
AfDB Sector Brief: Social Protection and Nutrition



Human Capital, Youth
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This technical brief provides guidance to African Development Bank (AfDB) team members and decision-makers in designing nutrition smart social protection projects by taking into account special considerations related to targeting, type of transfer and linkages to other services that can ultimately increase impact on nutrition outcomes. Globally, there is high variability in social protection project design based on contextual factors. This technical brief highlights key features and considerations that need to be considered on a case-by-case basis in order to design nutrition smart social protection projects that directly respond to the priority needs of target beneficiaries. It also complements the implementation of the AfDB Multi-Sectoral Nutrition Action Plan 2018-2025 and provides guidance on integrating nutrition smart actions into relevant pillars of Country Strategy Papers (CSPs) and Regional Integration Strategy Papers (RISPs) in order to catalyse nutrition smart investments to support a 40% stunting reduction in Africa by 2025.

This is one brief in a five-part series on the importance of multi-sectoral approaches to nutrition. To read the other briefs, contact nutrition@afdb.org.

Why is Social Protection Important for Nutrition?



The ultimate objective of AfDB's development assistance is to improve the quality of life for Africans. In developing and transition countries, 2.5 billion people are covered by safety net programmes of which 650 million people are from the poorest quintile. Yet, in low-income countries, only one in five of the poorest are covered by safety net programmes.¹ Generally targeted to the poor, safety nets often

contain design features that can empower women. They can serve as delivery platforms for nutrition interventions, contributing to scale, coverage and effectiveness.

Social safety nets are evolving. As programmes have grown in number and size, programme design features have also evolved. First, there has been a shift towards more use of cash in social safety nets. Second, social safety nets are playing an expanding role in country responses to climate change and human-made shocks. Third, an increasing number of programmes are focusing on fostering the productive capacity and resilience of beneficiary households. Investing in nutrition and early child development are integral components of a coherent social protection system aimed at increasing human capital and productivity and preventing the inter-generational transmission of poverty—both key determinants of inclusive, long-term economic growth.

Ethiopia's Productive Safety Net Programme (PSNP) is an example of a social safety net designed for the rural poor who are facing chronic food insecurity, enabling them to create assets and access enough food provisions. The programme provides multi-annual transfers such as food, cash or both to help people who are chronically food-insecure survive periods of food deficit and avoid depleting their reserves, while meeting basic food requirements. PSNP has four major goals: (i) to support the rural transformation process; (ii) to prevent long-term consequences of short-term food inaccessibility; (iii) to encourage households to engage in production and investment; and (iv) to promote market development by increasing household purchasing power. Vulnerable households receive six months of assistance annually to protect them from acute food insecurity.²

Social protection programmes can enhance nutrition investments by targeting the critical window of opportunity—the first 1,000 days of life from conception to the age of two. There is a strong evidence base linking social protection instruments with improved access to nutrition services and outcomes. These include social safety net mechanisms such as: public works, conditional cash transfers (CCT), unconditional cash transfers (UCT), in-kind transfers, food distribution, grants, school feeding or assistance from emergency response. However, an income or in-kind transfer alone may be insufficient to improve nutrition outcomes. Impact can and should be augmented by specific design features, which can play an essential role in amplifying impact of transfers and other types of social protection programmes.

