to Improve the Diets of Young Children in the Southern Region, World Food Programme’s (WFP) Social Protection Pathways to Nutrition, UNICEF’s Global Guidance on building synergies between nutrition and social protection, and UNICEF’s Global Nutrition Strategy 2020-2030, all position the social protection system as key to positive change.³⁴ Similarly, in association with global partners such as UNICEF, and the WFP, the International Food Policy Research Institute and Nutrition International have conducted a comprehensive review of evidence.³⁵ The review focuses on the impact and national good practices from leveraging SPPs to enhance nutrition and the intermediate factors and pathways, such as improved diets and uptake of local health services, that can contribute to better nutritional outcomes.

³¹ Our World in Data (2021). *Share of children who are stunted vs. GDP per capita 2021*. Data from IHME database. Available online: <https://ourworldindata.org/grapher/stunting-ihme-vs-gdp?country=AGO~BWA~COM~COD~SWZ~LSO~MDG~MWI~MUS~MOZ~NAM~ZAF~TZA~ZWE~ZMB~SYC>. Accessed: 29/09/2023

³² The triple burden of malnutrition refers to underweight, hidden hunger (a deficiency of micronutrients) and overweight. These three types of malnutrition often co-exist within a country. Taken from: UNICEF. (2020). *New insight: 21st century malnutrition*. Available at: <https://www.unicef.org/globalinsight/stories/new-insights-21st-century-malnutrition> Accessed 03/02/2024.

³³ Data Dent. (2021). *Nutrition-Sensitive Social Protection Programs: What, Why and How Can We Measure Them?* Available from: <https://datadent.org/2021/03/02/nutrition-sensitive-social-protection-programs-what-why-and-how-can-we-measure-them/>

³⁴ SADC Secretariat (2022). *Action framework to improve diets of young children*. Available online: <https://www.sadc.int/document/action-framework-improve-diets-young-children>. Accessed: 04/02/2024 | WFP (2023). *Social Protection Pathways to Nutrition*. Available online: <https://www.wfp.org/publications/social-protection-pathways-nutrition>. Accessed: 21/02/2024 | UNICEF. (2023). *UNICEF Nutrition Strategy 2020-2030*. Available online: <https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf>. Accessed: 03/02/2024 | UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*.

³⁵ D. Olney, A. Gelli, & A. Go (2022). *Understanding how social assistance programs work to improve women’s and children’s diet and nutrition outcomes*. (International Food Policy Research Institute).

Table 1: Definition of Nutrition-sensitive vs. nutrition-specific programmes and interventions ³⁶

Nutrition-Specific Interventions	Nutrition-Sensitive Interventions
<ul style="list-style-type: none"> • Tackle the immediate determinants of fetal and child nutrition and development (i.e., food and nutrient intake, feeding and caregiving practices, and infectious diseases) 	<ul style="list-style-type: none"> • Address the underlying factors of fetal and child nutrition and development • Could serve as a platform for the delivery of nutrition-specific interventions
<ul style="list-style-type: none"> • Examples of interventions include, but are not limited to: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> • Examples of interventions include, but are not limited to: <ul style="list-style-type: none"> ○ Agriculture and food security ○ Social safety nets ○ Early child development ○ Women’s empowerment ○ Child protection ○ WASH ○ Health and family planning services

As of 2020, only 46.9% of the global population were effectively covered by at least one social protection benefit, while the remaining 53.1% – as many as 4.1 billion people – were left wholly unprotected.³⁷ Insufficient investment in social protection systems, especially in parts of Africa, the Middle East, and Asia, has led to notable deficiencies in coverage, comprehensiveness, and adequacy.³⁸ As shown in Figure 4 below, this includes relatively and absolutely low levels of coverage among children and mothers with newborns. On average, countries allocate 12.9% of their GDP to social protection; but this average figure masks significant disparities.³⁹ The COVID-19 pandemic has revealed entrenched inequity and notable deficiencies in the extent, comprehensiveness, and sufficiency of social protection coverage in many countries. Notably, recent data from 45 countries involved in the 2019 budget analysis commissioned by the SUN Movement Secretariat (spanning 2015-2019) indicates that most of the nutrition-related spending, approximately 69%, originates from sectors other than health, with social protection contributing the largest portion at 33%.⁴⁰

³⁶ Adapted from: M. Ruel & H. Alderman (2013). ‘Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?’, *Lancet*, 382 (9891).

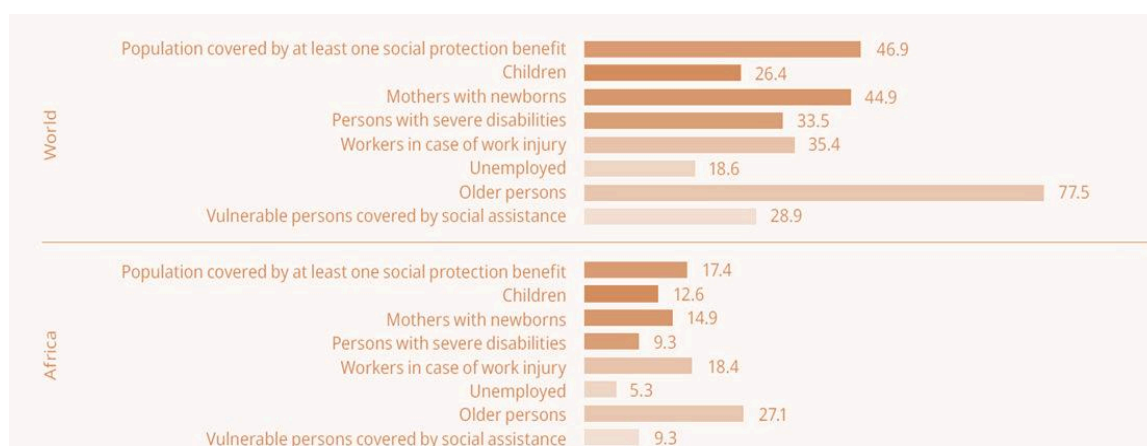
³⁷ ILO. (2022). *Social Protection report 2020-22: Regional Companion report for Africa*. Available online: https://www.ilo.org/secsoc/information-resources/publications-and-tools/books-and-reports/WCMS_849597/lang--en/index.htm. Accessed: 29/09/2023

³⁸ ILO. (2022). *Social Protection report 2020-22: Regional Companion report for Africa*.

³⁹ Ibid.

⁴⁰ Graça Machel Trust (2020) *Second Regional Nutrition Budget Analysis Report focusing on 8 East and Southern Countries*. Available at: <https://gracamacheltrust.org/wp-content/uploads/2020/12/SECOND-ESA-NATIONAL-BUDGET-COMMITMENT-TO-NUTRITION.pdf>. Accessed: 29/09/2023

Figure 4: Effective social protection coverage, global and regional estimates, by population group, 2020 or latest year available ⁴¹



ENTRY POINTS TO MAKE SOCIAL PROTECTION MORE NUTRITION-SENSITIVE

Social protection can play a central role in multisectoral strategies to address malnutrition and the resulting nutrition-sensitive interventions.⁴² There are various entry points to capitalise on the synergies between social protection and nutrition.⁴³ Firstly, designing social transfers involves targeting nutritionally vulnerable populations like pregnant or lactating women and children under five. These transfers should be sufficient and regular, enabling the purchase of safe, nutritious, and adequate diets. Ensuring the effectiveness of these transfers requires measures to enhance access to nutritious foods. This can be achieved by either influencing the composition of the food basket or guaranteeing that cash transfers are accompanied by affordable, nutritious foods available in local markets.⁴⁴ Moreover, the integration of nutrition SBC interventions for participants is critical. This ensures that the social transfer not only provides financial support but also promotes improved nutrition practices within the community. The holistic approach extends to linking beneficiaries with services that support child nutrition within the health system, as well as other critical systems such as water and sanitation, and education. Furthermore, social protection should extend beyond immediate nutritional needs. Connecting participants to services addressing underlying drivers of malnutrition in a sustainable manner is important. For instance, integrating nutrition-sensitive agricultural programmes can contribute to long-term access to nutritious foods. Simultaneously, facilitating job support with supportive labor laws and policies promotes positive nutrition behaviours, such as breastfeeding in the workplace. The latter extends beyond the scope of this report. Figure 5 depicts the impact pathways between social protection and improved maternal and child nutrition through some of these entry points.

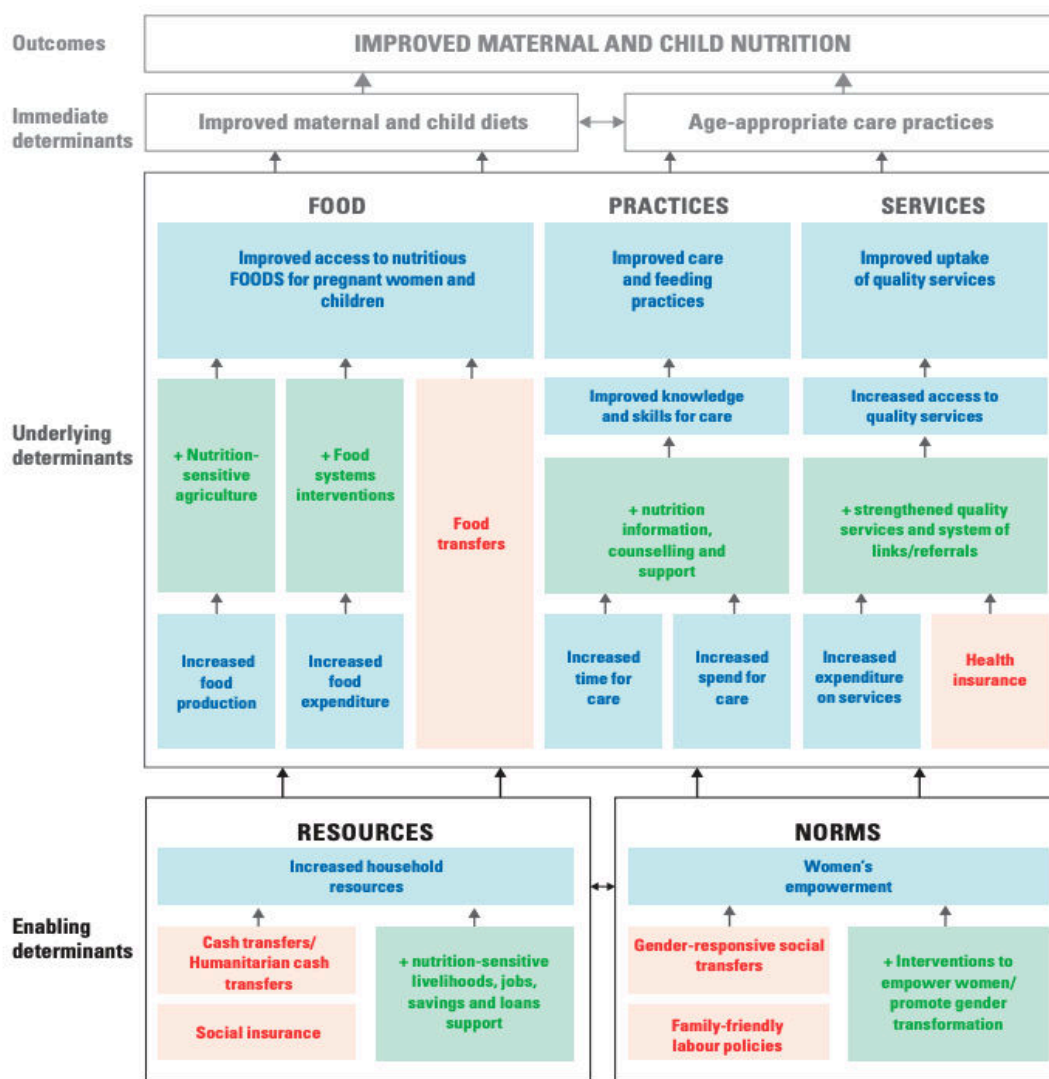
⁴¹ ILO. (2022). *Social Protection report 2020-22: Regional Companion report for Africa*.

⁴² Ibid.

⁴³ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*.

⁴⁴ D.K. Olney, A. Gelli, N. Kumar et al. (2021). *Nutrition-Sensitive Social Protection Programs within Food Systems*. (FAO and IFPRI: Washington DC). Available online: <https://doi.org/10.2499/p15738coll2.134593>. Accessed: 05/01/2024

Figure 5: Social Protection and Nutrition Impact Pathway ⁴⁵



School feeding programmes are acknowledged as a form of in-kind social protection benefit, with the potential to be nutrition-sensitive.⁴⁶ Like social transfers, there are key entry points to enhance the nutritional sensitivity of school feeding programmes. Firstly, these programmes can be strategically designed to target the most nutritionally vulnerable students, providing them with meals that are both nutritionally dense and diverse. The nutritional quality of the meals can be improved by incorporating fortified foods and utilising school gardens to enhance dietary diversity. Additionally, these programmes can include nutrition education for both children and their parents, along with access to nutrition, health, water and sanitation services, including iron-folic acid and vitamin A supplementation, and deworming programmes.⁴⁷ Furthermore, these programmes can serve as a mechanism to support sustainable access to local foods, thereby offering broader benefits to local producers. Lastly, the adaptability of these programmes is demonstrated through the integration of shock-responsive elements.⁴⁸ For instance, during school closures in response to emergencies, these programmes can transition to providing take-home rations, showcasing their flexibility in addressing unforeseen challenges. Various designs of school feeding programmes are

⁴⁵ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*.
⁴⁶ UNESCO. (2020). *Stepping up effective school health and nutrition. A partnership for healthy learners and brighter futures*. Available at: <https://www.unicef.org/media/94001/file/Partnership-for-Stepping-up-effective-SHN.pdf.pdf> Accessed: 02/02/2024
⁴⁷ Ibid.
⁴⁸ Economic Policy Research Institute (2021). *The role of food security and nutrition-sensitive social protection in bridging the humanitarian-development divide in the South African Region*. Available online: https://executiveboard.wfp.org/document_download/WFP-0000129017. Accessed: 04/02/2024

implemented across the SADC Region; however, with a few notable exceptions, there are many unmet opportunities to improve both nutrition sensitivity and coverage in many of these initiatives.

THE importance OF GENDER-RESPONSIVE SOCIAL PROTECTION

It is crucial for nutrition-sensitive social protection programmes to be gender-responsive. This means that they should explicitly address the specific needs of girls and women, aiming to tackle the causes of gender inequality and thereby promoting female empowerment.⁴⁹ This may involve delivering social transfers directly to women or supporting their workforce participation while safeguarding their health and nutrition during pregnancy and childcare responsibilities.⁵⁰ As women typically allocate a significant portion of their earnings to their families, enhancing women's empowerment is viewed as a pathway to enhance household living standards, including improvements in nutrition.⁵¹ However, in African countries gender inequality and inequity continue to exist. For example, in the agricultural sector, which is a primary economic driver, women own only 12% of agricultural land despite constituting nearly half of the continent's agricultural workforce.⁵² Additionally, there exists a significant financial gender gap on the continent, with 70% of women experiencing financial exclusion.⁵³ In 2018, women, on average, spent four times more time than men on unpaid care and domestic responsibilities, including tasks such as child-rearing, tending to sick or elderly family members, and overseeing household chores. In some African countries, legal frameworks designate the husband as the family head, holding the role of proprietor of assets and properties, including agricultural land.⁵⁴ Moreover, social norms and biases pertaining to access to markets, finance, and training pose obstacles to women's entrepreneurship.⁵⁵ In terms of social transfers, in the absence of gender-responsive considerations, unintended consequences can arise.⁵⁶ For instance, the process of collecting cash transfers may impose additional time burdens on women and elevate the risk of violence during transportation. Women might face unintentional exclusion from mobile cash payments if they lack ownership of or access to mobile phones or mobile bank accounts.

Thus far, a review of the SPPs and their governance systems across SADC Member States, with a specific focus on their nutrition-sensitivity, has not been conducted. This study looks to address this by exploring policy and programme gaps and opportunities for nutrition-sensitive social protection in the SADC Region in order to further promote better nutrition outcomes for the most vulnerable members of the population, specifically women and children. The review emphasises the importance of gender-responsive approaches in designing nutrition-sensitive social protection programmes, acknowledging Member States that have moved to adopt such strategies. Additionally, this review aligns with SADC's 2050 Vision, which is committed to leveraging areas of excellence across the Region, and to implementing priorities to attain sustainable and inclusive socio-economic development.⁵⁷ Specific objectives of the study are outlined in the next section.

⁴⁹ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*. | C. Perera, S. Bakrania, A. Ipince et al. (2022). 'Impact of social protection on gender equality in low- and middle-income countries: A systematic review of reviews', *Campbell Systematic Reviews*, 18(2).

⁵⁰ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*.

⁵¹ D.A. Amugsi, A. Lartey, E. Kimani-Murage, et al. (2016). 'Women's participation in household decision-making and higher dietary diversity: findings from nationally representative data from Ghana', *Journal of Health, Population and Nutrition*, 35 (16). | S. Durao, M.E. Visser, V. Ramokolo, et al. (2020). 'Community-level interventions for improving access to food in low- and middle-income countries', *Cochrane Database Systematic Reviews*, 7(7). | J. Yoong, L. Rabinovich, & S. Diepeveen (2012). The impact of economic resource transfers to women versus men: A systematic review. Available online:

<https://eppi.ioe.ac.uk/cms/Portals/0/PDF%20reviews%20and%20summaries/Economic%20transfers%202012Yoong.pdf?ver=2012-01-13-101615-493>. Accessed: 21/02/2024

⁵² OECD (2021). *Social Institutions and Gender Index: Regional Report for Africa 2021*. (OECD: Paris, France).

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*.

⁵⁷ SADC. (2020). *Southern African Development Community Vision 2020*. Available online at:

https://www.sadc.int/sites/default/files/2021-08/SADC_Vision_2050.pdf. Accessed: 30/01/2024.

Aim and objectives

The overarching aim of this review was to gain a thorough understanding of nutrition-sensitive social protection in the SADC Region and identify impactful or promising social assistance programmes which are targeted specifically to nutritionally vulnerable groups.

OBJECTIVES

1. To provide an overview of the state of nutrition-sensitive social protection policies and programmes in the SADC Region across policy, governance, financing, programmes, and monitoring and evaluation.
2. To identify the most positively impactful maternal and child nutrition indicators and/or promising social assistance programmes reaching nutritionally vulnerable groups across the SADC Region, with a focus on gender-responsive and inclusive approaches, and the supporting governance environment in which they have been embedded.
3. To identify innovations in the design, implementation, and monitoring of nutrition-sensitive SPPs in the SADC Region.
4. To determine feasible options for scale-up and dissemination to improve policy and programme design and implementation by embedding both nutrition-specific and nutrition-sensitive interventions into policies and programmes.

Methodology

PHASE 1: DESK BASED LITERATURE SEARCH

The consultants conducted a scoping review encompassing both peer-reviewed and grey literature, employing systematic and purposeful methodologies. This combination was deliberately chosen to effectively map insights from both sources, providing a thorough understanding of the current landscape of nutrition-sensitive social protection in the SADC Region, to address objectives 1 to 3. The research question guiding this process was: 'What is the current status of social protection and nutrition-sensitive social protection policies and programmes in the SADC Region, including their impact on nutrition outcomes and key pathways for nutrition, particularly among vulnerable groups (women/mothers, infants, adolescents, and children), along with their design and governance?'

Further details regarding the search strategy and terms used are available in [Annex 2](#). It is important to note that the majority of findings referenced in this report came from programme evaluations, policy documents and further literature provided by key informants.

PHASE 2: KEY INFORMANT INTERVIEWS

Key informants (KIs) were selected using purposeful and snowball sampling. The interviews were conducted using a prespecified interview guide ([Annex 3](#)) and were conducted by those who have experience working in, or knowledge of, social protection and/or nutrition programmes in the SADC Region. Interviews were semi-structured.⁵⁸ The purpose was to support objectives 1 to 4.

The consultants conducted 36 key informant interviews (KIIs), utilising English or French as appropriate. A role-specific summary is provided in Table 1 (with the complete list in [Annex 4](#)). KIIs were conducted with representatives in every Member State.

⁵⁸ This method allows for adaptability during interviews, permitting exploration of unexpected insights or in-depth examination of specific areas. Semi-structured interviews are tailored to the participant's context, fostering richer and more comprehensive responses. This format also encourages open-ended questions, contributing to more nuanced and detailed qualitative data.

Table 2: Summary of key informant interviews

Type of key informant	Number of interviews conducted
Regional / General	7
Country-specific government representatives	14 ⁵⁹
Country-specific development partners	15

PHASE 3: ANALYSIS

After the data-gathering phase, the information obtained from the desk-based literature review and KIIs was subjected to both deductive and inductive thematic analysis. This analytical process facilitated the identification of regional trends, which informed the development of recommendations detailed in the subsequent chapters, as well as the conclusion of the study. Drawing on the insights from the KIIs and the outcomes of the scoping review, the consultants identified eight case studies (two of which are cross-referenced to external reports), to support objective 2. The selection and assessment of these case studies adhered to the guidelines presented in Table 2.

Table 3: Nutrition-Sensitive Social Protection Case Study Assessment

Component	Related questions
Aim and objectives	Do the aim and objectives explicitly state nutrition-related objectives?
Target population	Does the policy or programme target nutritionally vulnerable populations? (women, infants, children, adolescents, caregivers of infants or children)
Mode of delivery	Is the social protection programme delivered through cash, cash plus, or in-kind? Does it involve multi-sectoral approaches or linkages to complementary interventions?
Impact pathway	Does the policy or programme deliver results through one of the impact pathways described on the conceptual framework detailed in section 2.1, such as: <ol style="list-style-type: none"> 1. Improved dietary diversity and/or food consumption of all household members; 2. improved care and feeding practices of nutritionally vulnerable groups (such as women, infants and young children); 3. improved access and utilisation of health and sanitation services by nutritionally vulnerable groups; and 4. sustained food and income sources of households.
Evidence of impact	Do monitoring, evaluation, accountability, and learning frameworks incorporate nutrition-related elements? Is there evidence of impact on nutrition outcomes such as wasting, stunting or anaemia? Alternatively, is there evidence on intermediary outcomes such as women’s empowerment; water, sanitation and hygiene practices; maternal and child health practices; dietary diversity; or breastfeeding or feeding/care practices?

The next section presents an overview of the findings, beginning with a *regional synthesis*, followed by *country profiles*, and concluding with *recommendations*. Case studies are integrated into the relevant sections.

⁵⁹ Government focal points from Tanzania and Angola did not respond to the invitation to interview.

Results and discussion

Regional synthesis

Effective, nutrition-sensitive SPPs, with an impact on promoting better nutrition outcomes, necessitate components like multi-agency collaboration, multisectoral governance structures, sufficient financing, and well-structured programming. These efforts should be supported by appropriate monitoring and evaluation. While there is potential for improvement, several Member States provide notable examples of successful practices. This Regional Synthesis provides an examination of each key area of policy, governance, financing, programme and monitoring and evaluation as these are critical components and potential entry points to make policies and programmes more nutrition-sensitive.

Policy and governance

Policy support for nutrition-sensitive social protection varies among Member States across the SADC Region, with each country at different stages of development and implementation.⁶⁰ Policies play a pivotal role in guiding and shaping the implementation of interventions. They provide a structured framework, allocating resources, setting standards, and delineating roles for stakeholders through the setting or codifying of government priorities. Policies facilitate accountability through monitoring and evaluation mechanisms. Additionally, they can address issues of equity, promote adaptability to changing circumstances, and manage potential risks associated with interventions. While social protection and nutrition feature prominently in many Member States' Strategic Development Plans,⁶¹ the cross-referencing⁶² between the respective policies sometimes lacks complementarity. In other words, although there is mention of the other sector, the alignment of policy priorities in these areas is insufficiently detailed or, in some cases, not mentioned at all. Notably, within social protection policies,⁶³ mentions of nutrition often centre on social protection as a means of addressing malnutrition or food insecurity and may not specifically reference diet quality, maternal and child nutrition, or other nutrition-sensitive impact pathways.

Best practices in policy, particularly in the realm of health but applicable to various development areas, involve well-defined targets, objectives, and implementation plans accompanied by clear timelines.⁶⁴ However, despite mentions or cross-references to nutrition and social protection in each other's policies, there is a notable absence of explicit, implementable action plans. For instance, if a policy mentions the delivery SBC to all beneficiaries of a cash transfer grant, it may omit to specify who will be responsible for delivering this information and at what specific touchpoints. In essence, practical implementation details, including timeframes, are often lacking. Despite this observation, it is noteworthy that at least two Member States have successfully developed explicitly nutrition-sensitive social protection policies, outlining key entry points to enhance the nutritional sensitivity of existing SPPs (Box 1).

BOX 1: ZAMBIA AND MALAWI'S NUTRITION-SENSITIVE SOCIAL PROTECTION POLICIES

Zambia, with its Nutrition-Sensitive Social Protection Guidelines,⁶⁵ and Malawi, with its Nutrition-Sensitive Operational Framework,⁶⁶ are countries within the SADC Region which have integrated these sectors into one policy.

Background

The Ministry of Community Development and Social Services in Zambia released the Nutrition-Sensitive Social Protection Guidelines in 2022. Beginning in 2017, the initiative commenced with the Technical Working Group

⁶⁰ In this document, the term 'policy' is used to encompass policies, guidelines, and strategies for the sake of simplicity.

⁶¹ Member States with social protection and/or nutrition as priorities in Strategic Development Plans: Angola, Botswana, Comoros, DRC, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe.

⁶² Member States cross-referencing both nutrition and social protection in respective policies, excluding those with policies still in draft: DRC, Comoros, Lesotho, Madagascar, Zimbabwe.

⁶³ Member States social protection policies that may have addressing malnutrition as an objective, but does not specify nutrition-sensitive impact pathways: Angola, Comoros, Eswatini, Madagascar, Namibia, Seychelles.

⁶⁴ J. Lane, G. Andrews, E. Orange et al. (2020). 'Strengthening health policy development and management systems in low- and middle-income countries: South Africa's approach', Health Policy, 1.

⁶⁵ Ministry of Community Development and Social Services (MCDSS) (2022). *Nutrition-Sensitive Social Protection Guidelines* (MCDSS: Lusaka, Zambia).

⁶⁶ Undergoing approval, not yet publicly available.

on Nutrition and Social Protection, convening quarterly to generate educational materials, and practical guidance for the implementation of nutrition-sensitive SPPs.⁶⁷ In 2021, this evolved into the development of guidelines designed to go beyond the ministry-specific programmes, encompassing the broader social protection system, which resulted in the official publication of the guidelines in 2022.

Malawi's Operational Framework was developed in 2023 and is currently undergoing validation. The framework is an initiative undertaken by the Ministry of Health's Department of Family Nutrition, HIV and AIDS, and the Ministry of Finance and Economic Affairs' Division of Poverty Reduction and Social Protection.⁶⁸ It provides a framework of actions to build linkages between different platforms in the national social protection system and nutrition services within the health system to support delivery of a comprehensive package of services to the most nutritionally vulnerable.

Approach

The objective of Zambia's guidelines is to increase the impact of SPPs on the reduction of malnutrition, contributing towards food security, and improving the livelihoods of vulnerable populations.⁶⁹ The development of these guidelines involved a comprehensive review of available evidence, drawing inspiration from Brazil and its successful approach to addressing malnutrition by prioritising social protection measures.⁷⁰ The guidelines establish overarching principles to enhance the nutrition sensitivity of social protection, including targeting nutritionally vulnerable populations and reinforcing connections with health and sanitation services. Additionally, it provides detailed, practical actions that can be implemented within each of Zambia's social assistance and public works programmes to improve their nutrition-sensitivity.⁷¹

Malawi's Operational Framework focuses on ensuring that recipients of the national social cash transfer programme and public works programme access a range of services delivered through different platforms that have potential to enhance nutrition outcomes within their households. These are outlined in four objectives related to enhancing the targeting of both programmes to the most nutritionally vulnerable, and improving access of social protection participants to nutrition SBC, nutrition services for the treatment and prevention of child wasting, and a range of other nutrition-sensitive services.

Governance and policy environment

The governance environment, and multisectoral approach to addressing malnutrition played a critical role in the development of both Malawi and Zambia's policies.

In Malawi, a task force comprising relevant stakeholders from different ministries, departments, and agencies, co-chaired by the Department of Nutrition and Division of Poverty Reduction and Social Protection was put in place to oversee the development of the framework.⁷² At the same time as developing the operational framework, linkages were built between both the updated nutrition policy and social protection policy to provide an enabling environment for the take up of the operational framework.

Similarly, in Zambia, the inter-sectoral Nutrition and Social Protection Technical Working Group played an important role in facilitating the development of the guidelines.⁷³

Lessons learned

In Zambia, the initiation of the 1,000 days programme preceded the formulation of a comprehensive framework, whereas in Malawi, the framework was established first and is currently undergoing a pilot phase. This shows that either approach is possible, and that:

1. A national framework or policy is effective when both nutrition and social protection sectors come together to develop it – giving an opportunity for stakeholders to learn about each other's systems and to come together to identify opportunities for synergy.

⁶⁷ Key informant interview.

⁶⁸ Key informant interview.

⁶⁹ Ministry of Community Development and Social Services (MCDSS) (2022). Nutrition-Sensitive Social Protection Guidelines.

⁷⁰ Key informant interview.

⁷¹ Ministry of Community Development and Social Services (MCDSS) (2022). Nutrition-Sensitive Social Protection Guidelines.

⁷² Key informant interview.

⁷³ Key informant interview.

2. A joint national framework or policy can help by taking a broader, more comprehensive view of the possible linkages between systems.
3. Whether it happens before or after a joint nutrition-sensitive social protection programme, a policy or framework can act as an enabler for more joint action in the future.
4. Frameworks and policies should not be seen as fixed, but should be regularly updated to take account of operational learning.

In many Member States, multisectoral bodies or technical working groups convene to discuss SPPs, including school feeding. These groups bring together ministries responsible for overseeing social protection and nutrition.⁷⁴ Nevertheless, key informants and relevant guidelines state that the effectiveness of these mechanisms is maximised when governance structures are established that encompass every level, from the national to the district or community level.⁷⁵ Furthermore, it is important to have a high-level coordination or leadership office, such as under the Prime Minister, who can strengthen accountability among Ministries.⁷⁶

Financing

Adequate and consistent budget allocation and execution are essential for the effective implementation and sustained impact of nutrition-sensitive SPPs. On average, African countries allocate less than 4% of their GDP to social protection⁷⁷, notably lower than the global average.⁷⁸ This highlights the importance of addressing the challenge of limited investment in social protection systems. The relatively modest investment in social protection in Africa is attributed to fiscal constraints, restricting the government's capacity to allocate substantial funds.⁷⁹ The limited investment in social protection contributes to inadequate coverage and scope of programmes, emphasising the necessity for strategic and efficient resource allocation. The financing landscape for SPPs across the SADC Region shows a wide variance, with estimated allocations ranging from 0.2% of GDP in Madagascar in 2020 to 7% of GDP in Lesotho in 2022 ([Annex 5](#)).

SPPs are funded through a combination of public finance and official development assistance (ODA).⁸⁰ Countries such as Zambia, South Africa, Botswana and Namibia exemplify a model where the government predominantly finances its SPPs.⁸¹ However, challenges persist, including issues related to programme efficiency such as leakages and fragmentation, leading to overlaps and duplications, as well as exclusion and inclusion errors.⁸² There is a significant reliance on ODA in countries such as Malawi, where the majority of funding comes from entities such as the World Bank, and in the United Republic of Tanzania (Mainland), where approximately 89% of social welfare and assistance funding is sourced from development partners.⁸³ This reliance on external funding can be associated with limited fiscal space, arising from constrained national

⁷⁴ Member States with multisectoral bodies are identified through key informant interviews and/or policies. It is worth noting that there might be additional groups in Member States that have not been identified. Furthermore, certain countries exclusively focus on school feeding programmes rather than broader social assistance/protection. Countries include Angola, Botswana (uncertain), Eswatini, Lesotho, Madagascar, Malawi, Mozambique, South Africa, Zambia, and Zimbabwe

⁷⁵ Emphasised during key informant interviews and in UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty*

⁷⁶ Key informant interviews.

⁷⁷ This includes contributory and non-contributory social protection, which is wider than the scope taken in this review.

⁷⁸ ILO (2021). *Africa Regional Social Protection Strategy, 2021-2025: Towards 40% – a social protection coverage acceleration framework to achieve the SDGs*. Available from: https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/documents/publication/wcms_828423.pdf. Accessed: 15/01/2024

⁷⁹ Ibid

⁸⁰ Analysis is based on countries with UNICEF Social Protection budget briefs

⁸¹ UNICEF, Development Pathways & The Republic of Botswana. (2023). *Social Protection Fiscal Space and Funding Gap Analysis in Botswana*. Available from: https://www.google.com/url?q=https://drive.google.com/file/d/198lkvna3t4UFpeoTew5sCzoedGfnTOT/view?usp%3Ddrive_link&sa=D&source=docs&tust=1706873065306912&usq=AOvVaw3b1rVMicJ-nPJBCr3knnj. Accessed: 15/01/2024 | UNICEF & The Republic of Namibia. (2023). *Namibia Budget Brief - Social Protection*. Available from: <https://www.unicef.org/esa/media/13011/file/Namibia-Social-Protection-Budget-Brief-2023-24.pdf> | UNICEF (2020). *Social protection budget brief South Africa*. Available online: <https://www.unicef.org/esa/media/7286/file/UNICEF-South-Africa-2020-Social-Protection-Budget-Brief.pdf>. Accessed: 18/01/2024 | UNICEF (2022). *Social protection budget brief*. Available online: <https://www.unicef.org/esa/media/11351/file/UNICEF-Zambia-Social-Protection-Budget-Brief-2022.pdf/>. Accessed: 18/01/2024

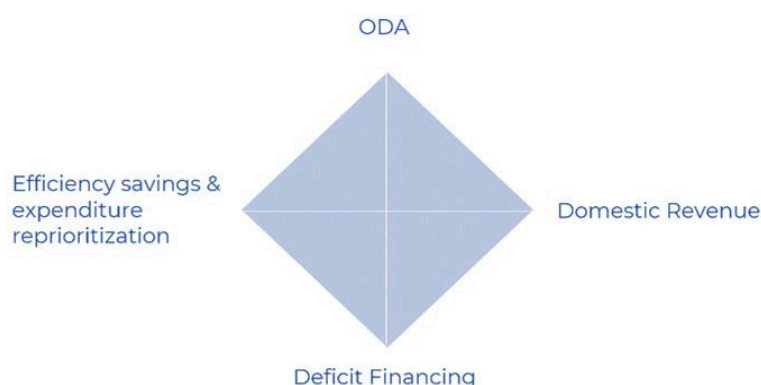
⁸² Ibid

⁸³ UNICEF (2023). *Social Protection Budget Brief 2023/24 - Building a Shock-sensitive Social Protection System in the Face of Frequent shocks*. Available from: <https://www.unicef.org/esa/media/12931/file/UNICEF-Malawi-Social-Protection-Budget-Brief-2023-2004.pdf> | UNICEF (2022). *Budget Issue Paper - Social Protection and Welfare (SP&W)*. Available from: [https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20\(Mainland\)%20Social%20Protection%20Brief%202022.pdf](https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20(Mainland)%20Social%20Protection%20Brief%202022.pdf). Accessed: 15/01/2024. Accessed: 15/01/2024

budgets⁸⁴ and competing priorities, hampering the ability of governments to adequately finance SPPs. While ODA plays a crucial role in supporting SPPs in these countries, an over-dependence on external funding sources may threaten their long-term sustainability due to the inherent volatility of such financial flows over time.

Fiscal space for social protection and other development areas can be derived from both ODA and domestic revenue, as previously mentioned. However, efficiency gains also have the potential to create additional domestic fiscal space (Figure 6).⁸⁵ Essentially, this involves maximising system outputs and impact with given inputs.⁸⁶ Efficiency gains in nutrition-sensitive social protection may involve strategies such as targeting the most nutritionally vulnerable, particularly during the first 1,000 days from conception to age two. Additionally, exploring alternative delivery modalities, such as leveraging existing SBC networks like community health workers⁸⁷ or transitioning to home grown school feeding modalities,⁸⁸ can help to increase available fiscal space for such programmes. Nevertheless, it is crucial to consider the trade-offs linked to these changes. This includes being mindful of unintended consequences on the elderly if deprioritised or the imposition of additional burdens on community-based workforces already stretched thin with time and responsibilities. Addressing underfunding and realising efficiency gains dependent on the context will enable governments to enhance the effectiveness of these programmes, making them more responsive to the changing needs of the populations as well as unforeseen shocks such as the COVID-19 pandemic.

Figure 6: Sources of fiscal space for SPPs



Programmes

Social protection systems among SADC Member States exhibit varying degrees of maturity, impacting their capacity to implement nutrition-sensitive SPPs (Table 3). For instance, Angola initiated its first cash transfer in 2019 and established its inaugural social protection policy in 2021, signifying the nascent stage of its social protection system, particularly for social assistance. Conversely, South Africa's child support grant, launched in 1998, reflects a more mature social protection system. Recognising these characteristics provides a framework for identifying the most suitable approaches in the context of each Member State, based on their respective levels of maturity.

⁸⁴ Sub-Saharan countries debt servicing costs have doubled over the last 10 years according to: IMF (2023). *How to avoid a debt crisis in Sub-Saharan Africa*. Available online: <https://www.imf.org/en/News/Articles/2023/09/26/cf-how-to-avoid-a-debt-crisis-in-sub-saharan-africa>. Accessed: 01/02/2024

⁸⁵ H. Barroy, S. Sparkes, & El. Dale (2018). 'Can low- and middle-income countries increase domestic fiscal space for health: A mixed-methods approach to assess possible sources of expansion', *Health Systems & Reform*, 4(3).

⁸⁶ Ibid.

⁸⁷ Community health workers usually deliver health education and other SBC activities in communities.

⁸⁸ Home grown school feeding initiatives include core elements of providing safe, diverse and nutritious food that are sourced locally from smallholders. More information can be found here: FAO (2018). *Home Grown School Feeding: Resource Framework*. Available online: <https://www.fao.org/3/I8724EN/i8724en.pdf>. Accessed: 22/02/2024

Table 4: Classifications of Social Protection System Maturity ⁸⁹

System Maturity	Nascent	Fragmented	Integrated / Mature	Shock-Responsive	Adaptive
System Characteristics	<ul style="list-style-type: none"> • Policy established. • Core system architecture & delivery mechanisms being developed. • Low coverage of people and risks. 	<ul style="list-style-type: none"> • Programmes are ad hoc; developed in response to crisis rather than part of a comprehensive risk management plan. • Insufficient coverage • Siloed & fragmented programmes run by various ministries. • Lack of coordination across ministries, within ministries, information systems and databases. • Lack of unified targeting system. 	<ul style="list-style-type: none"> • Comprehensive systems covering risks holistically & developed from national policy. • Coordination mechanisms & platforms in place. • Financing secure: planned for in annual budgeting process. 	<ul style="list-style-type: none"> • The routine social protection system is able to maintain its core functionality in the face of shocks. • The system is risk-informed. • There is contingency financing for vertical and horizontal expansions of the routine systems. 	<ul style="list-style-type: none"> • Economic inclusion & graduation programmes are layered onto routine SPPs to build the resilience of poor and vulnerable households to the impacts of large, covariate shocks.

The incorporation of nutrition-sensitivity within social assistance is still in early stages in the Region, with most programmes currently at pilot stage and larger national programmes presenting significant opportunities for improvement. Despite the widespread implementation of cash transfer programmes by many Member States, these frequently lack child- or nutrition-sensitive features, such as targeted approaches or intentional integration with other services. Notably, some Member States administer cash transfer programmes targeting households without adjustment for the number of children, and there is limited targeting or intentional inclusion of pregnant women, thus failing to fully address the needs of the most nutritionally vulnerable individuals.⁹⁰ Furthermore, values of cash transfers are consistently highlighted for lack of adjustment for inflation, rendering them insufficient to afford nutritious foods.⁹¹ Additionally, there is little information available on whether values of cash transfers are informed by tools such as established minimum expenditure baskets or by Fill the Nutrient Gap, which account for context-specific nutrition needs and essential goods.⁹²

In addition to the emphasis on targeting nutritionally vulnerable groups in social protection programmes, nutrition indicators and regularly collected data can contribute to refining the targeting strategies. This data can serve as valuable inputs, particularly in the context of early warning systems. Box 4 describes such practices in Botswana and Zimbabwe, illustrating how they effectively utilise routinely collected data to target their programmes on areas with increasing cases of malnutrition.

Social protection programmes can be made to be more nutrition-sensitive by incorporating aspects of gender-responsiveness. This means that they explicitly address the specific needs of girls and women, aiming to tackle the causes of gender inequality thereby promoting female empowerment. Although this is not very common in the Region, some member states are piloting more gender-responsive programmes. For example, Zambia’s

⁸⁹ Adapted from: USAID (2023). *Social Protection - US Government’s Global Food Security Strategy Activity Design Guidance*. Available at: https://pdf.usaid.gov/pdf_docs/PA00ZW24.pdf Accessed: 02/02/2024.

⁹⁰ Member states with cash transfers that do not depend on number of children in the household or exhibit nutrition-sensitive targeting: Angola, Malawi (in process of changing to more child-sensitive targeting), Mozambique, Zimbabwe.

⁹¹ F.Hajdu, S. Granlund, D. Neves, et al. (2020). ‘Cash transfers for sustainable rural livelihoods? Examining the long-term productive effects of the Child Support Grant in South Africa’, *World Development Perspectives*, 19. | H. Nyamukapa (2016). ‘Cash transfers and early childhood care and education in Zimbabwe: A critical inquiry to discourse, theory and practice’, *South African Journal of Childhood Education*, 6(2). | W. Chikoko, K. Nyabeze, K. Zvokumbo et al. (2021). ‘The Harmonised Social Cash Transfer Programme in Zimbabwe: Achievements and Challenges’, *Journal of Economics and Behavioral Studies*, 13(5).

⁹² More information on these tools can be found here: P. G. Baizan & N. Klein (2019). *Practical support tools for minimum expenditure basket (MEB) decision making*. Available online: https://fscluster.org/sites/default/files/documents/mebcalpv4_o.pdf | WFP (2023). *Fill the nutrient gap*. Available online: <https://www.wfp.org/publications/fill-nutrient-gap>. Accessed: 21/02/2024

1,000 Days in Social Cash Transfer pilot programme targets households with pregnant, breastfeeding, or caregiving women and empowers adolescent girls and women through livelihood interventions. Additionally, Angola's Valor Criança Project aimed to narrow the poverty gender gap and empower women in household and childcare decisions by targeting women caregivers, identifying it as a key impact pathway in the theory of change, and providing support for economic empowerment through financial literacy.

There are evident gaps in improving linkages with health and nutrition services and in delivering SBC, two opportunities for increasing the nutrition-sensitivity of social protection programmes, representing opportunities for efficiency to increase fiscal space for delivery of these programmes. While certain Member States are actively working to create seamless linkages with health and nutrition services, for example by establishing centralised access points for social services, many of these efforts are currently associated with pilot programmes.⁹³ Additionally, there are missed opportunities in providing beneficiaries of cash transfers with SBC for child care, feeding and other aspects of good nutrition. Utilising existing structures, such as community health workers or similar resources, would offer an additional means of enhancing efficient delivery of these programmes. Madagascar and Mozambique provide examples of how SBC for child nutrition can be delivered through community-based systems (Box 2).

The maturity of a social protection system is crucial in understanding its capacity to integrate nutrition-sensitive components. Developing systems commonly rely on community-based workforces or structures for identifying beneficiaries and processing payments, whereas well-established systems often leverage digital platforms and mobile money. In both scenarios, opportunities exist to integrate SBC and establish linkages with services. However, both types of systems show limited utilisation of these relatively low-cost entry points.

BOX 2: MADAGASCAR AND MOZAMBIQUE'S DELIVERY OF SBC FOR CHILD NUTRITION

The delivery of SBC for child nutrition to beneficiaries through community-based workforces, particularly leveraging existing community networks, offers a cost-efficient and sustainable strategy to complement cash transfers.

Background and approach

The Madagascar Parent Leader initiative, launched by the Intervention Fund for Development (*Fonds d'Intervention pour le Développement- (FID)*)⁹⁴ and the Ministry of Population and Solidarity (MoPS) with World Bank funding,⁹⁵ utilises community-based 'Parent Leaders' to deliver SBC. The FID oversees implementation, while the MoPS monitors child well-being and protection indicators. UNICEF has since endorsed this approach, supporting programmes like the Zara Mira pilot cash transfer programme for children (0-15 years) and pregnant women in Madagascar.⁹⁶ Parent Leaders deliver SBC for child nutrition to cash transfer beneficiaries, complemented by Youth Community Volunteers spreading awareness on various topics, including nutrition.⁹⁷ The cascade training model involves UNICEF training the FID, which then trains Parent Leaders. Stipends are provided to ensure sustained commitment.⁹⁸

In Mozambique, The Child Grant pilot programme targeting birth to 2 years old integrated into the Basic Social Subsidy Programme (an unconditional cash transfer initiative) by the Ministry of Gender, Children, and Social Action (MGCAS) is currently undergoing national scaling.⁹⁹ The pilot, funded by the One UN Joint Programme on Social Protection and with technical support from the MGCAS-led technical working group in collaboration with UNICEF, involves female social assistance volunteers (Mozambique's National Institute of Social Action (INAS) 'Permanentes').¹⁰⁰ Trained by health workers, these volunteers deliver simplified

⁹³ Member States include Botswana's Vulnerable Groups Feeding Programme, Mozambique's Child Grant 0-2 pilot, Tanzania's Stawisha Maisha pilot, Zambia's 1,000 days Social Cash Transfer pilot, Zimbabwe's Emergency Cash Transfer pilot.

⁹⁴ FID is a private association made up of the State, civil society organisations, implementing development partners and beneficiaries. For more information visit: <https://www.fid.mg/presentation/>

⁹⁵ Key informant interview.

⁹⁶ FID and UNICEF (2024). *Universal Allowance for Children and Equal Opportunities allocation "Zara Mira"*, (FID & UNICEF: Madagascar).

⁹⁷ Ibid

⁹⁸ Key Informant Interview.

⁹⁹ Key informant interview.

¹⁰⁰ UNICEF (2022). *The Child Grant 0-2 Programme in Mozambique*. Available online:

<https://www.unicef.org/mozambique/media/5006/file/Case%20Study:%20The%20Child%20Grant%200-2%20Programme%20in%20Mozambique.pdf>.

messaging on nutrition, health, hygiene, and early childhood development.¹⁰¹ INAS Permanentes receive support in the form of a book containing pictures, key nutrition education messages, and delivery guidance.¹⁰²

Impact

While the impact evaluation of the Madagascar programme is currently under review, there has been no dedicated monitoring or availability of specific impact indicators for the targeted evaluation of the Parent Leaders approach.¹⁰³ The impact of the SBC component of the Mozambique programme has not been isolated, but the entire programme shows a positive impact on almost all dietary diversity and infant and young child feeding (IYCF) indicators, including the minimum dietary diversity and number of meals.¹⁰⁴

Innovations and good practices

The efficacy of "peer education" lies in its targeted approach—raising awareness among specific demographics by engaging individuals from within the same community.¹⁰⁵ For instance, when aiming to teach young people, employing peers from that age group proves most effective. Similarly, when aiming to raise awareness among men/fathers in the communities, employing peers from the same gender and age group is more likely to be effective.¹⁰⁶ This approach is not only strategic but also fosters a sense of relatability as these individuals are inherently embedded in the community. While voluntary participation is common, there are instances where community members actively nominate individuals with influence and trust within the community.¹⁰⁷ This dual approach, incorporating both voluntary participation and community endorsement, ensures a diversified pool of leaders who can effectively champion the cause with the support and confidence of the community they serve. As for youth volunteers, they are selected upon completing a specified educational level, contributing to heightened community sensitisation given their higher literacy as compared to adults.¹⁰⁸

Lessons learned

Key lessons in implementing SBC highlight the use of either the social protection or nutrition workforces based on community presence and capacity. SBC should be strategically implemented at multiple entry points within social protection, such as cash payment days and community consultations. A multifaceted SBC strategy should be implemented throughout the year, beyond just messaging, particularly utilising platforms like cash transfer programmes, and potentially the media. Importantly, the targeting of SBC should be aligned with the targeting of social transfers, ensuring a more coordinated and impactful approach within the community.

While nutrition-sensitive elements are not widely integrated into cash transfer programmes, their inclusion in school feeding programmes is more prevalent, albeit with variations among Member States. Key informants described nutrition education as commonly delivered through school curricula, and additional health and nutrition-related services are often provided in conjunction with school health programmes. However, evaluations indicate that nutrition education may not happen consistently.¹⁰⁹ Lesotho and Namibia's school feeding programmes present as examples of nationally implemented and government-led programmes incorporating multi-sectoral governance and other nutrition-sensitive components (Box 3).

BOX 3: LESOTHO AND NAMIBIA'S SCHOOL FEEDING PROGRAMMES

The School Feeding Programmes in Lesotho and Namibia serve as notable government-led examples, leveraging key governance structures and policies to effectively integrate nutrition-sensitive components.

Background

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Key informant interview.

¹⁰⁴ UNICEF (2022). *The Child Grant 0-2 Programme in Mozambique*.

¹⁰⁵ Key Informant Interview.

¹⁰⁶ Key informant interview.

¹⁰⁷ Key Informant Interview.

¹⁰⁸ Key Informant Interview.

¹⁰⁹ Department of Basic Education (2016). *Report on the Implementation Evaluation of the National School Nutrition Programme*.