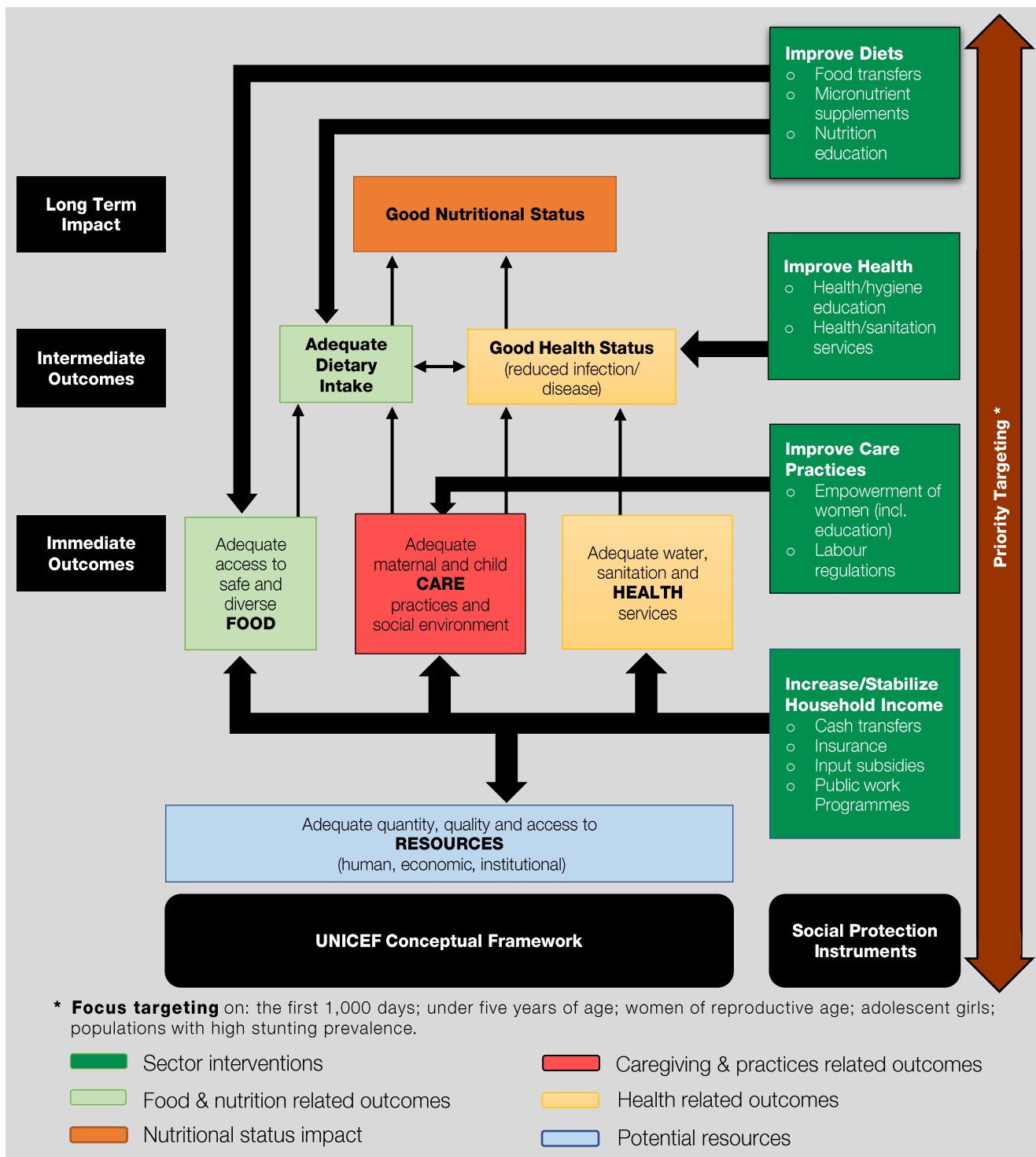
¹ World Bank 2018, The State of Social Safety Nets 2018

² Ethiopia. Productive Safety Net Programme (PSNP). Quick facts 2012. Rome: World Food Programme; 2012 (<https://www.wfp.org/sites/default/files/PSNP%20Factsheet.pdf>, accessed 22 January 2018).

Impact Pathways from Social Protection to Nutrition

A variety of social protection instruments can be made nutrition smart in order to achieve nutrition-related impact in addition to their primary objectives. The various impact pathways of these social protection instruments to nutrition are illustrated below in Figure 1.

Figure 1
Impact pathways from social protection to nutrition



* **Focus targeting** on: the first 1,000 days; under five years of age; women of reproductive age; adolescent girls; populations with high stunting prevalence.