Available online:

https://www.education.gov.za/Portals/0/Documents/Publications/NSNP%20Documents/1.%20NSNP_report%20final_17092016.pdf?ver=2018-11-09-083250-753. Accessed: 28/11/2023

In Namibia, the school feeding programme extends its coverage to all learners from grades 0 to 12 in public schools, irrespective of socio-economic status.¹¹⁰ The latest data indicate that some 70% of learners enrolled in primary schools benefit from the programme.¹¹¹ Meanwhile, in Lesotho, the programme encompasses all primary school learners, ranking as the second-largest social protection initiative in the country.¹¹² Recent data reveal that 100% of enrolled primary school children (313,461 children in 2020) and 92% of enrolled preschool children (50,000 in 2020) receive meals.¹¹³

Approach

In Lesotho and Namibia, school meals are prepared using fortified products, specifically grains or cereals, and oil enriched with essential micronutrients like iron, iodine, zinc, and folic acid.¹¹⁴ Both school feeding programmes demonstrate shock-responsiveness, as evidenced by their adaptation to providing take-home rations during the COVID-19 pandemic.¹¹⁵ In Lesotho, the school health programme complements the school feeding programme with nutrition-sensitive activities, including height and weight measurements, deworming, and nutrition education.¹¹⁶ Similarly, in Namibia, the school feeding programme is supplemented with nutrition education, deworming initiatives, and interventions for water, sanitation, and hygiene.¹¹⁷ Formal assessments evaluating the impact of these programmes on nutrition or health are currently unavailable.

Governance and policy environment

In Namibia, the Ministry of Education, Arts, and Culture directs the implementation of the school feeding programme, guided by Namibia's School Feeding policy of 2019.¹¹⁸ Regional Education Directorates are assigned specific responsibilities, establishing a decentralised structure.¹¹⁹ Further, multi-sectoral School Feeding Technical Coordination Groups provide technical guidance on implementation, with feedback from these meetings provided to the Food Security, Nutrition Council, the School Health Task Force, and the Namibia Alliance for Improved Nutrition.¹²⁰

Similarly, Lesotho's Ministry of Education oversees the school feeding programme, coordinating through inter-sectoral School Feeding Task Teams at central and district levels, who collaborate to manage the initiative.¹²¹ At the community level, School Feeding Committees ensure they include community chiefs who serve as pivotal entry points to communities. In addition, following the development of the 2023 Strategy, Lesotho has established an advisory board comprised of senior government officials to enhance the implementation and governance of the school feeding programme.¹²² This board plays a pivotal role in ensuring the programme has adequate access to public funding.¹²³

Lessons learned

Both Namibia and Lesotho have adopted a decentralised governance structure for managing their school feeding programmes. This approach facilitates swift responses to emerging challenges and changes, fostering increased flexibility and adaptability. The involvement of local communities in decision-making enhances ownership and sustainability. Decentralisation allows for targeted resource allocation based on regional priorities, ensuring more efficient utilization. Furthermore, both programmes are supported by robust policy

¹¹⁰ Ministry of Education, Arts and Culture (2019). *Namibia School Feeding Policy 2019*. Available online: <https://www.nafsan.org/wp-content/uploads/2020/04/2019-School-Feeding-Policy-PRINT-2019.pdf>. Accessed: 01/02/2024

¹¹¹ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Namibia*. Available online: https://gcnf.org/wp-content/uploads/2022/04/Namibia_2021_01_24.pdf. Accessed: 01/02/2024

¹¹² WFP (2018). *Evaluation of the National School Feeding Programme in Lesotho, in consultation with the Lesotho Ministry of Education and Training 2007-2017*. Available online: https://docs.wfp.org/api/documents/WFP-0000073908/download/?_ga=2.170881312.1652033752.1706803175-1342973594.1675076046. Accessed: 01/02/2024

¹¹³ Global Child Nutrition Foundation (2019). *Global Survey of School Meal Programs Country Report: Lesotho*. Available online: https://gcnf.org/wp-content/uploads/2022/09/Lesotho_2021_03_10.pdf. Accessed: 08/01/2024

¹¹⁴ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Lesotho*. Available online: https://gcnf.org/wp-content/uploads/2022/09/Lesotho_2021_03_10.pdf. Accessed: 26/11/2023 | Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Namibia*.

¹¹⁵ EPRI & WFP (2021). *The Role of Food Security and Nutrition-sensitive Social Protection in Bridging the Humanitarian-Development Divide in the Southern African Region*.

¹¹⁶ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Lesotho*.

¹¹⁷ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Namibia*

¹¹⁸ Ibid.

¹¹⁹ Ministry of Education, Arts and Culture (2019). *Namibia School Feeding Policy 2019*.

¹²⁰ Ibid.

¹²¹ Key informant interview.

¹²² This strategy is yet to be publicly released.

¹²³ Key informant interview.

frameworks explicitly incorporating nutrition-sensitive components. These components include linkages with school health, fortified foods, Home Grown initiatives, and nutrition education. Robust multisectoral collaboration at both national and district levels, coupled with a comprehensive policy framework, holds significant potential. Integration of school feeding programmes with school health initiatives and the utilisation of locally sourced produce contribute to the establishment of sustainable and impactful programmes.

An essential aspect of SPPs is their capacity to respond to unforeseen shocks. In the context of school feeding programmes, several Member States successfully adapted by transitioning from delivering daily school meals to take-home rations during the COVID-19 pandemic when schools were closed.¹²⁴ This varied from having learners collect cooked meals from the school on a daily basis to sending learners home with sufficient dry rations to last for up to 6 weeks. Moreover, some Member States demonstrated their ability to expand cash transfer programmes either horizontally or vertically. For instance, Lesotho temporarily both augmented the benefit value and extended coverage to vulnerable groups within the child grant programme amid the pandemic.¹²⁵ Ensuring the convergence of such expansions with the growth of nutrition programmes is crucial to reaching all nutritionally vulnerable women and children and preventing malnutrition.¹²⁶ However, there is insufficient information to assess to what extent existing systems in SADC countries have the capacity or have planned to implement this particular aspect of shock-responsiveness.

Monitoring and Evaluation

The utilisation and sharing of nutrition data can serve as an effective strategy to establish connections between nutrition and SPPs.¹²⁷ This includes triggering early warning systems for shocks, as well as facilitating referrals between services and subsequent follow-up actions for beneficiaries. However, this gap in integration between SADC Member States' nutrition and SPPs is notable. Botswana and Zimbabwe stand out as exemplary cases, using routinely collected data from clinics and field assessments to inform social protection responses (Box 4). With numerous Member States working towards developing integrated information systems, such as social registries, there is a pressing need to explore opportunities for linking these with other routinely collected data sources, particularly those related to nutrition indicators. Additionally, many policies in both nutrition and social protection lack cohesive monitoring and evaluation frameworks, with limited linkage between the two. Malawi's Nutrition-Sensitive Operational Framework is notable for embedding such integration.¹²⁸ While confirmation is dependent on this Framework being made publicly available, it stands as a potential model for the Region.

BOX 4: NUTRITION SURVEILLANCE TO INFORM EMERGENCY RESPONSE

Zimbabwe and Botswana are two Member States proactively integrating nutrition surveillance into their social protection programming and shock response strategies. Both countries demonstrate a commitment to leveraging data-driven insights to enhance the effectiveness of their social protection initiatives.

Background

In Zimbabwe, the annual livelihood assessments by the Zimbabwe Vulnerability Assessment Committee¹²⁹ (ZimVAC) inform targeted interventions, monitor food and nutrition policy commitments, and aid early warning for SPPs.¹³⁰ These assessments, initiated in 2002, include indicators like dietary diversity, infant feeding practices, wasting, stunting, and underweight,¹³¹ with 10 urban and 23 rural assessments conducted to date.¹³² The Government of Zimbabwe and development partners leverage a combination of food insecurity and nutrition indicators, projections, and geographical data to inform social protection programming and

¹²⁴ Member States who adapted to take home rations during the COVID-19 pandemic include Botswana, DRC, Lesotho, Malawi, Namibia, South Africa.

¹²⁵ Economic Policy Research Institute (2021). *The role of food security and nutrition-sensitive social protection*

¹²⁶ UNICEF (2024). *Building synergies between child nutrition and social protection to address malnutrition and poverty.*

¹²⁷ Ibid.

¹²⁸ Key informant interview.

¹²⁹ Government-led consortium of Ministries, United Nations agencies, Non-Governmental Organizations, and Academia.

¹³⁰ Food and Nutrition Council & Zimbabwe Vulnerability Assessment Committee (2023). *Rural ZimVAC report.*

¹³¹ Food and Nutrition Council & Zimbabwe Vulnerability Assessment Committee (2023). *Rural ZimVAC report.*

¹³² Ibid.

financing, particularly for food aid.¹³³ Key initiatives, such as the Ministry of Public Service Labour and Social Welfare's Food Deficit Mitigation Strategy and the Ministry of Health (MoH) and Child Care's school feeding programme, utilize ZimVAC findings to target vulnerable beneficiaries.¹³⁴ Notably, the 2019 ZimVAC reports influenced the 2020 National Budget allocation for SPPs,¹³⁵ underscoring confidence in the data's quality.

Similarly, in Botswana, since 1984¹³⁶ the District Disaster Management Committees utilise routinely collected data, including key malnutrition indicators such as weight-for-age,¹³⁷ to prepare status reports as a part of a drought early warning system.¹³⁸ This, along with other reports from the Early Warning Technical Committee are brought to the Multi-Sectoral Committee for Food Security and Poverty Reduction, a national-level committee of different government departments. The Committee uses these data to inform drought relief programme measures, including the school feeding programme and supplementary feeding programmes for children under five years.¹³⁹ Specifically, in 2014, these data were used to inform the targeted provision of a second meal at primary schools and, in 2017, to expand the in-kind transfer feeding programme in response to increasing rates of malnutrition.¹⁴⁰

Conditions for success

Integrating nutrition indicators into SPPs in Zimbabwe depends on strong political and legislative support, as outlined in Commitment 6 of the Food and Nutrition Security Policy.¹⁴¹ This commitment emphasises the development and utilisation of nutrition information systems, aligning with livelihood assessment studies and supporting the effective operation of the ZimVAC. The commitment is further demonstrated by incorporating ZimVAC livelihoods reports into high-level national strategic documents like the National Development Strategy 1.¹⁴² ZimVAC was integrated into government structures, following a Cabinet mandate in 2005. This now requires the Food and Nutrition Council to coordinate annual livelihood updates in collaboration with ZimVAC, ensuring the sustained role of nutrition indicators in informing social protection strategies. This approach reflects a synergy between legislative support and operational implementation. In Botswana, the success of using child nutrition outcomes as part of the Early Warning System for Drought is attributed to the availability of routinely collected data from growth monitoring of young children at health facilities, providing a crucial element for informed decision-making.

Lessons learned

Leveraging nutrition data routinely collected during health visits is vital for proactive responses to potential shocks. Additionally, a strong policy foundation, exemplified by clear commitments such as those in Zimbabwe's Food and Nutrition Security Policy, is crucial for successfully integrating nutrition indicators into shock-responsive SPPs.

¹³³ L. Macheke, P. Chopera, G.W. Kasumba-Ddumba, et al. (2023). 'Use and influence of food and nutrition security vulnerability assessment and analysis reports in Zimbabwe', *The North African Journal of Food and Nutrition Research*, 7(16).

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ R. Morgan (1985). 'The development and applications of a Drought Early Warning System in Botswana', *Disasters*, 9(1), 44-50.

¹³⁷ Weight-for-age is an index used to assess how a child's weight compares to the expected weight of a healthy child of the same age and sex based on the 2006 WHO Child Growth Standards. Definition from: USAID's Global Health Learning Platform. Available online: <https://www.globalhealthlearning.org/taxonomy/term/1633#:~:text=WFA%20is%20an%20index%20that,is%20used%20to%20identify%20underweight>.

¹³⁸ K. O. Motsumi, G. Ziervogel, & M. New (2023). 'Drought governance: A Cross-level governance analysis in Botswana', *Climate Risk Management*, 42.

¹³⁹ Ibid.

¹⁴⁰ K. O. Motsumi, G. Ziervogel, & M. New (2023). 'Drought governance: A Cross-level governance analysis

¹⁴¹ "Government of Zimbabwe is committed to ensuring a national integrated Food and Nutrition Security Information System that provides timely and reliable information on the food and nutrition security situation and the effectiveness of programmes and informs decision making"

¹⁴² Government of Zimbabwe (2020). *2021 - 2025 National Development Strategy 1*. Available online: <https://zimbabwe.un.org/en/153007-2021-2025-national-development-strategy-nds-i>. Accessed: 24/01/2024

Member State summaries

This section presents a summary of each Member State’s relevant policies, governance structures, financing, programmes, and coverage. Relevant programmes include those that display nutrition-sensitive components or have the potential to be made more nutrition-sensitive. Each summary concludes with suggested key opportunities, identified through key informant interviews or literature review. It's important to note that the list provided is not exhaustive.

ANGOLA

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Ministry of Social Action, Family and Promotion of Women ¹⁴³
Multisectoral Action Plan for Nutrition	No	Ministry responsible for nutrition	Department of Primary Healthcare of the National Public Health Directorate under the MoH ¹⁴⁴
Policy cross-reference	Angola's Social Protection Framework , established through the 2004 Social Protection Act and reinforced in subsequent National Development Plans (2018 to 2022 and 2023 to 2022), prioritises vulnerable populations. ¹⁴⁵ While women and children are acknowledged as vulnerable groups, there exists an opportunity for improvement in explicitly articulating the interconnectedness of nutrition and social protection within the framework. Importantly, the current National Development Plan (2023-2027) highlights the intention to replace the Valor Criança project with a dedicated cash transfer initiative for children (Box 5). Acknowledging these policy advancements, it is important to recognise that Angola's non-contributory SPPs, particularly cash transfers, are still in the early stages, with the first implementation occurring in 2019 through the Valor Criança project. ¹⁴⁶ The 2021 National Policy for Social Action complements these efforts but could more explicitly describe how malnutrition will be addressed through social protection measures. ¹⁴⁷ Of relevance, key beneficiaries are specified in the policy as children, young people, women and girls (including single mothers). ¹⁴⁸		
Relevant programmes	Valor Criança Project, Kwenda, School Feeding Programme		
Key multisectoral governance mechanisms	The National Social Action Council (Conselho Nacional para Acção Social (CNAS)) is the body responsible for monitoring and evaluating the National Policy for Social Action and has the mandate to regularly monitor the implementation of the National Policy for Social Action by the different actors at all levels. This includes convening its members, which include officials from the Ministry of Social Action, Family and Promotion of women and the MoH. ¹⁴⁹		

Financing

In addition to relevant policies, social protection requires sufficient government financing. The state budget allocates 3.4% to social protection, which is lower than the 7% each for health and education.¹⁵⁰ Considering

¹⁴³ Key informant interview.

¹⁴⁴ UNICEF (2023). Understanding Angola’s Health and Nutrition sectors. Available online:

<https://www.unicef.org/esa/media/13401/file/UNICEF-Angola-PER-Health-Nutrition-Sectors-2023.pdf>. Accessed: 31/01/2024

¹⁴⁵ Government of Angola (2004). *National Assembly Law no.7/04 of 15 October (Assembleia nacional lei no 7/04 de 15 de outubro)*.

Available online: https://socialprotection.org/sites/default/files/07_04%20%281%29.pdf. Accessed: 05/01/2024 | Government of Angola (2018). *National Development Plan 2018-2022 (Plano de Desenvolvimento Nacional)*. Available online:

<https://www.ucm.minfin.gov.ao/cs/groups/public/documents/document/zmlu/njax/~edisp/minfin601408.pdf>. Accessed: 05/01/2024

¹⁴⁶ Key informant interview

¹⁴⁷ Government of Angola (2021). *National Policy for Social Action 2021*. [Provided by key informant].

¹⁴⁸ Ibid.

¹⁴⁹ Key informant interview.

¹⁵⁰ UNICEF (2023). *An analysis of the general state budget 2023: Social protection*. Available online:

<https://www.unicef.org/esa/media/13376/file/Angola-Social-Protection-Budget-Analysis-2023-EN.pdf>. Accessed: 05/01/2024

that Kwenda is Angola's first national cash transfer, this is to be expected. The Ministry of Social Action, Family and Promotion of Women – responsible for programmes related to women, gender equality and equity, amongst others - receives 2% of the total allocation towards social protection, while the Ministry of Public Administration, Labor, and Social Security gets 48%.¹⁵¹ Specifically, allocations for families and children in 2022 and 2023 are below 2%.¹⁵² Although there is a planned 46% increase in social transfers, including Kwenda, in 2023, data indicates a low execution rate of the social protection budget at 41% in 2021.¹⁵³ Previous analysis indicates that one of the reasons for the low execution rates in Angola is the challenge in managing the effects of changes in oil prices, and therefore government revenue, on government spending.¹⁵⁴ This highlights the challenge of insufficient execution, despite increased allocations for family-focused SPPs.

Relevant programmes and coverage

Angola's primary social protection system focuses on contributory pensions and social insurance, predominantly benefiting the formal sector. However, the household-level cash transfer programme, **Kwenda**, was introduced in May 2020, financed through a World Bank loan and the Government of Angola.¹⁵⁵ By January 2022, 502,000 families were registered, with up to 247,000 receiving at least one cash transfer payment.¹⁵⁶ The programme targets families in municipalities with the highest poverty rates in the bottom two income quintiles.¹⁵⁷ Notably, Kwenda does not yet have a full range of child- and nutrition-sensitive features, as it operates at the household level without adjusting for the number of children or including additional 'plus' components like nutrition education.¹⁵⁸

BOX 5: ANGOLA'S VALOR CRIANÇA PROJECT

The Valor Criança Project, Angola's inaugural cash transfer initiative, targeted caregivers of children under five, prioritising both child and nutrition sensitivity.¹⁵⁹ Serving as a foundational programme, it played a pivotal role in establishing the governance and infrastructure for the current nationwide cash transfer programme. Beyond cash transfers, Valor Criança facilitated access to various services, including birth registration, early childhood development, nutrition education, and community-led total sanitation.

Background

The Valor Criança Project, part of the broader 'Strengthening and expanding social protection to the vulnerable population in Angola' initiative (APROSOC), aimed to combat poverty and malnutrition. Launched in 2014 and implemented by the Government of Angola with support from UNICEF and other partners, it received financial backing from the European Union. Launched in 2014, the project's first payments were distributed in 2019, with the primary objective to ameliorate malnutrition among children under five years old and empower caregivers to make informed decisions about their child's health.¹⁶⁰ Modeled after Brazil's Bolsa Família and Centers for Social Assistance, the programme covered 35,411 children in three food-insecure Angolan municipalities (Bié, Moxico, and Uíge).¹⁶¹

Approach

The programme initially provided a monthly cash transfer of 3,000 Angolan Kwanza (AOA) per child¹⁶² capped at three children per household, determined based on the national minimum wage and the cost of

¹⁵¹ UNICEF (2023). *An analysis of the general state budget 2023: Social protection*

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ World Bank (2018). *Angola Social Protection Public Expenditure Review*. Available online:

<https://documents1.worldbank.org/curated/en/343571531389943002/pdf/SPL-PER-Angola-May-23.pdf>. Accessed: 15/01/2024

¹⁵⁵ World Bank (2022). *How is Angola Reaching the Poor and Vulnerable During COVID-19?* Available online:

<https://www.worldbank.org/en/country/angola/brief/q-a-how-is-angola-is-reaching-the-poor-and-vulnerable-during-covid-19>.

Accessed: 26/11/2023

¹⁵⁶ Ibid.

¹⁵⁷ Government of Angola (2020). *Presidential decree no. 125/20 establishing the social protection strengthening programme – social monetary transfers (KWENDA) (Decreto Presidencial n. 125/20 - Programa de Fortalecimento da Protecção Social - Transferências Sociais Monetárias (KWENDA))*. Available online: <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC196017/>. Accessed: 05/01/2024

¹⁵⁸ Key informant interview

¹⁵⁹ K.A. Damoah, T. Uytterhagen, N. Tirivayi et al. (2023). *The Impact of Valor Criança - Social Cash Transfer Pilot Programme in Angola, Final Report*, (UNICEF Innocenti - Global Research and Foresight Office: Florence, Italy). Available online (in Portuguese): <https://www.unicef.org/angola/media/3826/file/Relat%C3%B3rio%20Impacto%20do%20Valor%20Crian%C3%A7a%20PT.pdf>.

Accessed: 31/01/2024

¹⁶⁰ Key informant interview.

¹⁶¹ K.A. Damoah, T. Uytterhagen, N. Tirivayi et al. (2023). *The Impact of Valor Criança*

¹⁶² Equivalent to approximately USD 10 during the period of implementation.

essential goods.¹⁶³ Due to COVID-19 challenges, the amount was increased to AOA 5,000.¹⁶⁴ To qualify, caregivers had to meet specific criteria, including being the primary carer of a child under five in designated municipalities for at least a year. Prioritising women, the programme aimed to narrow the poverty gender gap and empower them in household and childcare decisions.¹⁶⁵ Pilot municipalities were chosen based on high rates of stunting and poverty.

In addition to the unconditional cash transfer and gender-sensitive features, the programme included 'plus' components delivered by community-level social workers. Centers for Social Assistance served as hubs for vulnerable individuals to access social protection services, including birth registration.¹⁶⁶ Cash transfer recipients underwent training in financial literacy, received nutrition education, and were guided on effectively using the funds for their children's nutrition.¹⁶⁷ They also received support for early childhood development, including learning to create toys from local materials.

Impact

The programme's impact evaluation shows positive results.¹⁶⁸ Children's minimum dietary diversity increased significantly. Women's attendance at a minimum of four prenatal visits improved, and the likelihood of children having a health card increased by 15%. Moreover, children participated in more growth monitoring visits, and the number of fully vaccinated children increased by 18%. In terms of financial literacy, caregivers raised their savings levels by 36% and qualitative interviews highlighted that women felt more confident in making improved financial decisions.

Governance and policy environment

As mentioned, the programme was implemented by the Ministry of Social Action, Family and Promotion of Women. Its success led to the establishment of a social protection policy in Angola and was mentioned as a priority of the country's most recent National Development Plan, a significant development.

Innovations and good practices

The cash transfer demonstrated shock responsiveness. Amidst the COVID-19 pandemic, the quarterly payments increased from AOA 3,000 to 5,000 per eligible child per month.¹⁶⁹ Furthermore, the programme explicitly identified women's economic empowerment and participation as key decision-makers as a critical impact pathway, recognising the pivotal role mothers play in shaping their children's health and nutritional status.

Lessons learned

In a country lacking a pre-existing cash transfer programme, the Valor Criança Project pioneered the establishment of crucial infrastructure, the enhancement of key community social services, and the initiation of linkages with other essential services. This initiative also ignited political momentum, leading to the inception of the first national cash transfer programme. The project drew insights from experiences in other countries but critically, tailored its approach to the local context, enabling it to demonstrate positive impacts on women's economic empowerment, children's diets, and health service usage.

Angola's **school feeding programme** is provided to primary school children and encompasses components that are nutrition sensitive. From 2020 to 2021, 1.9 million out of 5.6 million enrolled primary school students received food through the programme.¹⁷⁰ Although this is not complete coverage, this number is more than double what it was three years prior.¹⁷¹ The programme includes complementary activities such as promoting handwashing with soap and deworming treatment, however, there are no available evaluations to provide

¹⁶³ K.A. Damoah, T. Uytterhagen, N. Tirivayi et al. (2023). *The Impact of Valor Criança*

¹⁶⁴ Ibid.

¹⁶⁵ K.A. Damoah, N. Tirivayi, L.M. Daniels et al. (2023). *Valor Criança: Lessons from the first social cash transfer programme for children in Angola*. Available online: <https://socialprotection.org/discover/blog/valor-crian%C3%A7a-lessons-first-social-cash-transfer-programme-children-angola>. Accessed: 31/01/2024

¹⁶⁶ Key informant interview.

¹⁶⁷ Ibid.

¹⁶⁸ K.A. Damoah, T. Uytterhagen, N. Tirivayi et al. (2023). *The Impact of Valor Criança*

¹⁶⁹ Ibid.

¹⁷⁰ Global Child Nutrition Foundation (2021). *Republic of Angola: School Meals Programme*. Available online: https://gcnf.org/wp-content/uploads/2023/02/Angola_r1_02132023.pdf. Accessed: 26/11/2023

¹⁷¹ Ibid.

evidence of the effectiveness of these aspects of the programme nor consistency of implementation.¹⁷² Missed opportunities within the programme include a lack of use of fortified or biofortified foods and distribution of micronutrient supplements to nutritionally vulnerable students, such as adolescent girls. Additionally, during COVID-19 the school feeding programme was temporarily halted, highlighting the lack of shock-responsiveness.¹⁷³

Opportunities

1. There is an opportunity to better support the linkage between Kwenda beneficiaries and other social services, incorporating SBC practices, similar to those implemented during the Valor Criança Project. This could be achieved by providing additional training for community-based social workers and ensuring consistent monitoring across all municipalities, with a particular focus on those municipalities that Valor Criança Project was not implemented. It is crucial to secure support and commitment at both national and municipal levels for effective implementation.
 2. The targeting mechanism of the Kwenda programme could be strengthened by exploring the possibility of adjusting payments based on the number of children under five in a household. This modification aligns with Angola's overarching policies aimed at addressing malnutrition and enhancing the well-being of children.
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¹⁷² Global Child Nutrition Foundation (2021). *Republic of Angola: School Meals Programme*.

¹⁷³ *Ibid.*

BOTSWANA

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	The Ministry of Local Government and Rural Development (MLGRD) ¹⁷⁴
Multisectoral Action Plan for Nutrition	Being drafted	Ministry responsible for nutrition	The Ministry of Basic Education (MBE) manages the national school feeding programme, and the MoH, with the Food and Nutrition Control Council as the focal point, coordinates other food and nutrition initiatives, including nutrition surveillance ¹⁷⁵
Policy cross-reference	Botswana's National Development Plan (NDP 11) (2017–2023) addresses nutrition, food security, and social protection, though it does not explicitly articulate the connections between them. With NDP 12 deferred to April 2025 and the interim NDP currently in place, there is an opportunity to advocate for this linkage within the framework. The National Social Protection Framework , approved in 2020, includes nutrition-sensitive social protection as a topic, detailing activities required to mainstream nutrition within social protection, for example ‘target activities to the most nutritionally vulnerable populations’ and ‘include education activities within social protection interventions to increase household awareness of health and nutrition care giving and health seeking behaviours’. While the framework emphasises the importance of strengthening monitoring and evaluation, it could provide more specifics on the methodology for improvement, a detail currently not present in the framework and its implementation plan..		
Relevant programmes	The Vulnerable Groups Feeding Programme, Primary School Feeding Programme		
Key multisectoral governance mechanisms	The National Social Protection Steering Committee, chaired by the Permanent Secretary of the MLGRD, brings together multiple ministries/sectors. ¹⁷⁶ The School Feeding Committee involves representatives from MLGRD, MBE, and the Food and Nutrition Control Council. ¹⁷⁷		

Financing

The most recent report on Botswana’s spending on social protection is from the fiscal year 2019/2020. The government funds the entire social protection system, with an estimated allocation of 2.3% of GDP in 2019, representing a decrease from the 3.5% allocation in 2012/2013. ¹⁷⁸ Allocations specifically directed towards programmes for children ¹⁷⁹ have shown relative stability, decreasing slightly from 1.5% to 1.4% of GDP over this period, but growing in real and nominal terms. ¹⁸⁰ The Vulnerable Groups Feeding Programme and School Feeding Programme, as outlined below, faced budget cuts in 2017/2018. ¹⁸¹ These reductions were a result of underspending by the MLGRD due to procurement processes, however, the funding was reinstated in 2019/2020.

Relevant programmes and coverage

The **Vulnerable Groups Feeding Programme** provides take-home rations of fortified supplementary foods called Tsabana and Malatu, as well as oil and beans, to children aged 6 to 59 months. ¹⁸² Initially formed

¹⁷⁴ UNICEF (2019). *Botswana Budget Brief: Social Protection*. Available online: <https://www.unicef.org/esa/media/5786/file/UNICEF-Botswana-2019-Social-Protection-Budget-Brief.pdf>. Accessed: 31/01/2024

¹⁷⁵ Ministry of Health (n.d.). *Department of Public Health*. Available online: <https://www.moh.gov.bw/preventative.html>. Accessed: 31/01/2024

¹⁷⁶ Government of the Republic of Botswana (2020). *Botswana National Social Protection Framework: Implementation Plan* (Government of Botswana: Botswana).

¹⁷⁷ Key informant interview.

¹⁷⁸ UNICEF (2019). *Botswana Budget Brief: Social Protection*

¹⁷⁹ Including Orphan Care, in-kind transfers, Vulnerable Group Feeding programme, and School Feeding Programme.

¹⁸⁰ UNICEF (2019). *Botswana Budget Brief: Social Protection*

¹⁸¹ Ibid.

¹⁸² UNICEF (2019). *Evaluation of the Vulnerable Groups Feeding Programme*. Available online: https://www.unicef.org/esa/media/6371/file/UNICEF_Botswana-Evaluation_of_the_Vulnerable_Group_Feeding_Programme_2019.pdf. Accessed: 31/01/2024

as a drought relief effort, it has since transformed into a nationwide supplementary feeding initiative.¹⁸³ Products are provided through the health system as children are brought to Child Welfare Clinics for routine growth monitoring and health checks.¹⁸⁴ Additionally, products are provided to non-school-going children aged 5 to 6 and pregnant/lactating women meeting specific medical criteria.¹⁸⁵ In 2017/2018, the programme reached 302,343 beneficiaries out of a population of 2.3 million.¹⁸⁶ However, an impact evaluation published in 2019, confirmed by key informant interviews, revealed challenges. Foremost among them is the inefficient procurement and delivery of commodities, leading to incomplete packages during health facility visits.¹⁸⁷ Furthermore, nutrition education was not effectively delivered alongside product distribution, indicating a potential missed opportunity to enhance the programme's nutrition sensitivity.¹⁸⁸ Despite these challenges, positive feedback highlights the strong link between Child Welfare Clinics and social workers.¹⁸⁹

The **Primary School Feeding Programme** ensures universal coverage for grades 1 to 7, reaching approximately 370,000 learners in 2021 across 758 government primary schools.¹⁹⁰ It incorporates nutrition-sensitive components, including health specialist-recommended menus and concurrent school health services.¹⁹¹ The School Feeding Committee involves representatives from MLGRD and MBE, however, coordination challenges are perceived to arise from the ministries being unable to hold the other accountable.¹⁹² Amid COVID-19, dry rations were provided to children identified as particularly disadvantaged during the initial six-week lockdown, showcasing the programme's shock-responsiveness.¹⁹³ However, a report notes the absence of fortified or biofortified foods and micronutrient supplement distribution, highlighting an opportunity to enhance the programme's nutrition sensitivity, especially for adolescent girls.¹⁹⁴

Opportunities

3. The VGFP could be made to be more effective by focusing on improving nutrition education delivery and resolving procurement challenges. This will help to ensure beneficiaries receive the complete package of products, contributing to the programme's impact on nutrition outcomes.
4. Exploring alternative social protection modalities, such as unconditional cash transfers, as potential alternatives for the VGFP. However, it is important to conduct a comprehensive evaluation to understand the potential impacts of this option, including on clinic attendance, for which the VGFP presently serves as a significant incentive. Furthermore, generating evidence on the cost-effectiveness of different modalities could assist the decision-making process.

¹⁸³ UNICEF (2019). *Evaluation of the Vulnerable Groups Feeding Programme*.

¹⁸⁴ Key informant interview.

¹⁸⁵ UNICEF (2019). *Evaluation of the Vulnerable Groups Feeding Programme*

¹⁸⁶ Ibid.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

¹⁸⁹ Key informant interview.

¹⁹⁰ Global Child Nutrition Foundation (2020). *Global Survey of School Meal Programs Country report: Botswana*. Available online: https://survey.gcnf.org/wp-content/uploads/2021/03/CR_Botswana_09_2020.pdf. Accessed: 31/01/2024

¹⁹¹ Key informant interview.

¹⁹² Key informant interview.

¹⁹³ Republic of Botswana (2020). *Botswana National Social Protection Recovery Plan. Part 1: Analysis and Recommendations*. Available online: <https://www.undp.org/botswana/publications/botswana-national-social-protection-recovery-plan>. Accessed: 23/11/2023

¹⁹⁴ Global Child Nutrition Foundation (2020). *Global Survey of School Meal Programmes Country report: Botswana*.

COMOROS

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	MoH, Solidarity, Social Cohesion, and Gender Promotion. ¹⁹⁵
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	
Policy cross-reference	The National Strategic Plan 2030 highlights social protection, but not nutrition, as a priority. ¹⁹⁶ National Social Protection Policy states the important role that social protection plays in the prevention of malnutrition and places emphasis on improving nutrition monitoring, particularly among children aged 0-59 months. ¹⁹⁷ The National Nutrition and Feeding Policy highlights emergency preparedness through ensuring there is sufficient emergency stock of food for in-kind transfers. ¹⁹⁸		
Relevant programmes	Social Support Project for the Treatment of Malnutrition in the Pomoni District (<i>Projet d'appui social pour le traitement de la malnutrition dans le district de Pomoni</i>)		
Key multisectoral governance mechanisms	Information not available		

Financing

Currently, the Comoros relies on external funding sources to finance projects and programmes related to social protection.¹⁹⁹ While there is an earmarked budget line for SPPs, it is presently unfunded.²⁰⁰ Despite an expressed commitment to expanding pilot projects in the Comoros, the absence of allocated funding poses challenges to implementation.²⁰¹ There are sparse recent data on budget allocation towards social protection, a 2017 budget review found that 4.3% of the total national budget was earmarked for social protection, however this was not allocated to the responsible ministry (Ministry of Health, Solidarity, Social Protection and Gender Promotion) but to the Ministry of Finance for disaster risk management in preparation for shocks.²⁰²

Relevant programmes and coverage

The Comoros initiated a four-month pilot programme relevant to this review: the **Social Support Project for the Treatment of Malnutrition in the Pomoni District** (*Projet d'appui social pour le traitement de la malnutrition dans le district de Pomoni*). This is implemented by the Ministry of Health, Solidarity, Social Cohesion, and Gender Promotion and funded by UNICEF.²⁰³ Community health workers identified acutely malnourished children in Pomoni using mid-upper arm circumference, height, and weight. Caregivers participating in this programme received cash transfers to support in covering medical expenses. The programme included follow-up visits, providing training on maintaining a balanced diet and education on income-generating activities for the caregivers.²⁰⁴ No evaluations on impact have been conducted yet.

¹⁹⁵ Key informant interview.

¹⁹⁶ Government of Comoros (2020). *Plan Comores Emergent Synthese*. Available online:

https://cdn.climatepolicyradar.org/navigator/COM/2020/comores-emergent-plan-pce-2030_8c08560ee6c31ae76af37a87fe4b8ef6.pdf. Accessed: 15/01/2024

¹⁹⁷ Government of the Comoros Union (2021). *Politique nationale de Protection Sociale de l'Union des Comores* (Government of Comoros Union: Comoros).

¹⁹⁸ Government of the Comoros Union (2017). *Politique nationale de nutrition et d'alimentation de l'Union des Comores* (Government of Comoros Union: Comoros).

¹⁹⁹ Key informant interview.

²⁰⁰ Key informant interview.

²⁰¹ Key informant interview.

²⁰² National Institute of Statistics and Economic and Demographic Studies of Comoros Union (2017). *Overall Budget Memorandum*.

Available online: <https://www.unicef.org/esa/media/816/file/UNICEF-Comoros-2017-National-Budget-Brief.pdf>. Accessed: 28/01/2024

²⁰³ Key informant interview.

²⁰⁴ Ministère de la Santé, de la Solidarité, de la Protection Sociale et de la Promotion du Genre (2023). *The Social Support Project for the Treatment of Malnutrition in the Pomoni District* (Projet d'appui social pour le traitement de la malnutrition dans le district de Pomoni)

Opportunities

There is insufficient information for this review to be able to identify specific opportunities for the Comoros. [The overall recommendations](#) of the review could be taken into account to strengthen the nutrition-sensitivity of social protection programmes.

DEMOCRATIC REPUBLIC OF CONGO

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Ministry of Social Affairs and Humanitarian Action
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	MoH ²⁰⁵
Policy cross-reference	The DRC's National Development Plan highlights social protection and nutrition priority areas, however does not mention a linkage between the two. ²⁰⁶ DRC's Multisectoral Action Plan for Nutrition (<i>Plan National Stratégique Multisectoriel de Nutrition de la RDC pour 2023-2030</i>) speaks to the concept of nutrition-sensitive social protection. ²⁰⁷ To elaborate, strategic objective number 5 is dedicated to enhancing social protection, resilience, and response to shocks when faced with natural disasters. The DRC also maintains a Social Protection Policy , dating back to the year 2016, briefly touches on nutrition highlighting the role that social assistance has in countering malnutrition. ²⁰⁸ An updated version is currently being drafted. ²⁰⁹		
Relevant programmes	Unconditional Cash Transfer Programme, the Humanitarian Cash Transfer Programme, School Feeding Programme		
Key multisectoral governance mechanisms	The National Multisectoral Nutrition Committee (<i>Comité National Multisectoriel de Nutrition - CNMN-RDC</i>) operates within the purview of MoH. ²¹⁰ Serving as a consultative entity for nutrition stakeholders, the CNMN-RDC is responsible for coordinating multisectoral efforts. It operates under the authority of the Prime Minister. ²¹¹		

Financing

In the DRC, recent information regarding current public expenditure on social protection is limited. Currently, the country relies primarily on external funding sources to finance projects and programmes. ²¹² However, it was highlighted that there are challenges in managing this funding, which has led to a fragmented social protection system, posing potential challenges to efficiency. ²¹³

Relevant programmes and coverage

Between March 2013 and September 2015, UNICEF collaborated with three partner organisations - Concern Worldwide, Mercy Corps, and Solidarités International - to establish an **Unconditional Cash Transfer Programme** designed to address humanitarian needs in the DRC (ARC II). ²¹⁴ The primary focus of the programme involved implementing a cash transfer to assist affected by conflict. It covered 23,480 displaced families. Other programme components included cash transfers supporting families with children suffering from severe malnutrition and conditional transfers allocated to schools situated in conflict-prone regions. I

The Humanitarian Cash Transfer Programme, implemented by WFP and UNICEF, was a response to the repercussions of the COVID-19 pandemic on vulnerable semi-urban families in the periphery of the capital,

²⁰⁵ Key informant interview.

²⁰⁶ Government of the Democratic Republic of Congo (2019). *Strategic Development Plan (Plan National Stratégique de Développement)*. Available online: <https://www.undp.org/fr/drcongo/publications/plan-national-strat%C3%A9gique-de-d%C3%A9veloppement>. Accessed: 18/01/2024

²⁰⁷ République Démocratique du Congo (2022). *Plan National Stratégique Multisectoriel de Nutrition pour la RDC (2023-2030)*.

²⁰⁸ République Démocratique du Congo (2016). *Politique Nationale de Protection Sociale*.

²⁰⁹ Key informant interview.

²¹⁰ Key informant interview.

²¹¹ République Démocratique du Congo (2022). *Plan National Stratégique Multisectoriel de Nutrition pour la RDC (2023-2030)*.

²¹² Key informant interview.

²¹³ Key informant interview.

²¹⁴ J. Bonilla, K. Carson, G. Kiggundu, et al. (2017). *Transferts monétaires en contexte humanitaire en République démocratique du Congo: appréciation factuelle du programme ARCC II de l'UNICEF*. Available online: <https://www.air.org/sites/default/files/2021-06/Humanitarian-Cash-Transfer-DRC-French-April-2017.pdf>. Accessed: 02/01/2024

Kinshasa.²¹⁵ It integrates a comprehensive package of essential services for children in partnership with the Ministry of Social Affairs. In the year 2022, a total of 4,000 households benefited from unconditional cash and agricultural income-generating activities.²¹⁶

The **School Feeding Programme** currently covers 1% of enrolled students in Primary School.²¹⁷ It is funded solely through ODA. Fortified salt (iodine) and oil (vitamin A) are used to prepare the meals. Take home rations were provided to students during the COVID-19 pandemic.²¹⁸ In order to increase coverage of school feeding, the WFP is presently collaborating with the Ministry of Education to execute a pilot project that centers on providing school meals alongside nutrition education to school-going children.²¹⁹

Opportunities

There is an opportunity to enhance the effectiveness of ODA by coordinating efforts to prevent duplication and fragmentation in SPPs; and also potentially by updating the social protection policy and considering the [recommendations](#) of this review.

²¹⁵ UNICEF (2021). *Country Office Annual Report*. Available online: <https://www.unicef.org/media/136736/file/Democratic-Republic-of-the-Congo-2022-COAR.pdf>. Accessed: 10/01/2024

²¹⁶ Ibid.

²¹⁷ Global Child Nutrition Foundation (GCNF) (2021). *Global Survey of School Meal Programs Country Report, DRC*. Available online: https://gcnf.org/wp-content/uploads/2022/04/DemocraticRepublicCongo_2021_01_24-2.pdf. Accessed: 27/01/2024

²¹⁸ Ibid.

²¹⁹ Key informant interview.

ESWATINI

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Deputy Prime Minister's Office - Directorate of Social Welfare. ²²⁰
Multisectoral Action Plan for Nutrition	Being drafted	Ministry responsible for nutrition	National Nutrition Council under the MoH. ²²¹
Policy cross-reference	Eswatini's National Development Plan for 2023/24 to 2027/28 underscores the country's commitment to strengthening social and human capital development. ²²² It places specific emphasis on prioritising the enhancement and targeted improvement of social protection. It also establishes a correlation between drought, price shocks, poverty, and the prevalence of food insecurity, which speaks to some of the key programmes detailed below. Eswatini's 2021 National Social Security policy articulates the intention to reduce stunting by addressing poverty and vulnerability, with ongoing efforts to address children's needs expected in the upcoming National Social Assistance Policy, currently in draft form. ²²³ While there is no existing multisectoral action plan for nutrition, a forthcoming plan is under development, aiming to integrate nutrition-sensitive components, including social protection. ²²⁴		
Relevant programmes	Neighbourhood Care Points, School Feeding Programme.		
Key multisectoral governance mechanisms	The Nutrition Council holds quarterly meetings at the national level, gathering representatives from diverse ministries including the Deputy Prime Minister's Office, Ministry of Education, Ministry of Agriculture, and development partners. These sessions serve as crucial touchpoints for discussing intersectoral programmes, such as school feeding. ²²⁵		

Financing

The latest analysis of Eswatini's social protection spending dates back to the 2018 financial year; however, it does not offer clear insights into the government's expenditure or the extent of financing from development partners.²²⁶ According to this report the government funds the Old Age Grant, the Disability Grant and the Education Grant for orphans and vulnerable children.

Relevant programmes and coverage

A pilot for orphans and vulnerable children (OVC) was conducted from 2016 to 2018; however, there is currently no cash transfer programme specifically aimed at children or households living in poverty.²²⁷

Neighbourhood Care Points (NCP) are centres based at a community level providing meals and basic early childhood development services to OVC.²²⁸ The initiative began in 2002 as a response to the significant number of children orphaned by HIV. The programme is government-led, with funding from WFP and implementation support from different non-governmental organisations (NGO). The NCP 2023 - 2027 Strategy was recently published, highlighting key challenges that the NCPs face, including the lack of clear roles between government and NGO, impacting the effectiveness of service delivery and leading to an

²²⁰ Ministry of Labour and Social Security (2021). *National Social Security Policy*

²²¹ Ministry of Health (n.d.). *Regulatory Bodies*. Available online: <https://www.gov.sz/index.php/ministries-departments/ministry-of-health/regulatory-bodies/73-health/health/749-swaziland-national-nutrition-council#:~:text=The%20Swaziland%20National%20Nutrition%20Council,and%20nutrition%20services%20in%20Swaziland>. Accessed: 01/02/2024

²²² Ministry of Economic Planning and Development (2023). *National Development Plan 2023/24-2027/28*. Available online: <https://eswatini.un.org/sites/default/files/2023-10/NDP%20DRAFT%20FINAL%2016%20June%202022.pdf>. Accessed: 01/02/2024

²²³ Ministry of Labour and Social Security (2021). *National Social Security Policy* (Government of the Kingdom of Eswatini: Eswatini).

²²⁴ Key informant interview.

²²⁵ Key informant interview.

²²⁶ UNICEF (2018). *Eswatini Social Assistance Budget Brief*. Available online: <https://www.unicef.org/esa/media/2491/file/UNICEF-Eswatini-2018-Social-Assistance-Budget-Brief.pdf>. Accessed: 01/02/2024

²²⁷ World Bank (2022). *Adaptive Social Protection in Southern Africa*. Available online: <https://elibrary.worldbank.org/doi/10.1596/38256>. Accessed: 01/02/2024

²²⁸ Deputy Prime Minister's Office (2023). *Neighbourhood Care Point: Strategic plan 2023 - 2028* (Government of the Kingdom of Eswatini: Eswatini).

inconsistent food supply.²²⁹ Key informants indicated that the delivery of SBC to parents varies across NCPs, contingent upon the NGO managing each respective NCP,²³⁰ however, this cannot be validated since no evaluation exists regarding the impact of the NCPs on children's well-being or nutritional status. Furthermore, there is a lack of available information regarding whether the NCPs are used to establish linkages with health and nutrition services in conjunction with the early childhood development programme, and whether they incorporate fortified food products in meal preparation. Notably, these nutrition-sensitive components are not addressed in the NCP strategy.

The **School Feeding programme** provides meals to students in primary, secondary and high schools.²³¹ In 2020, 6% of pre-school, 83% of primary school, and 94% of secondary school students received food via the programme,²³² however, there is a lack of data on high school student coverage. Fortified grains, cereals, oil, and salt are used to prepare the meals,²³³ using menus developed by Nutritionists from the MoH, and certain schools supplement their provisions with produce from on-site gardens.²³⁴ Notably, no take-home rations were distributed to students during the COVID-19 pandemic, but the programme did display shock-responsive characteristics in response to El Nino in 2015 by expanding the number of beneficiaries and introducing an additional meal.²³⁵ A programme evaluation in 2018 revealed that nutrition education was integrated into the curriculum for students,²³⁶ however, the evaluation also recommended enhancing the nutritional value of meals by incorporating a more diverse range of foods.

Opportunities

1. The Neighbourhood Care Points provide valuable entry points to ensure children are connected with appropriate health and nutrition services. Additionally, they serve as an opportunity to deliver SBC, amongst other 'plus' components. There is an opportunity to conduct an evaluation on the impact and enhance these components where necessary, enabling improved outcomes.
2. The school feeding programme demonstrates good coverage for primary and secondary age groups. An opportunity exists to broaden the coverage amongst pre-school children.

²²⁹ Deputy Prime Minister's Office (2023). *Neighbourhood Care Point: Strategic plan 2023 - 2028*

²³⁰ Key informant interview.

²³¹ World Bank (2022). *Adaptive Social Protection in Southern Africa*.

²³² Global Child Nutrition Foundation (GCNF) (2021). *Global Survey of School Meal Programs Country Report, Eswatini*. Available online at: https://gcnf.org/wp-content/uploads/2022/04/eSwatini_2021_12_23.pdf. Accessed: 08/01/2024

²³³ Ibid.

²³⁴ Ibid.

²³⁵ Global Child Nutrition Foundation (GCNF) (2021). *Global Survey of School Meal Programs Country Report, Eswatini* | S. Gandure, T. Sacolo, & S. Silaula (2019). *Evaluation of the National School Feeding Programme in Eswatini 2010-2018*. Available online:

<https://docs.wfp.org/api/documents/WFP-0000118771/download/#:~:text=The%20Evaluation%20of%20National%20School,detailed%20and%20clearly%20laid%20out..>

Accessed: 01/02/2024

²³⁶ S. Gandure, T. Sacolo, & S. Silaula (2019). *Evaluation of the National School Feeding Programme*

LESOTHO

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Ministry of Social Development
Multisectoral Action Plan for Nutrition	No	Ministry responsible for nutrition	MoH
Policy cross-reference	The National Strategic Development Plan II (2018/19 - 2022/23) prioritises nutrition and social protection separately, however there is no connection between them. ²³⁷ This presents an advocacy opportunity in the upcoming National Strategic Development Plan. The National Social Protection Strategy 2021 – 2031 aims to provide child grants and complementary health and nutrition support for pregnant mothers and infants from poor households. ²³⁸ It also outlines current SPPs in Lesotho, mentioning nutrition support alongside the Child Grant. There is room for improvement in an implementation plan for how this will be put into practice. This policy cross-references the Lesotho Food and Nutrition Security Strategy 2019-2023 , an important factor in facilitating multisectoral coordination that is not often seen in policies in the Region. The Food and Nutrition Strategy outlines key initiatives aimed at enhancing nutrition outcomes through diverse modalities of SPPs, such as providing social assistance to pregnant mothers and infants, linking social assistance to behavioural change communication, homestead gardening and nutrition interventions, and enhancing nutrition through school meal programmes. ²³⁹ It would benefit from improved clarity on implementation mechanisms, responsible parties, and associated timelines.		
Relevant programmes	Child Grant Programme, School Feeding Programme		
Key multisectoral governance mechanisms	The Ministry of Social Development serves as the main coordinator for social protection programmes and their responsiveness to shocks. ²⁴⁰ Committees at both national and sub-national levels have been established for efficient implementation. Box 3 details the multisectoral coordination of the school feeding programme.		

Financing

A 2021/2022 budget analysis indicates that government allocations towards SPPs take up 12.2% of the national budget, this is a slight increase from 11.7% in the 2017/18 budget.²⁴¹ Child-centered grants make up 8% of the core social assistance programme budget, an increase from 7% in the previous year (2020/2021).²⁴² Execution rates are excellent with child grants having spent 100% of the budget and school feeding overspending slightly at 107%.²⁴³ This is indicative of a commitment from the government to support SPPs in support of children. This is in turn a critical element in progress towards making SPPs more nutrition-sensitive.