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|---|--|
| ■ Sector interventions | ■ Caregiving & practices related outcomes |
| ■ Food & nutrition related outcomes | ■ Health related outcomes |
| ■ Nutritional status impact | ■ Potential resources |

Source: Created for AfDB Nutrition Smart Social Protection Projects (Nutrition International, 2019)
(Adapted from Technical Paper on Nutrition and Social Protection, FAO, 2015)

Priority Actions for Nutrition Smart Social Protection Programmes

1. **Target activities to the most nutritionally vulnerable populations**, particularly pregnant and lactating women, children under the age of five years and adolescent girls. Targeting vulnerable populations in humanitarian emergencies could be an opportunity for AfDB nutrition smart investments to address malnutrition.
2. **Incorporate explicit nutrition objectives and indicators** to enhance the positive impact of social protection interventions on nutrition (see case study below).
3. **Include nutrition education and promotion** (i.e. behaviour change communication) activities to increase household awareness of health and nutrition caregiving and health-seeking behaviours.
4. **Integrate nutrition services into social protection interventions**, e.g. growth monitoring and promotion, and/or activities for improved growth and diet quality.
5. **Empower women and make them the recipients of social protection benefits.** Special focus should be placed on increasing women's access to education, assets and resources, while at the same time considering women's work burden and time constraints.
6. **Promote strategies that enable households to diversify their diet and livelihoods**, including micronutrient supplements where appropriate. There is an opportunity to leverage social safety nets to provide fortified foods to targeted population groups. This could be done by replacing regular, non-fortified foods with fortified ones under food transfers and school meals or by promoting purchase of fortified foods using cash or food vouchers/coupons provided. Diversifying livelihoods enables households to improve both their diets and socio-economic status, while reducing their vulnerability to shocks.
7. **Strengthen linkages to health and sanitation services.** For example, by incorporating health objectives and making transfers conditional on attendance in health centres.

Scaling up and sustaining social protection interventions to ensure a long-lasting and positive impact on food security and nutrition requires embedding social protection programmes as part of a multi-sectoral approach and linking interventions with complementary interventions in agriculture, health and education. This requires effective institutional mechanisms for coordination within and across relevant sectors. Investments in individual and institutional capacities, together with the creation of a favourable political and policy environment, are also essential for scale, sustainability and impact.