Relevant programmes and coverage

The **Child Grant Programme (CGP)** is an unconditional cash transfer to reduce child malnutrition and improve child health and school enrolment.²⁴⁴ Poor and vulnerable households with children between the ages of 0 and 17 years are eligible. Caregivers receive between 360 and 750 Lesotho Loti (2022), depending on the

²³⁷ Government of the Kingdom of Lesotho (2018). *National Strategic Development Plan II 2018/19 - 2022/23*. Available online: <https://www.gov.ls/wp-content/uploads/2021/06/National-Strategic-Development-Plan-II-2018-19-2022-23.pdf>. Accessed: 01/02/2024

²³⁸ Government of the Kingdom of Lesotho (2021). *Lesotho National Social Protection Strategy II*.

²³⁹ Food and Nutrition Coordinating Office (2019). *Lesotho Food and Nutrition Strategy and Costed Action Plan*

²⁴⁰ Ministry of Finance and Development Planning Maseru, Lesotho (2022). *2021/2022 Social Protection Budget Brief*. Available online: <http://www.finance.gov.ls/documents/Budget%20Evaluation/2021-22%20Social%20Protection%20Budget%20Brief.pdf>. Accessed: 02/02/2024

²⁴¹ Ministry of Finance and Development Planning Maseru, Lesotho (2022). *2021/2022 Social Protection Budget Brief*.

²⁴² Ibid.

²⁴³ Ibid.

²⁴⁴ Government of the Kingdom of Lesotho (2021). *Lesotho National Social Protection Strategy II*.

number of children in the household.²⁴⁵ The most recent data suggests that only 20% of poor, and therefore qualifying, children receive the grant.²⁴⁶ The CGP is accompanied by soft messaging in that beneficiary households are reminded at payment dates that the money should be spent on children's welfare, specifically their food, adequate clothing and shoes.²⁴⁷ However, this does not involve a fully programmatic approach using SBC. An evaluation of the CGP and its 'soft messaging' in Lesotho suggests that it is effective in directing greater expenditure towards children in households. This also suggests the potential for this 'soft messaging' to be directed more specifically towards nutritious foods for young children.²⁴⁸

Additionally, a recent evaluation of the CGP in 2022 found that, between 2014 and 2022, it reduced the experience of extreme food shortage in households by 18 days, when compared to non-beneficiary households, and that it increased the proportion of household food expenditure by 2.4%.²⁴⁹ However, qualitative feedback suggested that the size of the transfer is insufficient to support food insecurity effectively. This is corroborated by the fact that the value of the CGP has not increased since inception and therefore inflation erodes the purchasing power of the grant making it difficult for caregivers to purchase nutritionally-dense foods for their children. The evaluation suggests that in order to strengthen the design of the programme it should provide better linkage between poor households and essential community health and nutrition services, as this is currently a missed opportunity.²⁵⁰

As mentioned, various nutrition-sensitive pilot programmes have run alongside the CGP. In 2015, the Ministry of Social Development, UNICEF and Catholic Relief Services implemented a livelihood programme that included homestead gardening and community-led complementary feeding and learning sessions, amongst other interventions.²⁵¹ An impact evaluation of the programme found women's consumption of dark green leafy vegetables, vitamin A-rich fruit and vegetables, and organ meat increased, as well as reduced risk of moderate and severe wasting in children under five years living in the households.²⁵² This evidence highlights the potential impact a cash 'plus' programme could have in Lesotho if it was scaled-up.

Lesotho's **school feeding programme** provides daily meals to preschool and primary school-going children, further details are specified in [Box 3](#).

Opportunities

1. Although the country has costed nutrition and social protection policies, and clear intent to prioritise both areas, there are opportunities to strengthen the formal complementarity between the two. The upcoming National Strategic Development Plan provides an opportunity to formalise this link.
2. There is evidence showing the potential effectiveness of incorporating nutrition-sensitive elements into the CGP. Efforts could be focused on improving linkages within the programme to maximise this effectiveness in improving outcomes.

²⁴⁵ M. Binci, J. Bischler, S. Brockerhodd et al. (2022). *Evaluation of the Child Grants Programme (CGP) in Lesotho (2014-2022)* (UNICEF).

²⁴⁶ M. Binci, J. Bischler, S. Brockerhodd et al. (2022). *Evaluation of the Child Grants Programme (CGP) in Lesotho*

²⁴⁷ Oxford Policy Management (2014). *Qualitative research and analyses of the economic impacts of cash transfer programmes in sub-Saharan Africa: Lesotho Country Case Report*. Available online: <https://www.fao.org/documents/card/en?details=b4d42f56-5a55-> Accessed: 23/11/2023

²⁴⁸ N. Pace, S. Daidone, B. Davis et al. (2019). 'Shaping Cash Transfer Impacts Through 'Soft-Conditions': Evidence from Lesotho', *Journal of African Economics*, 28, 1, 39-69.

²⁴⁹ M. Binci, J. Bischler, S. Brockerhodd et al. (2022). *Evaluation of the Child Grants Programme*

²⁵⁰ M. Binci, J. Bischler, S. Brockerhodd et al. (2022). *Evaluation of the Child Grants Programme* | World Bank (2021). *Lesotho Social Protection Programs and Systems Review*

²⁵¹ FAO & UNICEF (2018). *Impact evaluation of Lesotho's Child Grants Programme and Sustainable Poverty Reduction through Income, Nutrition and access to Government Services*. Available online: https://transfer.cpc.unc.edu/wp-content/uploads/2019/01/Lesotho-CGP-SPRINGS-Impact-Report_FINAL.pdf. Accessed: 25/01/2024

²⁵² Ibid.

MADAGASCAR

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Development Intervention Fund (<i>Fonds d'intervention pour le développement</i>) (FID) which is housed under the Prime Minister's Office. ²⁵³
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	National Nutrition Office (<i>Office National de Nutrition</i>) (ONN)
Policy cross-reference	<p>The National Social Protection Strategy (2019-2023) emphasises the crucial role of social protection in preventing malnutrition.²⁵⁴ The Cash Transfer for Human Development aims to alleviate child malnutrition, with objective 2.3 focusing on reinforcing its impact through child-centered nutrition education for at least 50% of beneficiaries with young children or pregnant women by 2030.²⁵⁵ However, responsibility and current coverage of this unknown. The National Nutrition Policy for 2022-2030 provides comprehensive guidance, particularly highlighting the role of social protection, with a focus on women.²⁵⁶ It outlines activities, including the goal of improving coordination by 2030 and specific attention to shock-response strategies related to nutrition.²⁵⁷</p> <p>Similarly, the Multisectoral Action Plan for Nutrition in Madagascar (2021-2026) dedicates a section to social protection's role, detailing activities such as developing a nutrition-sensitive social safety nets guide by 2026.²⁵⁸</p>		
Relevant programmes	Les transferts monétaires de développement humain, School Feeding Programme.		
Key multisectoral governance mechanisms	At a technical level, social protection is coordinated by the Social Protection Thematic Group (<i>le Groupe thématique de protection sociale</i>), chaired by the Ministry of Population, Social Protection and Promotion of Women, and attended by other ministries, NGOs, and other partners. It is decreed by law that there will be a National Office for the Coordination of Social Protection Actions (<i>Bureau National de Coordination des Actions de Protection Sociale</i>), under the Ministry of Population, Social Protection and Promotion of Women, however, this has not yet been set up. ²⁵⁹		

Financing

Over the period from 2015 to 2021, an average of 1.57% of Madagascar's state budget was dedicated to SPPs.²⁶⁰ During the same timeframe, 8.2% of the social protection budget was directed to Ministry of Population, Social Protection and Promotion of Women, while 47.2% is earmarked for FID. The budget analysis stated that the allocation towards Ministry of Population, Social Protection and Promotion of Women appears low when compared to its associated responsibilities.²⁶¹ External sources funded the majority (69%) of programmes in 2021.

Relevant programmes and coverage

Les Transferts monétaires de développement humain is a conditional cash transfer targeted at the poorest households with children aged 0 to 12 years. It is conditional on school attendance. In the National Social Protection Strategy, published in 2019, coverage of the programme is recorded as 108,000

²⁵³ Ministry de la population, de la protection sociale et de la promotion de la femme (2019). *Strategie Nationale de la Protection Sociale 2019 to 2023*. Available online: <https://www.unicef.org/madagascar/media/8631/file/SNPS%202019-2023.pdf>. Accessed: 26/11/2023

²⁵⁴ Ibid.

²⁵⁵ Ibid.

²⁵⁶ Office National de Nutrition (2022). *Plan National D'Action Multisectorielle Pour la Nutrition 2022 to 2026*. Available online: https://scalingupnutrition.org/sites/default/files/2023-07/PNAMN_2022_2026_FINAL_002_070822.pdf. Accessed: 26/11/2023

²⁵⁷ Office National de la Nutrition (2022). *Politique Nationale de Nutrition 2022-2030*

²⁵⁸ Office National de Nutrition (2022). *Plan National D'Action Multisectorielle Pour la Nutrition 2022 to 2026*.

²⁵⁹ Ibid.

²⁶⁰ UNICEF (2021). *Social Protection Budget Brief (Budget Brief Protection Sociale) 2021*. Available online: <https://www.unicef.org/esa/media/11701/file/UNICEF%20Madagascar%20Social%20Protection%20Brief%202021.pdf>. Accessed: 08/01/2024

²⁶¹ Ibid.

households.²⁶² As reference, there are 6,594,454 registered households in the country.²⁶³ Madagascar is noted to have among the lowest coverage of SPPs for Eastern and Southern African countries.²⁶⁴ This is in line with 2020 data whereby the Les Transferts monétaires de développement humain programme together with the Cash for Work programme ²⁶⁵ cover 2.38% of households and 3.09% of children.²⁶⁶ An important nutrition-sensitive component of the programme is the use of “mother leaders” (“mères leaders”) detailed in [Box 2](#).²⁶⁷

Madagascar’s **school feeding programme** is implemented in 1,776 of 25,540 schools (2020).²⁶⁸ This translates to 10.7% of primary school and 0.14% of secondary school students.²⁶⁹ Approximately 7% of these schools are supervised by the Ministry of Education, 15.5% are organised and subsidised by communities, and the remainder supported by partners.²⁷⁰ School meals are prepared using fortified foods (oil with vitamin A and biofortified rice with protein), as well as the usage of micronutrient powder in some schools.²⁷¹ According to the 2019 Global Child Nutrition Foundation report recurring challenges in implementation include scarce resources, food diversions and difficulties in monitoring implementation.²⁷² Therefore, it is not possible to say whether all, or how frequently, students are receiving the fortified products or micronutrient supplements. An evaluation of WFP’s school feeding programmes in Madagascar found that deworming campaigns were taking place in schools with support of the WHO.²⁷³ Additionally, iodised salt was distributed to all schools and when there were adequate financial resources, micronutrient supplements and nutrition education were provided to students.

Opportunities

The development of a new Social Protection Policy presents an opportunity to integrate nutrition-sensitive components into SPPs. This policy could consider the [recommendations](#) detailed later in this report.

²⁶² Ministry de la population, de la protection sociale et de la promotion de la femme (2019). *Strategie Nationale de la Protection Sociale 2019 to 2023*

²⁶³ UNICEF (2021). *Social Protection Budget Brief (Budget Brief Protection Sociale) 2021*

²⁶⁴ Ibid.

²⁶⁵ Data is only available combined between the two programmes.

²⁶⁶ UNICEF (2021). *Social Protection Budget Brief (Budget Brief Protection Sociale) 2021*

²⁶⁷ Ministry de la population, de la protection sociale et de la promotion de la femme (2019). *Strategie Nationale de la Protection Sociale 2019 to 2023*

²⁶⁸ Office National de Nutrition (2022). *Plan National D’Action Multisectorielle Pour la Nutrition 2022 to 2026*.

²⁶⁹ Global Child Nutrition Foundation (GCNF) (2019). *Global Survey of School Meal Programs Country Report, Madagascar*. Available online at: https://gcnf.org/wp-content/uploads/2020/08/CR_Madagascar_07_2020.pdf. Accessed: 08/01/2024

²⁷⁰ Office National de Nutrition (2022). *Plan National D’Action Multisectorielle Pour la Nutrition 2022 to 2026*.

²⁷¹ Global Child Nutrition Foundation (GCNF). (2019). *Global Survey of School Meal Programs Country Report, Madagascar*.

²⁷² Ibid.

²⁷³ World Food Programme (2020). *School Canteens’ contribution to education results in the south Madagascar (2015 to 2019): An analysis of the contribution*. Available online: https://docs.wfp.org/api/documents/WFP-0000118909/download/?_ga=2.126500301.1751246390.1704739982-1342973594.1675076046. Accessed: 08/01/2024

MALAWI

Policy and governance

Social Protection Policy	In draft	Ministry responsible for social protection	The Ministry of Gender, Community Development and Social Welfare is the key implementing agency for the Social Cash Transfer Programme and the Ministry of Finance and Economic Affairs, specifically the Poverty Reduction and Social Protection Division, is tasked with coordinating the social protection policy ²⁷⁴
Multisectoral Action Plan for Nutrition	In draft	Ministry responsible for nutrition	The Department of Nutrition, HIV and AIDS, within the MoH
Policy cross-reference	Although new policies are still in draft form and not currently available for review, key informants emphasise that Malawi's government is actively working to align its policies. For instance, efforts are made to ensure consistency in strategic objectives and activities between social protection and nutrition policies. Previous guiding policies, such as Malawi's Growth and Development Strategy III (2017 to 2022) and the two five-year Malawi National Social Support Programmes (MNSSP) (I and II), demonstrate the country's commitment to making social protection programs more nutrition-sensitive. For instance, MNSSP I influenced the formulation of MNSSP II, which, although not fully integrated into Malawi's SPPs, emphasises facilitating access to nutritional interventions for specific sub-groups of beneficiaries. ²⁷⁵ For example, it details supporting the linkage of 'vulnerable infants with acute malnutrition' to social protection. ²⁷⁶ The forthcoming Nutrition-Sensitive Social Protection Operational Framework is anticipated to serve as an implementation strategy (Box 1).		
Relevant programmes	Social Cash Transfer Programme, The School Feeding Programme.		
Key multisectoral governance mechanisms	An important group of stakeholders is the Malawi National Social Support Programme Steering and Technical Committee, which is made up of a combination of government ministries and partners. ²⁷⁷		

Financing

The allocation towards SPPs in the National Budget has doubled from 1.8% in 2022/23 financial year to 3.4% of total expenditure in 2023/24.²⁷⁸ This reflects additional on-budget support from the World Bank for the Social Support for Resilient Livelihoods Project. The Social Cash Transfer Programme, highlighted below, is one of the core programmes within this project. Notably, the Government of Malawi finances 5% of the Cash Transfer Programme with the remainder funded by partners.²⁷⁹

Relevant programmes and coverage

Malawi's **Social Cash Transfer Programme** is an unconditional cash transfer programme targeted towards poor and labor-constrained households. Its aim is to reduce the poverty of ultra-poor labour-constrained households.²⁸⁰ In practice, this means 10% of the most vulnerable households in each of Malawi's districts are eligible for the cash transfer.²⁸¹ The programme has up to 1.3 million beneficiaries, covering 10%

²⁷⁴ UNICEF (2023). *Social Protection Budget Brief 23/24*. Available online:

<https://www.unicef.org/malawi/media/10131/file/Social%20Protection%20Budget%20Brief%202023-24.pdf>. Accessed: 08/01/2024

²⁷⁵ Malawi Government (2017). *The Malawi Growth and Development Strategy III*. Available online: https://npc.mw/wp-content/uploads/2020/07/MGDS_III.pdf. Accessed: 08/01/2024

²⁷⁶ Malawi Government (2018). *Malawi National Social Support Programme II*. Available online: <https://www.social-protection.org/gimi/gess/Media.action?id=17022>. Accessed: 08/01/2024

²⁷⁷ Key informant interview.

²⁷⁸ Malawi Government (2018). *Malawi National Social Support Programme II*.

²⁷⁹ Ibid.

²⁸⁰ Ibid.

²⁸¹ Government of Malawi (2022). *The Social Cash Transfer Programme*. Available online:

[https://www.unicef.org/malawi/media/8311/file/The%20Social%20Cash%20Transfer%20Programme%20\(SCTP\):%20Factsheet.pdf](https://www.unicef.org/malawi/media/8311/file/The%20Social%20Cash%20Transfer%20Programme%20(SCTP):%20Factsheet.pdf). Accessed: 30/11/2023

of households in the country (300,800).²⁸² With the support of partners, the Social Cash Transfer Programme has become more shock-responsive by providing seasonal top-ups to the cash transfer during the lean season. The Malawi Social Cash Transfer Programme Strategic Plan 2022 to 2027 details how the design of the cash transfer will be adjusted. Of note, it explains that the target group of the programme will change from ‘ultra-poor labour constrained households’ to ‘ultra-poor households that include at least one member who is vulnerable by virtue of age or disability’.²⁸³ This will include children under the age of 3 years, a person living with a disability or chronic disease, a person over the age of 65 years and child-headed households. The decision to make this change is rooted in the observation that children under five were underrepresented among beneficiaries. It has not been implemented yet. Furthermore, the Plan includes prioritising efforts to raise awareness among beneficiaries regarding available services, particularly in the area of nutrition. If implemented, reorienting the cash transfer targeting towards children and facilitating linkages with nutrition services will in effect enhance its nutrition sensitivity. However, the SCTP is not explicitly designed to address malnutrition and its drivers.²⁸⁴ Beneficiaries receive approximately 9,000 Malawian Kwacha (2022).²⁸⁵ They are recorded in the Unified Beneficiary Registry and retargeting takes place every four years.

Another programme of note is the upcoming 3-year **Maziko** trial, a maternal and child cash transfer intervention that integrates nutrition, early childhood development and agriculture messaging.²⁸⁶ For more information of the design of this study, see link in the reference below.

The School Feeding Programme is currently reaching approximately 600,000 children in seven districts. It is implemented by the Government of Malawi with the support of WFP, who distributes in-kind food commodities to provide daily meals with a fortified food supplement.²⁸⁷ Furthermore, it is noted that meals are prepared using other fortified foods including cooking oil (vitamin A) and salt (iodine).²⁸⁸ The school feeding programme is reported to include other nutrition-sensitive components, including administering deworming treatment and providing nutrition education to students.²⁸⁹ During the COVID-19 pandemic, WFP supported the Malawian Government in providing a combination of dry take-home rations and cash transfers to students.²⁹⁰ The cash was intended to support continued purchases from local farmers.

Opportunities

The nutrition-sensitive social protection framework could be used to support targeting towards children in the Social Cash Transfer Programme. Efforts may also focus on enhancing the linkage with health services and providing beneficiaries with SBC or similar support.

²⁸² Ibid.

²⁸³ Government of Malawi (2022). *Malawi Social Cash Transfer Strategic Plan 2022 – 2027*. Available online: <https://www.unicef.org/malawi/media/8346/file/Malawi%20Social%20Cash%20Transfer%20Programme%20Strategic%20Plan%202022%20-%202027%20.pdf>. Accessed: 08/01/2024

²⁸⁴ Maziko Trial team (2024). ‘Impact evaluation of a maternal and child cash transfer intervention, integrated with nutrition, early childhood development and agriculture messaging (MAZIKO-IE): a study protocol for a cluster-randomised controlled trial’, *Trials*, 25. Available online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10790253/pdf/13063_2023_Article_7782.pdf. Accessed: 08/02/2024

²⁸⁵ Government of Malawi (2022). *The Social Cash Transfer Programme*.

²⁸⁶ Maziko Trial team (2024). ‘Impact evaluation of a maternal and child cash transfer intervention, integrated with nutrition, early childhood development and agriculture messaging (MAZIKO-IE): a study protocol for a cluster-randomised controlled trial’, *Trials*, 25. Available online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10790253/pdf/13063_2023_Article_7782.pdf. Accessed: 08/02/2024

²⁸⁷ WFP (2021). *2021- School Feeding Programme Factsheet- WFP Malawi, May 2021*. Available online:

<https://www.wfp.org/publications/2021-school-feeding-programme-factsheet-wfp-malawi-may-2021>. Accessed: 30/11/2023

²⁸⁸ Global Child Nutrition Foundation (GCNF) (2023). *Global Survey of School Meal Programs Country Report, Malawi*. Available online at: https://gcnf.org/wp-content/uploads/2023/01/Malawi_2021_edit2023.pdf. Accessed: 08/01/2024

²⁸⁹ Ibid.

²⁹⁰ African Union (2022). *African Union Biennial Report on Home-Grown School Feeding (2021-2022)* (African Union: Addis Ababa: Ethiopia).

MAURITIUS

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Ministry of Social Security
Multisectoral Action Plan for Nutrition	Being drafted	Ministry responsible for nutrition	Ministry of Health and Quality of Life
Policy cross-reference	Mauritius presently has a National Social Protection policy with a specific emphasis on children. ²⁹¹ A new National Nutrition Plan is being drafted.		
Relevant programmes	Child's Allowance, School Feeding Programme.		
Key multisectoral governance mechanisms	Information not available		

Financing

There is little information on government financing of social protection. It is noted that Mauritius invests more in older people (4.5% of GDP) than in programmes aimed at children (0.3% of GDP).²⁹² Furthermore, 100% of older people have access to social protection, while only 10% of children do.²⁹³

Relevant programmes and coverage

The **Child's Allowance** is a cash transfer aimed at supporting the welfare, empowerment, and integration of vulnerable groups, including people with disabilities, elderly individuals, and children. Specifically, it targets children under 15 years (or up to 20 if in full-time education) of beneficiaries receiving a Basic Widow's Pension or Basic Invalidity Pension (limited to 3 children).²⁹⁴ It is not a standalone child support grant; rather, it serves as additional 'top-up'. Apart from the targeting towards children, this programme does not appear to have any nutrition-sensitive components.

Additionally, though details are limited, the Ministry of Social Security offers in-kind transfers in the aftermath of emergencies, such as cyclones. Currently, the Ministry of Health and Quality of Life does not have a role in determining the items included in the food basket; this responsibility lies with the Ministry of Social Security. However, the Ministry of Health and Quality of Life has made efforts to request input in order to contribute to making the food baskets more nutritionally balanced.²⁹⁵

The School Feeding Programme currently includes children enrolled in schools identified within the Priority Education Zones (Zone d'Education Prioritaire ZEP) and operates under the direction of the Ministry of Education. It runs in conjunction with the School Health Programme under the direction of the Ministry of Health and Quality of Life. On priority of the School Health Programme is to improve nutrition education and encourage healthy eating among learners.²⁹⁶

²⁹¹ Key informant interview.

²⁹² UN & ILO (2021). *Global Research on Governance and Social Protection*. Available online:

https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/08/Global-overview_SP-Governance_June-2021.pdf.

Accessed: 25/01/2024

²⁹³ Ibid.

²⁹⁴ Z. Irving & D. Gokulsing (2021). Social Policies, Risks and Vulnerabilities: A Gender Perspective for Mauritius, *Journal of International and Comparative Social Policy*, 37(3).

²⁹⁵ Key informant interview.

²⁹⁶ Key informant interview.

Opportunities

1. There is potential for the Ministry of Health and Quality of Life to support the Ministry of Social Security in determining the contents of the food basket. This involvement could help in improving nutrient-density of the basket.
 2. Potential enhancement to the Child Allowance program in Mauritius could involve targeting children and parents based on the level of poverty as opposed to it being a 'top-up' payment only associated with the Basic Widow's pension and Invalidity pension. This approach could help with a more precise and impactful allocation of resources to those in need.
 3. The ongoing drafting of the multisectoral plan for nutrition in Mauritius offers a strategic opportunity for enhanced collaboration and integration of nutrition-sensitive components into existing social protection measures.
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MOZAMBIQUE

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	The National Social Action Institute (INAS), under the Ministry of Gender, Children and Social Action is responsible for coordinating and implementing SPPs. ²⁹⁷
Multisectoral Action Plan for Nutrition	In draft	Ministry responsible for nutrition	The MoH's Department of Nutrition, and the Ministry of Agriculture Technical Secretariat for Food Security and Nutrition are responsible for nutrition-specific and nutrition-sensitive programming and coordination. ²⁹⁸
Policy cross-reference	The Mozambican government prioritises social protection in the National Development Strategy 2015 to 2035 . ²⁹⁹ Additionally, the National Basic Social Security Strategy , in its second phase (ENSSB II) (2016-2024), emphasises an objective of enhancing nutrition within vulnerable populations as a key driver for human capital development. ³⁰⁰ Mozambique currently does not have a multisectoral nutrition policy. It is in draft form awaiting approval. However, it does include a section specifically relating to social protection. ³⁰¹		
Relevant programmes	Programa Subsídio Social Básico (Basic Social Subsidy Programme), Direct Social Action Programme (PASD), National School Food Programme.		
Key multisectoral governance mechanisms	The National Council for Food Security and Nutrition, sitting under the Prime Minister, is a key governance structure for inter-ministerial coordination at a national, provincial and in some cases district level. ³⁰²		

Financing

Recent analyses of Mozambique's social protection budget shows that in 2021 51% of funding was sourced from development partners, while the remaining expenditure is covered by the government.³⁰³ Despite a consistent rise in allocations for social protection since 2010, contributions remain relatively below the 2.23% target stated in the ENSSB II at 0.94% of GDP.³⁰⁴ This is a goal the country intends on reaching by 2024.³⁰⁵ The largest proportion of spending goes towards the Basic Social Subsidy Programme, which has a specific aim of contributing to the reduction in chronic malnutrition in children, taking almost half of the social protection budget allocation.³⁰⁶

Relevant programmes and coverage

The **Basic Social Subsidy Programme (PSSB)** is an unconditional cash transfer designed for extremely impoverished households, specifically those with adults unable to work, elderly-headed households, or

²⁹⁷ International Policy Centre (2022). *Registration and payments in the INAS-IP social protection programmes for emergency response*. Available online: https://ipcig.org/sites/default/files/pub/en/OP518_Registration_and_payments_in_the_INAS_IP.pdf. Accessed: 01/02/2024

²⁹⁸ UNICEF (2022). *The Child Grant 0-2 Programme in Mozambique*. Available online:

<https://www.unicef.org/esa/media/12536/file/Mozambique-SP-Nutrition-Case-Study-2022.pdf>. Accessed: 01/02/2024

²⁹⁹ Government of the Republic of Mozambique (2014). *National Development Strategy (2015-2035)*. Available online:

<https://faolex.fao.org/docs/pdf/moz147210.pdf>. Accessed: 01/02/2024

³⁰⁰ Government of the Republic of Mozambique (2016). *National Basic Social Security Strategy (2016-2024)*. Available online:

<https://faolex.fao.org/docs/pdf/moz190056Eng.pdf>. Accessed: 01/02/2024

³⁰¹ Key informant interview.

³⁰² Key informant interview.

³⁰³ UNICEF (2021). *Mozambique Social Protection Budget Brief*. Available online:

<https://www.unicef.org/mozambique/media/3826/file/2021%20Social%20Action%20Budget%20Brief%20Summary%20Version.pdf>.

Accessed: 01/02/2024

³⁰⁴ UNICEF (2021). *Mozambique Social Protection Budget Brief* | Government of the Republic of Mozambique (2016). *National Basic Social Security Strategy (2016-2024)*.

³⁰⁵ Government of the Republic of Mozambique (2016). *National Basic Social Security Strategy (2016-2024)*.

³⁰⁶ ILO and UNICEF (2022). *Social Action Budget Report*. Available online: [https://www.social-](https://www.social-protection.org/gimi/gess/Media.action.jsessionid=0v1qKei-)

[protection.org/gimi/gess/Media.action.jsessionid=0v1qKei-gPTv35XlXrWbBrNSkqtjeeKKGWCxRJJ6wpdoMsqIPKoh!1393577045?id=18986](https://www.social-protection.org/gimi/gess/Media.action.jsessionid=0v1qKei-gPTv35XlXrWbBrNSkqtjeeKKGWCxRJJ6wpdoMsqIPKoh!1393577045?id=18986). Accessed: 31/11/2024

members with disabilities.³⁰⁷ In 2021, the programme had 454,291 households registered.³⁰⁸ INAS *Permanentes* identify the beneficiaries within communities and refer them for the programme.³⁰⁹ Payments are delivered every two months. This programme had a pilot component added to it which included 'plus' components for 15,000 beneficiaries (Box 6). Due to the positive outcomes arising from the pilot, it is now being scaled up nationally, with a goal set by government to reach 174,000 children.³¹⁰ The components to be scaled up included SBC on nutrition; water, sanitation and hygiene; and basic early childhood development. This SBC will be delivered through the INAS *Permanentes*, further details of which can be found in [Box 2](#).³¹¹

BOX 6: MOZAMBIQUE'S CHILD GRANT 0-2 PROGRAMME ³¹²

This serves as a concise overview of UNICEF's documented case study on the programme. For more details, please consult the referenced document.

Operated under the Government of Mozambique's National Institute for Social Action, this programme encompassed unconditional cash transfers and 'plus' components targeting children aged 0 to 2 years old. The 'plus' element involved nutrition-focused SBC initiatives and case management delivered by social assistance volunteers. Impact evaluation results indicated improvements in dietary diversity, meal frequency, caregiver well-being, and material poverty.

The **Direct Social Action Programme (PASD)** is a multisectoral programme between the MGCAS and the MoH, supported by WFP and other partners, providing child-headed households and those with sick members, food-insecure and malnourished people with food baskets or food vouchers. This programme has an element of shock-responsiveness, with different parts of the programme providing beneficiaries between short, medium and long term support.³¹³ Additionally, it was expanded vertically during the COVID-19 and during previous droughts.³¹⁴ In 2021, the programme had 100,502 households registered.³¹⁵ Beneficiaries are referred onto the programme by health workers initially, ensuring they meet the health requirements, and INAS is then responsible for ensuring they meet the poverty criteria.³¹⁶ The in-kind transfer or food voucher accounts for rice, maize, oil, sugar, groundnuts, beans, salt and eggs. The fortification of oil, maize, sugar and salt is provided for by Decree.³¹⁷ This programme has an element of shock-responsiveness. Specifically, during COVID-19 1,000,000 beneficiaries in urban areas were added for 6 months to the programme.³¹⁸

The **National School Food Programme** caters to primary school learners, with coverage extending to only 4% of enrolled students in 2021.³¹⁹ The programme incorporates fortified and biofortified foods such as a fortified corn supplement, orange-fleshed sweet potatoes, and other staples and is funded primarily by development partners. It not only delivers essential micronutrients but also includes health assessments, including height and weight measurements, anemia testing, and deworming.³²⁰ Despite these efforts, the limited coverage prompts consideration of further opportunities to enhance the programme's impact. The programme did not adapt to provide take-home rations during the pandemic.³²¹

³⁰⁷ P. Arruda (2018). *Mozambique's social protection system*. Available online: https://www.ipc-undp.org/pub/eng/WP173_Mozambique_s_socials_protection_system_an_overview_of_the_basic_social_subsidy_programme_the_direct_social_action_programme.pdf. Accessed: 02/02/2024

³⁰⁸ UNICEF (2022). *The Child Grant 0-2 Programme in Mozambique*.

³⁰⁹ P. Arruda (2018). *Mozambique's social protection system*.

³¹⁰ Key informant interview.

³¹¹ Key informant interview.

³¹² UNICEF (2022). *The Child Grant 0-2 Programme in Mozambique*

³¹³ P. Arruda (2018). *Mozambique's social protection system*

³¹⁴ Key informant interview.

³¹⁵ UNICEF (2022). *The Child Grant 0-2 Programme in Mozambique*.

³¹⁶ P. Arruda (2018). *Mozambique's social protection system*

³¹⁷ Government of Mozambique (2016). *Decree No. 9/2016 approving the Regulation for Food Fortification with Industrially Processed Micronutrients*. Available online: <https://faolex.fao.org/docs/pdf/moz155275.pdf>. Accessed: 02/02/2024

³¹⁸ Economic Policy Research Institute (2021). *The role of food security and nutrition-sensitive social protection in bridging the humanitarian-development divide in the South African Region*.

³¹⁹ Global Child Nutrition Foundation (2021). *Global Survey of School Meal Programs Country Report, Mozambique*. Available online: https://gcnf.org/wp-content/uploads/2022/09/Mozambique_2021_r3.pdf. Accessed: 02/02/2024

³²⁰ Global Child Nutrition Foundation (2021). *Global Survey of School Meal Programs Country Report, Mozambique*.

³²¹ Ibid.

Opportunities

1. The expansion of 'plus' components in the Child Grant 0-2 pilot could be supported through intersectoral coordination bodies at every level, from national to community.
 2. The PASD, an important emergency response programme, has opportunity to be made more nutrition-sensitive. For instance, integrating SBC alongside emergency food delivery has the potential to significantly enhance its impact.
 3. The school feeding programme could prepare to implement emergency or shock-response measures to ensure continuous student feeding during natural disasters and conflict.
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NAMIBIA

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	All SPPs were recently (2020) consolidated under one ministry, the Ministry of Gender Equality, Poverty Eradication and Social Welfare ³²²
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	Nutrition programmes are coordinated by the MoH under Food and Nutrition Security coordination mechanisms at national, regional, constituency, and community levels. ³²³
Policy cross-reference	Namibia's National Development Plan (NDP) 5 for the period 2017/18 - 2021/22 outlines social protection and health and nutrition as national priorities. ³²⁴ As the finalisation of NDP 6 is scheduled for 2024, stakeholder engagements are planned for the first quarter of the year, presenting a strategic political opportunity for the integration of nutrition-sensitive elements within the framework of social protection. Namibia's Social Protection Policy (2021 - 2030) does not directly refer to nutrition-sensitive impact pathways, however it does mentioned that 'the Policy undertakes to put in place measures to revise and convert in-kind food assistance programmes for Food Bank and Marginalised special feeding programmes into a monthly cash transfer'. ³²⁵ Namibia's revised National Food and Nutrition Security Policy has an objective specifying that stunting among children should be reduced through ensuring access to SPPs, amongst other nutrition-sensitive interventions. ³²⁶ In relation to this, it mentions particular strategies that address impact pathways relating to nutrition, for example, 'promote nutrition education activities in social protection interventions to increase household awareness of optimal nutrition practices', and 'promote nutrition-sensitive interventions such as school feeding programs as vehicles for nutrition education, micronutrient supplementation, deworming school gardening for vulnerable groups'. ³²⁷		
Relevant programmes	Orphan and Vulnerable Child Grant (including sub-sets of foster care grant and child maintenance), School Feeding Programme.		
Key governance mechanisms	The Ministry of Gender Equality, Poverty Eradication and Social Welfare oversees the Core Team, comprised of technical experts from different sectors to monitor and evaluate the Social Protection. ³²⁸ The Core Team is designated to ensure the different Offices, Ministries and Agencies are held accountable for executing activities within the policy in line with their mandates.		

Financing

In 2022/2023, Namibia spent approximately 5.6% of GDP on social protection, accounting for 16.1% of the National Budget.³²⁹ Programmes are entirely government-funded. Projected allocations for the ministry responsible for child grants (Ministry of Gender Equality, Poverty Eradication and Social Welfare) are expected to increase from N\$6.5 million to N\$19.9 million, moving towards universal coverage.³³⁰ Non-contributory SPPs, like these, make up the majority (estimated 74%) of total social protection spending.³³¹

³²² UNICEF (2023). *Namibia Budget Brief Social Protection*. Available online: <https://www.unicef.org/esa/media/13011/file/Namibia-Social-Protection-Budget-Brief-2023-24.pdf>. Accessed: 02/02/2024

³²³ Ministry of Health (2021). *Revised National Food and Nutrition Security policy*

³²⁴ Government of Republic of Namibia (2017). *Namibia's 5th National Development Plan*. Available online: <https://www.npc.gov.na/wp-content/uploads/2021/11/NDP5.pdf>. Accessed: 02/02/2024

³²⁵ Ministry of Gender Equality, Poverty Eradication and Social Welfare (2021). *Social Protection Policy* (MGEPESW: Namibia).

³²⁶ Ministry of Health (2021). *Revised National Food and Nutrition Security policy* (MOH: Namibia).

³²⁷ Ibid.

³²⁸ Ministry of Gender Equality, Poverty Eradication and Social Welfare (2021). *Social Protection Policy*

³²⁹ UNICEF (2023). *Namibia Budget Brief Social Protection*.

³³⁰ Ibid.

³³¹ Ibid.

Relevant programmes and coverage

The **Vulnerable Child Grant** is an unconditional child grant with sub-categories including foster care, child maintenance and disability grants. These grants, introduced in 2014, are allocated to a biological or foster parent earning less than Namibian dollars (N\$) 1,000 per month and caring for a child.³³² Other criteria include one of the following: the other parent has died, or is unable to work, the other parent is in prison for at least 6 months, or the spouse has died. Child grants supported a total of 341,101 beneficiaries in 2023/24,³³³ out of approximately 925,000.³³⁴ In 2017, the latest available data, child grant beneficiaries received N\$250 per month, increasing with each child in the household.³³⁵ The value of this grant is noted as declining significantly in real terms since 2000.³³⁶ There do not seem to be any additional 'plus' components delivered alongside this programme.

Namibia's **School Feeding Programme** covers pre-school, primary and secondary schools. For more information refer to [Box 3](#).

Opportunities

By leveraging its well-established social protection system, there is potential for Namibia to explore avenues for increasing the nutrition-sensitivity of the Vulnerable Child Grant. This could involve strengthening linkages with health and nutrition services and incorporating SBC, among other strategies. The imminent renewal of the NDP with upcoming stakeholder engagements offers a valuable opportunity for assessment of these possibilities.

³³² MGEPSW (n.d.). *Maintenance grants*. Available online: <https://mgepesw.gov.na/maintenance-grants>. Accessed: 25/01/2024

³³³ UNICEF (2023). *Social protection Namibia budget brief*.

³³⁴ Note this population figure is intended to give a rough indication of the number of children covered by child grants, it is not intended to be exact. Global Economy (2022). *Namibia: Percent Children*. Available online: https://www.theglobaleconomy.com/Namibia/percent_children/. Accessed: 25/01/2024

³³⁵ OECD (2018). *Financing Social Protection in Namibia*. Available online:

https://www.oecd.org/countries/namibia/SPSR_Namibia.pdf. Accessed: 05/01/2024

³³⁶ Ibid.

SEYCHELLES

Policy and governance

Social Protection Policy	Information not available	Ministry responsible for social protection	Agency for Social Protection under the Ministry of Employment and Social Affairs
Multisectoral Action Plan for Nutrition	Information not available	Ministry responsible for nutrition	MoH ³³⁷ , and the Ministry of Education is responsible for the school feeding programme
Policy cross-reference	The National Development Strategy (NDS) for the period 2019 to 2023 highlights a shift in resource allocation from older persons to mothers and children in social protection. ³³⁸ Considering the imminent renewal of the NDS, this presents a potential opportunity to establish linkages between nutrition, social protection and nutritionally vulnerable populations, such as mothers and children. Unfortunately, no online sources were found for a social protection or multisectoral nutrition policy. Key informants indicated that social protection and nutrition are not referenced in each other's policies, however, the Food and Nutrition Security Policy of 2013 is to be updated soon. ³³⁹		
Relevant programmes	School feeding programme		
Key governance mechanisms	Information not available		

Financing

The latest available data from 2015 reveals that Seychelles allocated approximately 3.3% of its GDP to social protection, surpassing averages observed in both Sub-Saharan Africa and upper-middle-income countries internationally.³⁴⁰ During the COVID-19 pandemic in 2020, this increased to 8% of GDP.³⁴¹ Moreover, analyses indicate a focus on older individuals, providing background on the rationale behind the emphasis in the National Development Strategy to shift its focus towards mothers and children.³⁴²

Relevant programmes and coverage

Seychelles has a **school feeding programme** that provides meals to all children in government early childhood development centres, primary and secondary schools.³⁴³ Nutrition education is provided through the school curriculum, however, the programme does not include other nutrition-sensitive components such as micronutrient supplementation or linkage to health or nutrition services.³⁴⁴

Opportunities

There was insufficient information available to this review to identify specific opportunities for Seychelles. The [recommendations](#) of the review could be taken into account to enhance the nutrition-sensitivity of social protection policies and programmes.

³³⁷ Key informant interview.

³³⁸ Government of Seychelles (2019). *Seychelles National Development Strategy 2019-2023*. Available online: http://www.finance.gov.sc/uploads/files/Seychelles_National_Development_Strategy_2019_2023.pdf. Accessed: 31/01/2024

³³⁹ Key informant interview.

³⁴⁰ World Bank (2021). *Programme appraisal document on a proposed loan in the amount of US\$ 30 million to the Republic of Seychelles for a strengthening quality of the social protection system program-for-results*. Available online: <https://documents1.worldbank.org/curated/en/441051616983276293/pdf/Seychelles-Strengthening-Quality-of-the-Social-Protection-System-Program-for-Results-Project.pdf>. Accessed: 31/01/2024

³⁴¹ Ibid.

³⁴² Ibid.

³⁴³ Key informant interview.

³⁴⁴ Key informant interview.

SOUTH AFRICA

Policy and governance

Social Protection Policy	No	Ministry responsible for social protection	Ministry of Social Development together with its South African Social Security Agency
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	The Department of Nutrition at the MoH
Policy cross-reference	The National Development Plan 2030 articulates high-level targets for social protection in South Africa, such as 'by 2030, South Africa should have a comprehensive system of social protection.' ³⁴⁵ South Africa has established a National Food and Nutrition Security Plan for the period 2018 to 2023. ³⁴⁶ This plan strategically aims to 'expand targeted social protection measures and sustainable livelihood programmes.' A corresponding key action outlined in the plan is to 'expand targeted social protection measures and sustainable livelihood programmes.'		
Relevant programmes	Child support grant, Care Dependency Grant, Foster Child Grant, National School Nutrition Programme		
Key governance mechanisms	The Ministry of Education, in close collaboration with the Ministry of Health's nutrition department, coordinates the National School Nutrition Program. ³⁴⁷		

Financing

Over the last ten years, government budget allocations towards social assistance have increased annually, in real terms, by 3.5%.³⁴⁸ However, consolidated government spending was projected to decline in 2023 with the most significant impact of the reduction in government expenditures being felt by the social service sectors.³⁴⁹ Recent data indicates an anticipated annual decline of 6.8% in allocations directed towards the Child Support Grant over the Medium Term Expenditure Framework 2019-2024.³⁵⁰ Additionally, the value of social grants are now no longer linked to the consumer inflation rate.³⁵¹

Relevant programmes and coverage

South Africa has multiple unconditional cash transfers directed towards children. The **Child Support Grant** supports 60% of eligible children in the country with the overarching objective of alleviating poverty and enhancing child health and nutrition within low-income households led by the South African Social Security Agency.³⁵² Particularly pertinent to women working in the informal sector, the CSG is an important source of income post-childbirth, a period marked by constraints on participation in gainful employment. In order to qualify for the programme, beneficiaries need to be the primary caregiver of a child under the age of 18 years old and earn less than Rand (R) 52 800 per year per parent.³⁵³ In 2024, this programme will provide R510 a month per child, with an increase of R20 in the new financial year's budget.³⁵⁴ The **Care Dependency**

³⁴⁵ Department of Basic Education (2016). *Report on the Implementation Evaluation of the National School Nutrition Programme*. Available online:

https://www.education.gov.za/Portals/0/Documents/Publications/NSNP%20Documents/1.%20NSNP_report%20ofinal_17092016.pdf?ver=2018-11-09-083250-753. Accessed: 28/11/2023

³⁴⁶ Government of the Republic of South Africa (2018). *National Food and Nutrition Security*. Available online:

<https://www.nutritionociety.co.za/wp-content/uploads/2021/02/National-Food-and-Nutrition-Security-Plan-2018-2023.pdf>. Accessed: 28/11/2023

³⁴⁷ Ibid

³⁴⁸ UNICEF (2021). *Social Development Budget Brief*. Available online: <https://www.unicef.org/esa/media/10401/file/UNICEF-South-Africa-2021-Social-Development-Budget-Brief.pdf>. Accessed: 15/01/2024

³⁴⁹ UNICEF (2022). *Macro Budget Brief*.

³⁵⁰ UNICEF (2021). *Social Development Budget Brief*.

³⁵¹ Ibid.

³⁵² Department of Basic Education (2016). *Report on the Implementation Evaluation of the National School Nutrition Programme*.

³⁵³ Approximately USD 2,790 per annum.

³⁵⁴ SASSA (2020). *Twitter post*. Available online:

https://twitter.com/OfficialSASSA/status/1253681540829151235?ref_src=twsrc%5Etfw%7Ctwcamp%5Eembeddedtimeline%7Ctwtterm%5Escreen-name%3AOfficialSASSA%7Ctwtcon%5Ees1 Accessed: 28/01/2024 | M. Lukani (2024). *Budget 2024: Some good news for social grant beneficiaries, teachers and health sector*. Available online: <https://www.parliament.gov.za/news/budget-2024-some-good-news-social-grant-beneficiaries-teachers-and-health-sector>. Accessed: 27/02/2024

Grant is provided to children who have a severe physical or mental disability and are not cared for by a state institution. This grant is specifically designed to cover the needs of disabled children from birth until they reach 18 years of age.³⁵⁵ For single applicants, the annual income should not exceed R223,200 per parent.³⁵⁶ The **Foster Child Grant** provides financial assistance to individuals caring for foster children who have been placed in their custody by a court due to circumstances such as being orphaned, abandoned, at risk, abused, or neglected.³⁵⁷ Legal placement of the foster child in the caregiver's care is a prerequisite, and the child must remain in the caregiver's custody.

During COVID-19 South Africa instituted the **Social Relief of Distress Grant**. This programme, designed to aid individuals aged 18 to 60 with no financial support, serves as a responsive measure to address the economic impacts of the pandemic.³⁵⁸ While the programme is not explicitly tailored to households with women or children, it is ongoing and serves as an example of a shock-responsive mechanism.

The **National School Nutrition Programme** is a government-led initiative that offers one meal daily to students in primary and secondary schools in economically-disadvantaged areas. In 2020, 83% of enrolled primary school students and 63% of secondary school students benefited from the programme.³⁵⁹ It is intended that beyond providing nutritional support, the National School Nutrition Programme also imparts knowledge to learners and parents on leading a healthy lifestyle and encourages the establishment and cultivation of school vegetable gardens.³⁶⁰ Initially, a portion of the funding allocated to the National School Nutrition Programme was intended for nutrition education.³⁶¹ However, the Department of Basic Education has indicated that no additional funds will be provided for this purpose. Although health promotion materials are intended to be supplied to schools and displayed, their availability has been shown to be limited.³⁶² Biofortified and fortified foods are used in the preparation of meals and nutritionists from the Department of Health support in the development of the menu. Additionally, the school health programme assists in providing health services to students, although it is noted that these programmes run separately.³⁶³ During COVID-19, the Department of Basic Education received a court order to start delivering meals at home,³⁶⁴ showing room for improvement in the design of shock-responsiveness going forward.

Opportunities

1. Given the well-established and mature social protection system in place, there is a significant opportunity to enhance the integration of nutrition-sensitive components within the child grants programme. Currently, various departments independently run projects connecting children with health and nutrition services and utilise digital platforms for SBC. Streamlining these efforts could lead to increased efficiency, avoid duplication, and amplify the impact on nutrition outcomes, which is particularly important in the context of declining budgetary allocations.
2. There is room to improve the design of the National School Nutrition Programme so that it is prepared for shocks and the delivery of school meals during school closures.

³⁵⁵ South African Government (2024). *Foster Child Grant*. Available online: <https://www.gov.za/services/services-residents/parenting/child-care/care-dependency-grant>. Accessed: 28/01/2024

³⁵⁶ Approximately USD 11,700 per annum.

³⁵⁷ Approximately USD 27. South African Government (2024). *Foster Child Grant*. Available online: <https://www.gov.za/services/child-care-social-benefits/foster-child-grant>. Accessed: 28/01/2024

³⁵⁸ SASSA (n.d.). The social

³⁵⁹ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: South Africa*. Available online: https://gcnf.org/wp-content/uploads/2022/09/Zambia_2021-07_01_r2.pdf. Accessed: 01/02/2024

³⁶⁰ South African Government (2024). *What is the National School Nutrition Program?* Available online: <https://www.gov.za/faq/education/what-national-school-nutrition-programme-nsnp>. Accessed: 28/01/2024

³⁶¹ Department of Basic Education (2016). Report on the Implementation Evaluation of the National School Nutrition Programme. Available online:

https://www.education.gov.za/Portals/0/Documents/Publications/NSNP%20Documents/1.%20NSNP_report%20final_17092016.pdf?vr=2018-11-09-083250-753. Accessed: 28/11/2023

³⁶² Ibid.

³⁶³ Key informant interview.