Case Study of AfDB's Nutrition Smart Social Protection Project

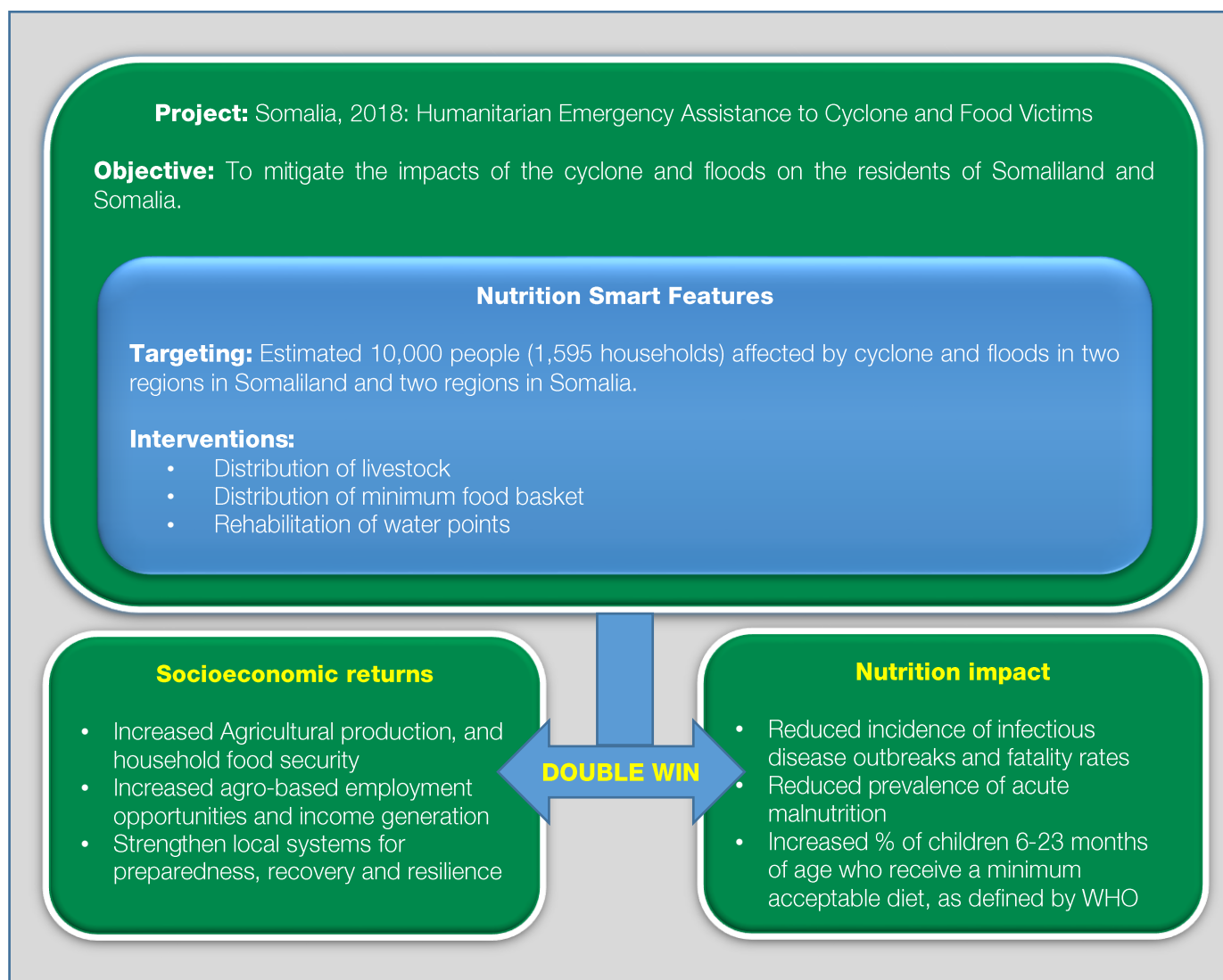


Somalia, 2018: Humanitarian Emergency Assistance to Cyclone and Food Victims

From March to May 2018, Somalia has been impacted by two natural disasters: a tropical cyclone Sagar in the north and devastating floods in the south, which have caused 62 deaths, caused extensive damage to crops and cultivable lands and key infrastructure (e.g. irrigation pumps) and exacerbated the food security crisis in areas where the population is at the brink of famine. These events also created the environment for Acute Watery Diarrhea/Cholera epidemic in Somalia as well as a major setback to efforts at its containment. As of June 2018, 61 people were confirmed dead, an estimated 1 million people in need of emergency food assistance and 230,000 people have been displaced from their homes.

These events exacerbated an already dire situation created by two decades of civil war, and four decades of droughts resulting in a severe humanitarian crisis. An estimated 5.4 million people (almost half of the total population) are in humanitarian crisis and 2.7 million are in an emergency state/food crisis. Recent floods have inundated crops and cultivable lands putting an estimated 1 million people in need of emergency food assistance. Lack of access to safe drinking water and destruction of key infrastructure has made it difficult for local authorities and development partners to contain the cholera outbreak. Since the outset of these natural disasters, there has been a marked increase in cholera.

This project combined the provision of emergency assistance for the cyclone and floods victims with addressing household food security elements with the view to speedily restore a degree of normalcy in both the social and economic life of the affected populations. Additionally, instituting corrective measures against future flood related disasters will promote preparedness and resilience. The project specifically targeted the cyclone and flood hotspots and involves the purchase and distribution of livestock (each family receiving a goat or sheep), and a minimum food basket containing the minimum 2100 Kilocalories/per/person/day of food items such as sorghum, vegetable oil, sugar, cowpeas) as well as the rehabilitation of 16 water sources.