³⁶⁴ Section27 (n.d.). *National School Nutrition Programme*. Available online: <https://section27.org.za/campaigns/national-school-nutrition-programme/>. Accessed: 27/02/2024

UNITED REPUBLIC OF TANZANIA

Policy and governance

Social Protection Policy	In draft	Ministry responsible for social protection	Mainland: Department of Social Protection under the Prime Minister's Office; Ministry for Community Development, Gender, Women and Special Groups and Tanzania Social Action Fund under the President's Office. Zanzibar: Department of Elders and Social Welfare ³⁶⁵
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	High-level Steering Committee for Nutrition under the Prime Minister's Office and the Tanzania Food and Nutrition Centre under the Ministry of Health and Social Welfare
Policy cross-reference	Tanzania's National Five Year Development Plan 2021/22 – 2025/26 details food security and nutrition and social protection as key areas to support human development in the country. ³⁶⁶ Tanzania's Multisectoral Action plan for Nutrition 2021/22 – 2025/26 mentions social protection as a key system for delivering nutrition in the country, and it is explicit in the importance of advocating for the integration of nutrition into SPPs. ³⁶⁷ There is room to expand further on what this would look like practically within Tanzania's current SPPs. There are two social protection policies in the United Republic of Tanzania. Zanzibar has a Social Protection Policy that was approved in 2014. ³⁶⁸ The Mainland Tanzania's Social Protection Policy is currently in draft.		
Relevant programmes	Productive Social Safety Net Programme II		
Key governance mechanisms	The High-Level Steering Committee on National Social Protection will be responsible for multisectoral coordination and implementation of the Social Protection Policy, with a dedicated thematic working group for non-contributory programmes. ³⁶⁹		

Financing

In 2021/22, social protection and welfare allocations in Mainland Tanzania rose for the third consecutive year, accounting for 8.7% of the national budget.³⁷⁰ A significant proportion (87%) of the social welfare and assistance budget is allocated to the Productive Social Safety Net Programme, primarily sourced from ODA.³⁷¹ In Zanzibar, in 2021/22 social protection and welfare took up 9.3% of the total government budget, of which 3.9% went towards social welfare and assistance programmes.³⁷² Key challenges are noted as being coordination and fragmentation of funding towards social assistance programmes.³⁷³

Relevant programmes and coverage

³⁶⁵ UNICEF (2018). *Zanzibar: Social protection budget analysis*. Available online:

<https://www.unicef.org/tanzania/media/1471/file/Tanzania-Zanzibar-2018-Social-Protection-Budget-Analysis.pdf>. Accessed: 20/01/2024

³⁶⁶ Ministry of Finance and Planning of the Republic of Tanzania (2021). *National Five Year Development Plan 2021/22-2025/26*. Available online: <https://www.tro.go.tz/wp-content/uploads/2021/06/FYDP-III-English.pdf>. Accessed: 22/01/2024

³⁶⁷ United Republic of Tanzania Prime Minister's Office (2021). *National Multisectoral Nutrition Action Plan*. Available online: <https://www.pmo.go.tz/uploads/documents/sw-1646121553-NMNAP.pdf>. Accessed: 28/11/2023

³⁶⁸ Revolutionary Government of Zanzibar (2020). *Mid-term Evaluation of the Zanzibar Social Protection Policy*. Available online: <https://www.unicef.org/tanzania/media/2566/file/ZSP%20Mid-Term%20Evaluation.pdf>. Accessed: 28/11/2023

³⁶⁹ UNICEF (2022). *Stawisha Maisha Nourishing Life Programme in Tanzania: Enhancing infant and young child nutrition through the national social safety net*. Available online: <https://www.unicef.org/esa/media/12546/file/Tanzania-SP-Nutrition-Case-Study-2022.pdf>. Accessed: 20/01/2024

³⁷⁰ UNICEF (2022). *Budget Issue Paper – Social Protection and Welfare*. Available online:

[https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20\(Mainland\)%20Social%20Protection%20Brief%202022.pdf](https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20(Mainland)%20Social%20Protection%20Brief%202022.pdf). Accessed: 02/01/2024

³⁷¹ UNICEF (2022). *Budget Issue Paper – Social Protection and Welfare*.

³⁷² UNICEF (2022). *Budget Issue Paper – Social Protection and Welfare*.

³⁷³ Ibid.

The **Productive Social Safety Net Programme (PSSN II)** is a cash transfer and public works programme that is coordinated by the Tanzania Social Action Fund under the President's Office.³⁷⁴ It is implemented on Mainland Tanzania and Zanzibar. It is the largest social assistance programme in the country. It is made up of multiple, layered cash transfers. Firstly, a basic conditional cash transfer, targeting all recipient households and contingent on participation in savings groups for those with labour capacity.³⁷⁵ Secondly, there is a 'vulnerable groups transfer' whereby households with a child aged 0-18 years and individuals with disabilities receive cash transfer. Thirdly, there is a 'variable human capital transfer', allocated to households with children, conditional on compliance with health visits and education attendance. In 2021 there were over 1.2 million households benefitting from the programme with over 4.8 million beneficiaries.³⁷⁶ A nutrition-sensitive pilot ran alongside this programme (Box 7). It is intended that this is scaled-up, with the design process ongoing, but this is currently facing funding constraints.³⁷⁷ The current programme is noted as not directly shock-responsive because of its reliance on proxy means testing, therefore identifying those chronically, and not temporarily poor or prone to the impact of shocks.³⁷⁸

BOX 7: TANZANIA'S STAWISHA MAISHA PROGRAMME ³⁷⁹

This serves as a concise overview of UNICEF's documented case study on the programme. For more details, please consult the referenced document.

As part of the PSSN II, the Stawisha Maisha cash plus programme introduced peer-led SBC sessions to improve infant and young child feeding practices, in conjunction with the cash transfers, and was conditional on regular attendance at health facilities. The endline evaluation revealed an improvement in knowledge related to infant and young child feeding. However, definitive conclusions on impact could not be drawn.

Opportunities

1. Consider the recommendations acquired through the Stawisha Maisha, such as integrating social protection and nutrition information management systems with registries. This integration will contribute to ensuring an effective referral process to health and other essential social services.
2. There is opportunity to consider aligning the policy frameworks for nutrition and social protection to enhance the clarity of implementation plans and establish robust monitoring and evaluation frameworks. This alignment can provide support for the broader scale-up of nutrition-sensitive programmes.

³⁷⁴ UNICEF (2022). *Stawisha Maisha Nourishing Life Programme in Tanzania*

³⁷⁵ UNICEF (2022). *Stawisha Maisha Nourishing Life Programme in Tanzania*

³⁷⁶ UNICEF (2022). *Budget Issue Paper – Social Protection and Welfare: Mainland Tanzania*. Available online: [https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20\(Mainland\)%20Social%20Protection%20Brief%202022.pdf](https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20(Mainland)%20Social%20Protection%20Brief%202022.pdf).

Accessed: 15/01/2024

³⁷⁷ Key informant interview.

³⁷⁸ UNICEF (2022). *Stawisha Maisha Nourishing Life Programme in Tanzania*

³⁷⁹ UNICEF (2022). *Stawisha Maisha Nourishing Life Programme in Tanzania: Enhancing infant and young child nutrition through the national social safety net*. Available online: <https://www.unicef.org/esa/media/12546/file/Tanzania-SP-Nutrition-Case-Study-2022.pdf>.

Accessed: 20/01/2024

ZAMBIA

Policy and governance

Social Protection Policy	In draft	Ministry responsible for social protection	Ministry of Community Development and Social Services and the Ministry of Education, with support from the National Food and Nutrition Commission
Multisectoral Action Plan for Nutrition	No	Ministry responsible for nutrition	MoH
Policy cross-reference	Zambia's Social Protection Policy is currently under review. Additionally, it has one of the only Nutrition-Sensitive Social Protection Guidelines in the SADC Region (Box 1). ³⁸⁰		
Relevant programmes	Social Cash Transfer Programme, Home Grown School Feeding Programme, Zambia's 1,000 Days Social Cash Transfer Pilot Programme		
Key governance mechanisms	Zambia has a Nutrition and Social Protection Technical Working Group who provide feedback to the Nutrition Technical Working Group. ³⁸¹ The Nutrition Technical Working Group in turn provides guidance and feedback to the Special Committee for Permanent Secretaries on Nutrition. This governance structure, including a working group specific to nutrition and social protection, ensures that national platforms receive recommendations on how to enhance the implementation of the nutrition-sensitive social protection guidelines.		

Financing

The Government of Zambia increased allocations for social protection in 2023 by 28.6% (nominal) and 44.4% (real)³⁸² from the previous year.³⁸³ This represents an approximately eightfold increase from the 2016 allocations and, by 2023, it indicates alignment with the SSA net average expenditure on social safety nets, amounting to 1.5% of GDP.³⁸⁴ The Social Cash Transfer Programme and the Food Security Pack make up 45% and 14.8% of the total social protection budget, respectively.³⁸⁵ Both of these programmes have received increased allocations, aligning with the government's intention of increasing the number of beneficiaries. This continual increase indicates commitment by the Government of Zambia towards these programmes.

Relevant programmes and coverage

The **Social Cash Transfer Programme** is Zambia's unconditional cash transfer aimed at helping impoverished households to meet their basic needs and has been operating since 2003.³⁸⁶ Beneficiaries receive 150 Zambian Kwacha per month (2021). In order to qualify for the programme beneficiaries need to reside in the same location for at least 6 months and meet a test of proxy household income, welfare or need. Furthermore, they need to be a female-headed household with 3 or more children, a child-headed household, have a severe disability, be in palliative care or above the age of 65 years.³⁸⁷ In 2022, the programme provided monthly payments to 973,323 beneficiaries across all 116 districts.³⁸⁸ It was expected to increase to 1,374,500 in 2023.³⁸⁹ An impact evaluation conducted in 2014 found this programme reduced the number of households who are severely food insecure by 18% and increase the number of households eating 2 or more meals per day

³⁸⁰ Ministry of Community Development and Social Services (2022). *Nutrition-Sensitive Social Protection Guidelines* (Ministry of Community Development: Lusaka, Zambia).

³⁸¹ Ibid.

³⁸² Not accounting for inflationary effect on allocations.

³⁸³ UNICEF (2023). Zambia Budget Brief Social Protection 2023. Available online: <https://www.unicef.org/esa/media/12581/file/UNICEF-Zambia-Budget-Brief-Social-Protection-2023.pdf>. Accessed: 09/01/2024

³⁸⁴ World Bank (2018). The State of Social Safety Nets. Available online: <https://openknowledge.worldbank.org/entities/publication/8fefe01f3-fb9f-5e6d-b3f3-a9d5d846f5aa>. Accessed: 09/01/2024

³⁸⁵ UNICEF (2023). Zambia Budget Brief Social Protection 2023.

³⁸⁶ Ministry of Community Development and Social Services (2021). Social Cash Transfer. Available online: https://www.mcdss.gov.zm/?page_id=2086#:~:text=The%20cash%20transfer%20scheme%20aims,%2C%20education%2C%20food%20and%20shelter. Accessed: 09/01/2024

³⁸⁷ Ibid.

³⁸⁸ UNICEF (2023). *Zambia Budget Brief Social Protection 2023*.

³⁸⁹ Ibid.

by 8%.³⁹⁰ Although yielding these outcomes, it's important to note that the programme, on its own, is not strictly a nutrition-sensitive approach. In response to this, the Ministry of Community Development and Social Services with the support of partners, is implementing a 'cash plus' initiative to build on the above cash transfer programme (Box 7).

Zambia's **School Feeding Programme** is implemented in pre-schools, primary, and secondary schools. As of 2020, coverage for pre-schools stood at 64%, primary schools at 60%, and secondary schools at 2%.³⁹¹ The programme is a Home Grown School Feeding initiative, government-led and partly funded by ODA.³⁹² Meals are prepared using fortified grains and iodised salt.³⁹³ Additionally, nutrition education is provided to students through the curriculum, and deworming treatment is administered to students when appropriate.

BOX 8: ZAMBIA'S 1,000 DAYS IN SOCIAL CASH TRANSFER PILOT PROGRAMME

This pilot programme integrates nutrition-sensitive and gender-responsive elements through cash-plus strategies and targeted interventions, utilizing Zambia's existing social cash transfer framework. The primary objective is to gather valuable evidence for potential broader-scale implementation.

Background

Zambia's 1,000 Days in Social Cash Transfer (SCT) pilot, running from January 2022 to December 2024, aims to improve nutritional outcomes for children under 24 months. It is implemented by the Government of Zambia receiving technical guidance from UNICEF as part of the United Nations Joint Programme for Social Protection Phase II. The programme integrates linkages with health services, nutrition counseling, and community case management as cash-plus components at both community and health facility levels. Guided by a detailed theory of change, refined through continuous feedback loops, the pilot is inspired by Kenya's Nutrition Improvements through Cash and Health Education programme.³⁹⁴ Currently operational in Chipata, Kalabo, Mpika, and Mwinilunga districts, the pilot targets 12,900 households, including both existing SCT beneficiaries and new inclusions.³⁹⁵

Approach

The 1,000 Days in Social Cash Transfer pilot, using the existing SCT programme, identifies vulnerable households based on the critical 1,000 days criterion, focusing on those with pregnant members or children under two years.³⁹⁶ Beneficiaries receive a bi-monthly cash transfer of 400 Zambian Kwacha (ZMW) from the SCT programme, with an additional 150 ZMW 'nutrition' top-up to enhance dietary diversity.³⁹⁷ While unconditional, community awareness programmes guide spending for nutrition improvement and other necessities. As a cash-plus initiative, beneficiaries are linked to additional services through proactive Community Case Management, through community-based volunteers, and the 'Single Window' referral system, ensuring comprehensive access to necessary services. SBC within the programme is linked with services provided through the Scaling Up Nutrition II (SUN II) Programme³⁹⁸, encompassing water, sanitation, hygiene, livelihood interventions, nutrition information, homestead food production, and early childhood development. The programme adopts a gender-responsive approach by targeting households with pregnant, breastfeeding, or caregiving women and empowering adolescent girls and women for improved family well-being. The pilot is undergoing assessment through baseline, midline, and endline evaluations.

³⁹⁰ Ministry of Community Development and Social Services (2021). *Social Cash Transfer*.

³⁹¹ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Zambia*. Available online: https://gcnf.org/wp-content/uploads/2022/09/Zambia_2021-07_01_r2.pdf. Accessed: 01/02/2024

³⁹² FAO (2021). *Impact evaluation of the Home Grown School Feeding and Conservation Agriculture Scale-up programmes*. Available online: <https://www.fao.org/3/cb1841en/cb1841en.pdf>. Accessed: 09/01/2024

³⁹³ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Zambia*.

³⁹⁴ Key informant interview. For more information on the NICHE programme: UNICEF (2022). *Addressing Child Poverty, Nutrition and Protection through the Nutrition Improvements through Cash and Health Education programme in Kenya*. Available online: <https://www.unicef.org/kenya/reports/addressing-child-poverty-nutrition-and-protection>. Accessed: 22/01/2024

³⁹⁵ I. Barnett, C. Sambo, & J.P. Tranchant (2023). *Evidence Generation from the Gender and Nutrition Sensitive 1,000 Days in Social Cash Transfer Pilot: Midline Report*. (Institute of Development Studies: United Kingdom).

³⁹⁶ SCT targets households with persons with disabilities, the elderly, child headed, female headed and chronically ill persons.

³⁹⁷ 150 Zambian Kwacha is approximately 5.7 USD | I. Barnett, C. Sambo, & J.P. Tranchant (2023). *Evidence Generation from the Gender and Nutrition Sensitive*

³⁹⁸ More information on this programme can be found here: <https://www.unicef.org/zambia/media/2411/file/Zambia-SUN-II-factsheet.pdf>

Baseline and midline reports have been finalized. Insights from the qualitative midline report indicate positive improvements in dietary diversity and household food security as well as improved coordination.³⁹⁹

Governance and policy environment

Led by the Ministry of Community Development and Social Services (MCDSS) in collaboration with the MoH and the National Food and Nutrition Commission (NFNC). Administrative linkages established in a prior pilot on HIV-Sensitive Social Protection have been leveraged to facilitate multisectoral engagement between the Ministries.⁴⁰⁰ The pilot is supported by Zambia's Nutrition-Sensitive Social Protection Guidelines.

Challenges and Solutions

The pilot faced challenges such as a delayed start due to the COVID-19 pandemic, aligning payment schedules with the existing SCT, and ensuring consistent linkages with other services.⁴⁰¹ Both the SCT and 1,000 Days in SCT involve cash payments. Initially, there were lags in receiving the nutrition top-up, but it stabilised. A crucial component of the pilot is to foster linking beneficiaries with other services and building on pre-existing district-level linkages to strengthen cross-sectoral collaboration. Strengthening this required closer collaboration and consistent communication between the different Ministries involved, prompting the introduction of bi-annual national-level reviews and monthly district-level coordination meetings. At the district level, committees underwent SBC training to enhance their capacity and further empower community volunteers for improved linkages between social protection and nutrition programmes.⁴⁰²

Lessons learned so far

The Zambia 1,000 Days in SCT pilot highlights the significance of expanding 'plus' components, including linkage with services like women's savings groups, sexual and reproductive health, nutrition counseling, cooking demonstrations, and food processing. Leveraging existing community structures, such as Community-Based Volunteers and the SUN II, makes efficient use of resources. The pilot benefits from the country's decentralised model and the 'single window links' where beneficiaries can access multisectoral services, enhancing cross-sectoral integration. Successful collaboration at district and community levels ensures comprehensive support, contributing to resilience and sustainability. The initiative capitalises on established administrative connections and adopts a pragmatic approach to improve gender and nutrition responsiveness within an existing social assistance programme, demonstrating the effectiveness of utilising existing structures.

Opportunities

1. The 2023 initiative by the Government of Zambia to integrate nutrition objectives across all Ministries, Departments, and Agencies presents an opportunity for fostering policy coherence at both national and subnational levels.
2. The explicit inclusion of nutrition-sensitive social protection indicators in the policy guideline is a notable feature. However, to fully realise the benefits of this inclusion, there is an opportunity to develop a detailed breakdown of all indicators tailored to the Zambian context. Additionally, guidance on integrating these indicators into existing monitoring and evaluation systems could contribute to the effectiveness of implementation and also to impact assessment.

³⁹⁹ I. Barnett, C. Sambo, & J.P Tranchant (2023). *Evidence Generation from the Gender and Nutrition Sensitive*

⁴⁰⁰ Key informant interview.

⁴⁰¹ Key informant interview.

⁴⁰² Key informant interview.

ZIMBABWE

Policy and governance

Social Protection Policy	Yes	Ministry responsible for social protection	Ministry of Public Service, Labour and Social Welfare
Multisectoral Action Plan for Nutrition	Yes	Ministry responsible for nutrition	Ministry of Agriculture's Food and Nutrition Security Committee and the Ministry of Health and Child Care
Policy cross-reference	In its Strategic Development Strategy 1 (2021 – 2025) , the Zimbabwean government has demonstrated a commitment to prioritising social protection, nutrition, and food security. While the strategy does not explicitly outline the interconnectedness of these sectors, it recognises the impact of shocks on food security and nutrition. ⁴⁰³ Zimbabwe's SPPs are guided by the 2016 National Social Protection Policy Framework . ⁴⁰⁴ It emphasises the role of social assistance in addressing nutrition and food insecurity challenges faced by vulnerable groups, including pregnant women, children, and lactating mothers. Furthermore, the Multi-sectoral Food and Nutrition Strategy for Zimbabwe (2023-2025) underscores the importance of social protection as a key result area. ⁴⁰⁵		
Relevant programmes	Harmonised Cash Transfer, Food Deficit Mitigation, Emergency Cash Transfer and School Feeding programmes		
Key governance mechanisms	The Ministry of Agriculture chairs the Food and Nutrition Security Committees at provincial, district, and ward levels, facilitating the multi-sectoral implementation of the National Food and Nutrition Security Policy. ⁴⁰⁶ Additionally, the Ministry of Public Service, Labour, and Social Welfare oversees the implementation of the Social Protection Policy through National Social Protection Steering Committees at various levels. Key ministries, including Health and Child Care, and Agriculture, participate in these committees. ⁴⁰⁷		

Financing

In 2022, Zimbabwe allocated 0.7% of its GDP to both contributory and non-contributory social protection (2021 – 1.6%),⁴⁰⁸ which was below the Sub-Saharan Africa average of 1.5%.⁴⁰⁹ Moreover, non-contributory social protection, encompassing social assistance and related programs within the scope of this review, averaged approximately 4% of the national budget in 2022, a decrease from 8% in 2021.⁴¹⁰ Of note, budget execution rates in the school feeding programme in 2021 were 10%,⁴¹¹ impacting coverage. The Food Deficit Mitigation programme and the School Feeding programme, both detailed below, make up 14.1% of total non-contributory allocations.⁴¹²

Relevant programmes and coverage

In Zimbabwe, the social protection system is implemented through multiple small programmes generally covering a low percentage of the population - in total these programmes cover 50% of the impoverished population.⁴¹³ Of note, in 2022, the Government of Zimbabwe together with development partners developed a roadmap for action to make the Food Deficit Mitigation and the

⁴⁰³ Government of the Republic of Zimbabwe (2020). *National Development Strategy 1 (January 2021-December 2025)*. Available online: https://www.veritaszim.net/sites/veritas_d/files/NDS.pdf. Accessed: 15/01/2024

⁴⁰⁴ Ministry of Public Service Labour and Social Welfare (2016). *National Social Protection Policy Framework for Zimbabwe*

⁴⁰⁵ Key informant interview.

⁴⁰⁶ G. Kembo (2023). *Multi-sectoral Food and Nutrition Strategy for Zimbabwe (2023-2025)*, [PowerPoint Presentation].

⁴⁰⁷ Ministry of Public Service Labour and Social Welfare (2016). *National Social Protection Policy Framework for Zimbabwe* (Ministry of Public Service Labour and Social Welfare: Zimbabwe).

⁴⁰⁸ UNICEF (2022). *2022 Social Protection Budget Brief*. Available online: https://www.unicef.org/esa/media/11856/file/Unicef_Zimbabwe_Social%20Protection_Budget_Brief_2022.pdf. Accessed: 15/01/2024

⁴⁰⁹ UNICEF (2021). *2021 Social Protection Budget Brief*. Available online: <https://www.unicef.org/esa/media/10216/file/UNICEF-Zimbabwe-2021-Social-protection-Budget-Brief.pdf>. Accessed: 19/01/2024

⁴¹⁰ UNICEF (2022). *2022 Social Protection Budget Brief*.

⁴¹¹ Ibid.

⁴¹² Ibid.

⁴¹³ UNICEF (2022). *2022 Social Protection Budget Brief*.

Harmonised Cash Transfer programmed more shock-responsive, and included key considerations and priority actions. the roadmap for action on shock responsive social protection with key considerations and priority actions for making the Food Deficit Mitigation and the Harmonised Cash Transfer programmes more shock-responsive.⁴¹⁴

The **Food Deficit Mitigation programme** is run by the Government of Zimbabwe, and supported by WFP, to support food insecure households particularly during the lean season as a form of emergency food response. This programme extends across all 60 rural districts in Zimbabwe, with the government supplying grain to 52 districts and WFP covering the remaining 8 in 2022.⁴¹⁵ Each of the households in the 52 districts receive 10kg of fortified grain per person from the government, while WFP also provides pulses and oil in addition to grains.⁴¹⁶ The Ministry of Health and Child Care is actively engaging with the Ministry of Public Service, Labour, and Social Welfare to help address childhood malnutrition. The proposal aims to broaden the reach of the programme to households in communities with elevated malnutrition rates, introducing flexibility in the number of households eligible for support.⁴¹⁷ By design, this programme is shock-responsive as it responds to the lean season between October and March each year.⁴¹⁸

The **Harmonised Cash Transfer programme** is the main Government-led unconditional cash transfer programme, launched in 2012. The programme targets food insecure households, that is, households living below the food poverty line, and labour-constrained households.⁴¹⁹ Households receive the equivalent of USD 20 - 65, dependent on the number of people.⁴²⁰ Between 2014 and 2020, the programme increased coverage from 55,509 households to 4.1 million beneficiaries, with 3.8 million over and above this with an unmet need for assistance.⁴²¹ An evaluation conducted in 2018 found a significant increase in purchasing of nutrient-dense foods such as legumes, dairy and pulses, with no impact on aggregate food consumption.⁴²² The cash transfer is currently not designed to respond to shocks.⁴²³ It is also not inherently nutrition-sensitive.

The **School Feeding Programme** is delivered to pre-school and primary school students, in 2020 coverage was 100% and 64%, respectively.⁴²⁴ It currently provides meals prepared with fortified foods such as grains and salt, tests for anemia in students and provides deworming treatment.⁴²⁵ In an effort to increase the nutrition-sensitivity of the programme it is now supported by School Nutrition Guidelines for Zimbabwe, which details thematic areas of nutrition services such as screening and micronutrient supplementation, home grown school feeding and nutrition education.⁴²⁶ The programme did not provide take home rations during the COVID-19 pandemic.⁴²⁷

Another programme of note is the **Emergency Cash Transfer programme** initiated during the COVID-19 pandemic in 2020, implemented by the Ministry of Public Service, Labour and Social

⁴¹⁴ MoPSLSW (2022). *Shock responsive social protection roadmap Zimbabwe* (MoPSLSW: Zimbabwe).

⁴¹⁵ M. Takangovada (2023). *Food Deficit Mitigation Programme – Response Plan: 2022 – 2023* [PowerPoint presentation]. Available online: https://fcluster.org/sites/default/files/documents/fdms-response_plan_presentation_2022-09-23.pdf. Accessed: 22/01/2024

⁴¹⁶ E. Mtetwa (2022). *Provincial Response Plans* [PowerPoint presentation]. Available online: https://fcluster.org/sites/default/files/documents/fdmp_2021-22-response-planning-fslc-15102021.pdf. Accessed: 22/01/2024

⁴¹⁷ Key informant interview.

⁴¹⁸ MoPSLSW (2022). *Shock responsive social protection roadmap Zimbabwe*

⁴¹⁹ FAO (2015). *Zimbabwe's Harmonised Social Cash Transfer Programme: impacts on productive activities and labour allocation*. Available online: <https://www.fao.org/documents/card/en?details=6eba3800-2a5f-4aac-adde-125514529e6a/#:~:text=The%20HSCCT%20is%20an%20unconditional,and%20face%20household%20labour%20constraints>. Accessed: 15/01/2024

⁴²⁰ UNICEF (2022). *Mid-Term Impact Evaluation of the Emergency Social Cash Transfer Programme* (UNICEF: Zimbabwe).

⁴²¹ Ibid.

⁴²² UNICEF (2018). *Zimbabwe's Harmonised Cash Transfer Programme Improves Food Security and Reduces Reliance on Food Gifts*. Available online: https://www.unicef-irc.org/publications/pdf/IWB_2018_18.pdf. Accessed: 20/01/2024

⁴²³ MoPSLSW (2022). *Shock responsive social protection roadmap Zimbabwe*

⁴²⁴ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Zimbabwe*. Available online: https://gcnf.org/wp-content/uploads/2022/04/Namibia_2021_01_24.pdf. Accessed: 01/02/2024

⁴²⁵ Ibid.

⁴²⁶ Ministry of Primary and Secondary Education (2022). *School nutrition guidelines for Zimbabwe 2022* (MoPSE: Zimbabwe).

⁴²⁷ Global Child Nutrition Foundation (2021). *School Meals Programme Country Report: Zimbabwe*

Welfare with support from UNICEF and other partners.⁴²⁸ It is designed around the Harmonised Cash Transfer programme features but includes a few design modifications to allow for a more cost-effective and rapid scale-up of the programme, focusing on the areas not yet covered.⁴²⁹ This programme's aim is to 'reduce food insecurity, improve dietary diversity, and improve maternal and child health outcomes'. It prioritises households with children and pregnant women, women-headed households, as well as elderly and those with disabilities. It includes monthly cash transfers, and management of child protection and welfare cases, and nutrition counselling and screening provided by community child-care case workers.⁴³⁰ The Endline evaluation showed the programme had a positive impact on household dietary diversity scores and household food security.

Opportunities

1. Possibilities exist to increase the nutrient-density of the Food Deficit Mitigation programme by supplementing with pulses or other protein-rich food sources.

Cash 'plus' components delivered by the Emergency Cash Transfer Programme have been shown to have a beneficial impact. These could be considered for scale-up into the Harmonised Cash Transfer Programme.

⁴²⁸ Including GOAL, World Vision, Mukuru and ONA.

⁴²⁹ UNICEF (2022). *Mid-Term Impact Evaluation of the Emergency Social Cash Transfer Programme*

⁴³⁰ UNICEF (2022). *Mid-Term Impact Evaluation of the Emergency Social Cash Transfer Programme*

Conclusion

In conclusion, this study underscores the critical role of governance structures and policy frameworks in shaping effective nutrition-sensitive SPPs across the SADC Region. The findings reveal significant variations in policy support and implementation stages among Member States. While policies play a pivotal role in guiding interventions, a notable absence of explicit, implementable action plans poses challenges in many cases to practical implementation. Despite this, commendable examples from a few Member States highlight the potential for developing nutrition-sensitive social protection policies, providing valuable entry points for enhancement. The governance landscape, spanning multisectoral coordinating bodies and technical working groups from the national level to community levels, is pivotal in nutrition-sensitive social protection programme design and implementation—an aspect emphasised across all Member States.

The financing landscape of social protection varies across the region. However, common themes include limited fiscal capacity and uncertainties about the long-term sustainability of programmes, especially in Member States reliant on external funding. Some strategies, including realising efficiency gains by targeting the most vulnerable populations and creating synergies between existing services.

The inclusion of nutrition-sensitive components within social assistance programmes is still in early stages in the Region, with most programmes currently at the pilot stage and larger national programmes presenting significant opportunities for improvement. Despite the widespread implementation of cash transfer programmes by many Member States, these often show areas for improvement in child- or nutrition-sensitive features, such as targeting the most nutritionally vulnerable or intentional integration with other services. Additionally, although gender-responsive social protection is not very common in the Region, some Member States are piloting targeting households with pregnant, breastfeeding, or caregiving women and empowering adolescent girls and women through livelihood interventions. Further, while some Member States are actively working to create linkages between beneficiaries and health and nutrition services, there are missed opportunities in providing beneficiaries receiving cash transfers with SBC for child care, feeding and other aspects of good nutrition.

Finally, weaknesses in monitoring systems and a lack of programme-related evaluations, particularly in the integration between nutrition and social protection, highlight the need for cohesive and coordinated frameworks. Exemplary cases such as Botswana and Zimbabwe showcase the effective utilisation of routinely collected data to inform decision-making, design and targeting of social protection, particularly when shocks occur. A pressing need is evident to explore opportunities for linking integrated information systems, such as social registries, with nutrition-related data on vulnerable groups. Malawi's Nutrition-Sensitive Operational Framework serves as a potential model for embedding integration, emphasising the importance of cohesive monitoring and evaluation frameworks in guiding programmes.

In essence, robust governance structures and well-defined policies are pivotal cornerstones for effective nutrition-sensitive SPPs that will help to support the well-being of children and women in the Region. As Member States progressively develop their social protection systems, enhancements in policy formulation, governance structures, fiscal strategies for increased efficiency, and evidence-based programmatic designs will contribute to better supporting the welfare and nutrition outcomes of nutritionally vulnerable populations across the SADC Region.

Recommendations

Policy

1. Establish better alignment between social protection and nutrition policies, pinpointing key entry points to enhance the nutrition-sensitivity of existing SPPs, to foster synergy and complementarity. This involves integrating nutrition objectives into current programmes, directing cash transfers toward nutritionally vulnerable populations such as pregnant women and children under five years old, and supporting SBC for child nutrition.
- Ensure that nutrition and social protection policies incorporate implementation plans with well-defined targets, objectives, goals, indicators and timeframes, related to the integration of nutrition-sensitive components into SPPs. Clearly detail the stakeholders responsible for implementation and the means of accountability, including to beneficiaries.
- Ensure that disaster management strategies support nutritionally vulnerable populations and address how nutrition services will be scaled up alongside social protection during shocks.

Governance

1. Establish coordination platforms at national and local levels for different sector ministries and workforces for social protection/social welfare, health and nutrition, and other relevant sectors to support system linkages and coordinated action, enhancing the nutrition sensitivity of existing programmes.

Financing

1. Analyse areas for efficiency gains within limited fiscal space, for example, where relevant exploring the use of existing community structures or digital platforms for SBC and linkage with basic services.
2. Explore leveraging ODA to improve public financial management, fostering coordinated engagement with governments responsible for emerging social protection systems. This approach offers a potential roadmap for transitioning from donor-led to government-driven initiatives.
3. Embed mechanisms in public finance systems that enable rapid drawdown of funds to support the scale up of nutrition-responsive social transfers promptly in response to emergency triggers. This aims to prevent malnutrition during crises the context of limited fiscal space, analyse contextually-specific opportunities for efficiency gains. For instance, explore the use of existing community structures to deliver additional SBC to beneficiaries or to serve as central touchpoints for linkage with basic services.

Programmes

1. Design social assistance programmes targeting nutritionally vulnerable populations by creating specific categories of eligibility for pregnant women and children under five and adopt gender-responsive approaches. For existing programmes, this could include incorporating additional 'top-ups' or other programme enhancements specifically tailored for these target groups.
2. Identify entry points within national social assistance programmes to engage participants in nutrition SBC to support improved nutrition practices (applies to cash transfer programmes and food transfer programmes).
3. Identify opportunities to link participants of national social assistance programmes with nutrition and other services, for example through integrated case management services and other forms of social protection such as social insurance to support improved uptake of health and other services.
4. Ensure nutrient-dense in-kind transfers are provided in contexts with limited food access, using fortified foods or culturally relevant options rich in micronutrients and proteins.
5. Adjust cash transfer values to reflect the local cost of nutrient-dense foods, and also ensure regular updates to maintain purchasing power at a minimum.
6. Develop country school nutrition strategies that include school feeding plus nutrition education and nutrition SBC, and nutrition services for school aged children and adolescents, and wider policy initiatives to support healthy food environments.
7. Enhance the targeting of SPPs for nutritionally vulnerable individuals by making greater use of routinely collected data relating to nutrition and vulnerability, and improve early warning mechanisms for shocks.

Monitoring & evaluation

1. Utilise established monitoring and evaluation systems, advocating for the incorporation of routinely collected data relating to nutrition such as child growth monitoring and vulnerability assessments. This integration can help to more effectively target social protection programs toward nutritionally vulnerable areas, communities and individuals, including malnourished children. Additionally, such systems can enhance early warning mechanisms for shocks, especially considering their increasing frequency in the SADC Region.
2. Develop a future research agenda on nutrition-sensitive social protection in the Region, drawing upon the key issues identified in this report. The resulting insights can further inform evidence-based decision-making, ensuring the continuous improvement and optimisation of nutrition-sensitive SPPs across the SADC Region. Examples for future research include process and impact evaluations of social protection programmes and understanding how multisectoral nutrition-sensitive policies and programmes are best financed through government budgets.

ANNEX 1: Summary of nutrition indicators

Table 5: Nutrition indicators in Member States

Member States	Stunting prevalence ⁴³¹	Wasting prevalence ⁴³²	Overweight ⁴³³	Low birth weight ⁴³⁴	Anaemia in WRA ⁴³⁵
Global Average	22.5	6.8 (2022)	5.6	14.7	30
Sub-Saharan Africa Region Average	31.9	6 (2022)	3.6	13.9	33 – 49 ⁴³⁶
Angola	38 ⁴³⁷	4.9 (2015)	3.3 ⁴³⁸	10.6 ⁴³⁹	No data ⁴⁴⁰
Botswana	22.1	7.3 (2007)	10.1	16.8	32.5
Comoros	26.9	11.2 (2012)	8	23	33.8
DRC	40.7	6.4 (2017)	3.7	10.2	42.4
Eswatini	21.8	2 (2014)	8	10.2	30.7
Lesotho	32	2.1 (2018)	6.9	14.4	27.9
Madagascar	39.4	7.2 (2021)	1.5	18.7	37.8
Malawi	34.6	2.1 (2020)	3.8	15.6	31.4
Mauritius	8.7	15.7 (1995)	6.8	18.7	23.5
Mozambique	37	3.9 (2020)	5.5	17.8	47.9
Namibia	22.7	7.1 (2013)	5.2	15.6	25.2
Seychelles	7	4.3 (2012)	9.1	12.5	25.1
South Africa	27.4	3.8 (2017)	12.3	16.6	30.5

⁴³¹ Global and Sub-Saharan average based on estimates for 2021. Stunting is modelled estimates. Data sourced: UNICEF, WFO, World Bank (2023). *Joint Malnutrition Estimates*. Available online: https://data.unicef.org/wp-content/uploads/2019/04/UNICEF_WHO_WB_Global_Expanded_Databases_Wasting_May_2023.xlsx. Accessed: 25/01/2024

⁴³² Global and Sub-Saharan average based on estimates for 2022. Member State's most recent survey data (DHS/MICS). Data sourced: UNICEF, WFO, World Bank (2023). *Joint Malnutrition Estimates*. Available online: https://data.unicef.org/wp-content/uploads/2019/04/UNICEF_WHO_WB_Global_Expanded_Databases_Wasting_May_2023.xlsx. Accessed: 25/01/2024

⁴³³ Global and Sub-Saharan average based on estimates for 2021. Overweight is a modelled estimate. Data sourced: UNICEF, WFO, World Bank (2023). *Joint Malnutrition Estimates*. Available online: https://data.unicef.org/wp-content/uploads/2019/04/UNICEF_WHO_WB_Global_Expanded_Databases_Wasting_May_2023.xlsx. Accessed: 25/01/2024

⁴³⁴ Low birth weight estimates, all 2020. Data sourced from: UNICEF (2023). *Low birthweight estimates*. Available online: <https://data.unicef.org/topic/nutrition/low-birthweight/>. Accessed: 25/01/2024

⁴³⁵ Prevalence of anaemia in women of reproductive age (15-49 years) estimates, all 2019. Data sourced: UNICEF (2023). *Women's nutrition data*. Available online: https://data.unicef.org/wp-content/uploads/2023/03/UNICEF_Global-database_Womens-Nutrition_March-2023.xlsx. Accessed: 25/01/2024

⁴³⁶ West and Central Africa average: 49 % and Eastern and Southern Africa: 33%

⁴³⁷ DHS (2015). *Angola 2015-16 Multiple Indicator and Health Survey (IIMS) Key Findings*. Available online: <https://dhsprogram.com/pubs/pdf/SR238/SR238.pdf>. Accessed: 26/03/2024

⁴³⁸ Ibid.

⁴³⁹ Ibid.

⁴⁴⁰ Ibid.

Tanzania	31.8	3.3 (2022)	4.6	9.7	38.9
Zambia	32	4.2 (2018)	5.4	11.2	31.5
Zimbabwe	26.7	2.9 (2019)	2.8	11.8	28.9

ANNEX 2: Literature search

PRELIMINARY SEARCH STRATEGY

The search strategy used a combination of systematic and purposeful searching. Table 5 below summarises this.

Table 6: Search strategy timeframe, languages, information sources and method

	Peer-reviewed literature	Grey literature
Timeframe	2000 - 2023	No prescribed date range
Languages	French and English	
Information sources	Scopus, African Journals Online, Global Health,	Google, Google Scholar, ministry/government websites
Method	Systematic	Purposeful

Note: The search Strategy was trialled and adjusted during implementation.

SEARCH TERMS – SYSTEMATIC SEARCH

Table 3 below provides a summary of search terms used in the systematic literature search.

Table 7: Search terms for systematic search

	Search terms
Social protection	“Social protection” or “social assistance” or “safety nets” or “social policy” or “cash transfers” or “cash plus” or “integrated social protection” or “food distribution” or “food assistance” or “in-kind” or “food transfer”
Nutrition-sensitive	“Nutrition-sensitive” or “women’s empowerment” or “health services” or “primary healthcare” or “nutrition services” or “communication” or “SBCC” or “sanitation” or “WASH” or “family planning” or “agriculture” or “food security” or “child protection” or “market access” or “education” or “food fortification”
SADC	“SADC” or “South African Development Community” or “Angola” or “Botswana” or “Comoros” or “Democratic Republic of Congo” or “DRC” or “Eswatini” or “Swaziland” or “Lesotho” or “Madagascar” or “Malawi” or “Mauritius” or “Mozambique” or “Namibia” or “Seychelles” or “South Africa” or “Tanzania” or “Zambia” or “Zimbabwe”
Nutrition outcomes	“Wasting” or “weight-for-height” or “acute malnutrition” or “stunting” or “height-for-age” or “anaemia” or “iron deficiency” or “underweight” or “weight-for-age” or “micronutrient deficiency”

Vulnerable groups

“women” or “mothers” or “maternal” or “infants” or “children” or “adolescents” or “youth” or “young person” or “young people” or “newborn” or “pregnant women” or “lactating women” or “pre-school age children” or “school-aged children” or “women of reproductive age”

ANNEX 3: Key informant interview guide

Thank you for taking the time to answer these questions.

As a reminder: The project aims to identify and evaluate policy and programme gaps and opportunities for nutrition-sensitive social protection in the SADC Region in order to further promote better nutrition outcomes.

In doing so we are interested in identifying positively impactful or promising social protection programmes in the Region that support nutrition vulnerable people, specifically women, children, and adolescents, and their nutrition outcomes. We are also interested in determining politically feasible opportunities for scale-up of nutrition-sensitive social protection.

We are looking for information about any social assistance programmes that aim to have a nutritional impact in terms of improved nutrition for children, availability of nutritious foods for children, access to health and nutrition services, improved nutrition practices, or aim to prevent nutrition deterioration in times of crisis.

For the purposes of this study, we are focusing on social assistance, more specifically cash transfers, cash-plus programmes, and in-kind transfers.

1. What is your name and which organisation or department are you affiliated with?
2. Are you familiar with the term nutrition-sensitive social protection?
3. Would you please share your views on the current state of social protection and nutrition-sensitive social protection in **Country X**?
4. Could you please give an overview of the key policies for social protection and nutrition in Seychelles?
 - a. Is social protection included in nutrition policies?
 - b. Do social protection policies include nutrition objectives?
5. What social assistance programmes exist in **Country X** (for example, national cash transfers and also during crises)?
6. What nutrition-sensitive social assistance programmes exist as either part of national systems or as cash-plus pilots? Do you have any information on dates, donors, scope and/or plans for scale-up?
7. Do you know of any evidence that demonstrates the nutrition impact of any of the above, in terms of nutrition outcomes, foods, practices, services, women's empowerment?
8. Could you speak about the extent to which **Country X's** policies, programming frameworks and partnerships prepare their systems for shocks? Are they adapting their systems to maintain routine programming while being ready to respond?
9. Are there examples or innovations in terms of how **Country X's** systems or programmes have supported households in the aftermath of a shock, for example covid-19, or natural disasters, like floods etc., such as those occurring in Malawi or Mozambique?

10. Are you aware of any key policy or programme plans in place for **Country X**? For example, when key policies will be next updated or when new programmes will be in a design phase.
11. Can you think of any key challenges or barriers that need to be overcome in relation to any of these policies or programmes? For example, that are preventing scale-up.
12. What is your view on the importance of increasing investment in social protection and nutrition-sensitive social protection?
13. Does **Country X** have a school meals or feeding programme? Are you able to please share any policy or programme documents?
14. Are all schools part of the programme or only particular age groups or areas within the country?
15. Is there a prescribed menu? Is this stipulated in the policy and how is it monitored or evaluated?
16. Are any of the foods provided as part of school meals fortified in any way with micronutrients?
17. Do the children receive any nutrition education as part of the programme?
18. Does the programme include any linkage or referrals to health or nutrition services?
19. Are supplements such as iron and folic acid or deworming distributed through the schools?
20. Where do the schools source their produce and who produces the meals at the school?
21. How did the school meals programme adapt during COVID-19? Do you know if it has measures in place for crises or emergencies, for example is the programme able to continue even if there is flooding, conflict etc?
22. **Lastly, is there anyone with relevant experience that you would suggest we interview for the study?**

Thank you for your time.

ANNEX 4: Key informant interviews

Country	Position / Organisation Type
Regional/general	Regional NGO / Charitable Organisation
Regional/general	Regional nutrition specialist, NGO / Charitable Organisation
Regional/general	Director, Research Institute
Regional/general	Regional nutrition specialist, NGO / Charitable Organisation
Regional/general	Regional nutrition specialist, NGO / Charitable Organisation
Regional/general	Regional NGO / Charitable Organisation
Regional/general	Regional NGO / Charitable Organisation
Angola	Social Policy specialist & Nutrition Specialist, NGO / Charitable Organisation
Botswana	Social Policy Specialist & Health/ Nutrition Specialist, NGO / Charitable Organisation x1
Botswana	Nutrition specialist, Government Ministry x 1
Comoros	Nutrition Specialist & Social Protection Specialist, Government Ministry x 2
DRC	Nutrition specialist & Surveillance specialist, Government Ministry x 1
DRC	Social Policy Specialist, NGO / Charitable Organisation x1
Eswatini	Nutrition & Health Specialist, Government Ministry x 1
Eswatini	Social Policy Specialist & Health / Nutrition Specialist, NGO / Charitable Organisation x 1
Lesotho	Social Policy Specialist, NGO / Charitable Organisation x 1
Lesotho	Nutrition Specialist, Government Ministry x 1
Madagascar	Nutrition Specialist, Government Ministry x 1
Madagascar	Social Policy Specialist & Health / Nutrition Specialist, NGO / Charitable Organisation x 1
Malawi	Nutrition Specialist, NGO / Charitable organisation x1
Malawi	Nutrition Specialist & Social Policy Specialist, Government Ministry x 2
Mozambique	Nutrition Specialist, Government Ministry x 1
Mozambique	Social Policy Specialist & Health/ Nutrition Specialist, NGO / Charitable Organisation x 1
Namibia	Nutrition Specialist, Government Ministry x 1
Namibia	Nutrition Specialist, NGO / Charitable organisation x 1
South Africa	Nutrition Specialist & Social Protection Specialist, Government Ministry x 2
R	Social Protection Specialist, NGO / Charitable organisation x 1
Tanzania	Social Policy Specialist & Nutrition Specialist, NGO / Charitable organisation x 1
Zambia	Social Policy Specialist & Nutrition Specialist, NGO / Charitable organisation x 2
Zambia	Social Protection Specialist, Government Ministry x 1
Zimbabwe	Nutrition Specialist, Government Ministry x 1
Zimbabwe	Social Policy Specialist & Nutrition Specialist, NGO / Charitable organisation x 1

ANNEX 5: Social protection spending in SADC

Table 8: Social protection spending as a percentage of GDP and GGE in SADC Member States, dates ranging from 2017 to 2023⁴⁴¹

Countries	% of GDP	% of GGE
Angola (2023) ⁴⁴²	1.2	3.4
Botswana (2019/20) ⁴⁴³	2.3	No data
Comoros	No data found	
DRC	No data found	
Eswatini	No data found	
Lesotho (2021/22) ⁴⁴⁴	7	12.2
Madagascar (2020/21) ⁴⁴⁵	0.2	1.1
Malawi (2023/24) ⁴⁴⁶	0.9	3.4
Mauritius	No data found	
Mozambique (2018) ⁴⁴⁷	0.6	2
Namibia (2023/24) ⁴⁴⁸	4	11.5
Seychelles	No data found	
South Africa (2020/21) ⁴⁴⁹	5.8	13.7% ⁴⁵⁰
Tanzania - Mainland (2022) ⁴⁵¹	1.5	8.7
Tanzania - Zanzibar (2022) ⁴⁵²	3.7	9.3
Zambia (2022) ⁴⁵³	1.3	3.6
Zimbabwe (2022) ⁴⁵⁴	0.7	4.0

⁴⁴¹ This table incorporates data from the most recent budget briefs. Caution should be exercised when making cross-country comparisons, as variations in financial year, budget type, and budget analysis methodologies may impact the accuracy of such assessments.

⁴⁴² UNICEF (2023). *An analysis of the general state budget 2023: Social protection*. Available online:

<https://www.unicef.org/esa/media/13376/file/Angola-Social-Protection-Budget-Analysis-2023-EN.pdf>. Accessed: 15/01/2024

⁴⁴³ UNICEF (2019). *Botswana budget brief: Social protection*. Available online:

<https://www.unicef.org/esa/media/5786/file/UNICEF-Botswana-2019-Social-Protection-Budget-Brief.pdf>. Accessed: 15/01/2024

⁴⁴⁴ UNICEF (2021/22). *Social protection budget brief*. Available online:

<https://www.unicef.org/esa/media/13426/file/Lesotho-Social-Protection-Budget-Brief-2021-2022.pdf>. Accessed: 15/01/2024

⁴⁴⁵ UNICEF (2021). *Analyses budgétaires des secteurs sociaux axes sur les enfants a Madagascar*. Available online:

<https://www.unicef.org/esa/media/11701/file/UNICEF%20Madagascar%20Social%20Protection%20Brief%202021.pdf>. Accessed: 15/01/2024

⁴⁴⁶ UNICEF (2023/24). *Social protection budget brief*. Available online:

<https://www.unicef.org/malawi/media/10131/file/Social%20Protection%20Budget%20Brief%202023-24.pdf>. Accessed: 15/01/2024

⁴⁴⁷ UNICEF (2018). *Budget brief 2018: Social action*. Available online: <https://www.unicef.org/esa/media/3121/file/UNICEF-Mozambique-2018-Social-Action-Budget-Brief.pdf>. Accessed: 15/01/2024

⁴⁴⁸ UNICEF (2023/24). *Namibia budget brief social protection*. Available online:

<https://www.unicef.org/esa/media/13011/file/Namibia-Social-Protection-Budget-Brief-2023-24.pdf>. Accessed: 15/01/2024

⁴⁴⁹ UNICEF (2020). *Social protection budget brief*. Available online: <https://www.unicef.org/esa/media/7286/file/UNICEF-South-Africa-2020-Social-Protection-Budget-Brief.pdf>. Accessed: 15/01/2024

⁴⁵⁰ Data from 2021/2022 fiscal year. Stats SA (2022). *The shift in government spending patterns over time*. Available online: <https://www.statssa.gov.za/?p=16928#:~:text=Other%20large%20budget%20items%20in.of%20social%20grants%20to%20households>. Accessed: 27/02/2024

⁴⁵¹ UNICEF (2022). *Budget issue paper - Social protection and welfare. Mainland Tanzania*. Available online:

[https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20\(Mainland\)%20Social%20Protection%20Brief%202022.pdf](https://www.unicef.org/esa/media/11556/file/UNICEF%20Tanzania%20(Mainland)%20Social%20Protection%20Brief%202022.pdf)

⁴⁵² UNICEF (2022). *Budget issue paper - Social protection and welfare Zanzibar*. Available online:

<https://www.unicef.org/esa/media/11556/file/UNICEF-Tanzania-Zanzibar-2022-Social-protection-Budget-Brief.pdf>. Accessed: 15/01/2024

⁴⁵³ UNICEF (2022). *Social protection budget brief*. Available online: <https://www.unicef.org/esa/media/11351/file/UNICEF-Zambia-Social-Protection-Budget-Brief-2022.pdf>. Accessed: 15/01/2024

⁴⁵⁴ UNICEF (2022). *Social protection budget brief*. Available online:

<https://www.unicef.org/esa/media/11856/file/Unicef-Zimbabwe-Social%20Protection-Budget-Brief-2022.pdf>. Accessed: 15/01/2024