Monitoring and Evaluation Indicators

Examples of Core Sector Indicators:

- % of population covered by at least one nutrition smart social protection mechanism
 - Minimum dietary diversity (%): Proportion of children 6-23 months of age who consume foods from four or more food groups
 - Minimum Dietary Diversity for Women (%): Proportion of women 15-49 years of age who consume at least five out of 10 defined food groups
- Gender Equality: Number (#) of women (including adolescent girls) beneficiaries

Examples of Custom Project Indicators:

- Conditional cash transfer programme coverage (%):
 - Proportion of population enrolled in the programme with respect to the coverage goal
 - Number of programme beneficiaries
- Conditional cash transfer programme – Improved nutrition of children under five years:
 - % of children 6-23 months of age who receive a minimum acceptable diet, as defined by World Health Organization (WHO)
- Conditional cash transfer programme – Increased use of health services (%):
 - Proportion of women aged 15-49 years with a live birth in a given time period who received antenatal care, four visits or more
 - Proportion of beneficiary children with complete and timely immunisations
- Conditional cash transfer programme – Improved educational attainment of poor households:
 - Primary (or secondary) school completion rates
- In-kind transfer programmes – Supplementary feeding programmes:
 - % of children 6-23 months of age who receive a minimum acceptable diet, as defined by World Health Organization (WHO)
- Coverage of fortified foods under social safety nets:
 - Proportion of households/target beneficiaries reached with fortified foods under social safety net programmes
- Public works programme coverage:
 - % of workers who were employed for a specified number of days with respect to the coverage goal
 - # of programme beneficiaries

More details on indicators can be found in **Social Protection & Labour Discussion Paper No. 1218: Building Results Frameworks for Safety Nets Projects, World Bank (October 2012)** available on the AfDB Nutrition Learning Resource Platform.

Collaborating Partners

Collaborating partners will be country and context specific but usually include:

- Ministries of Labour and Social Affairs, Women and Children Affairs, Planning, Education (for school feeding), Agriculture and Rural Development (for livelihoods support), and Health.
- Relevant United Nations agencies namely World Food Programme (WFP), United Nations Development Programme (UNDP), Food and Agricultural Organization of the United Nations (FAO), United Nations Children Fund (UNICEF).

Suggested Resources

1. Alderman, Harold H.; Elder, Leslie K.; Goyal, Aparajita; Herforth, Anna Whitson; Hoberg, Yurie Tanimichi; Marini, Alessandra; Ruel Bergeron, Julie; Saavedra Chanduvi, Jaime; Shekar, Meera; Tiwari, Sailesh; Zaman, Hassan. (2013). Improving nutrition through multi-sectoral approaches (English). Improving nutrition through multi-sectoral approaches. Washington DC: World Bank Group. Doi: <http://documents.worldbank.org/curated/en/625661468329649726/Improving-nutrition-through-multi-sectoral-approaches>.
2. Food and Agriculture Organization of the United Nations (FAO). (2015). Nutrition and Social Protection. Technical Paper on Nutrition and Social Protection (Rep.). doi:www.fao.org/3/a-i4819e.pdf
3. Freeland, N., & Cherrier, C. (2015). Guidance Note – Social Protection and Nutrition (Rep.). Australian Government, Department of Foreign Affairs and Trade. doi:<https://dfat.gov.au/about-us/publications/Documents/social-protection-and-nutrition-guidance-note.pdf>
4. Rubio, G. (2012). Social Protection and Labour Discussion Paper No. 1218: Building Results Frameworks for Safety Nets Projects (Rep.). doi:<http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Safety-Nets-DP/1218.pdf>

5. Spray, Andrea L., editor. 2016. "Leveraging Social Protection Programs for Improved Nutrition: Compendium of Case Studies Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, 2015." World Bank, Washington, DC. Doi: <http://documents.worldbank.org/curated/en/669641477560413865/pdf/109507-PUB-PUBLIC-PUBDATE-10-05-2016.pdf>
6. World Bank Group & Secure Nutrition. (2017). Key Steps for Nutrition Sensitive Social Protection (presentation). doi: <http://www.securenutrition.org/event/key-steps-nutrition-sensitive-social-protection>.

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