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Social Protection, Food Security and Nutrition in Six African Countries

Stephen Devereux and Jonas Nzabamwita

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Stephen Devereux and Jonas Nzabamwita

Summary

Evaluations of social protection interventions across Africa often register significant success in improving household food security indicators, but little or no improvement in individual nutritional outcomes. One reason is under-coverage of poor people; another is the low value of social transfers. This paper reviews experiences with social protection in six African countries – Ethiopia, Malawi, Mozambique, Tanzania, Uganda and Zambia. Social protection programmes are expanding and becoming institutionalised in all six countries. Bigger impacts can be achieved through ‘nutrition-sensitive’ social protection as well as nutrition-specific interventions. Most importantly, linkages must be strengthened between social protection and other social and economic sectors.

Keywords: food security; nutrition; poverty; social protection; sub-Saharan Africa; Ethiopia; Malawi; Mozambique; Tanzania; Uganda; Zambia.

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Acronyms

ADE	<i>Apoio Directo às Escolas</i> (Direct Support to Schools) (Mozambique)
AfDB	African Development Bank
ANSA	<i>Associação de Nutrição e Segurança Alimentar</i> (Nutrition and Food Security Association) (Mozambique)
BCC	behaviour change communication
BMI	body mass index
CCT	conditional cash transfer
CGP	Child Grant Programme (Zambia)
CIDA	Canadian International Development Agency
CRS	Catholic Relief Services
CSO	Central Statistical Office
DFID	Department for International Development
DHS	Demographic and Health Survey
DPG	Development Partner Group
ENSSB	<i>Estratégia Nacional de Protecção Social Básica</i> (National Basic Social Security Strategy) (Mozambique)
ESP	Expanding Social Protection (Uganda)
FAO	Food and Agriculture Organization of the United Nations
FDRE	Federal Democratic Republic of Ethiopia
FSP	Food Security Programme (Ethiopia)
GDP	gross domestic product
GHI	Global Hunger Index
GNI	gross national income
HABP	Household Asset Building Programme (Ethiopia)
HDI	Human Development Index
IFPRI	International Food Policy Research Institute
IFSP	Integrated Food Security Programme (Malawi)
ILO	International Labour Organization
INAS	<i>Instituto Nacional de Acção Social</i> (National Institute for Social Action) (Mozambique)
MGDS	Malawi Growth and Development Strategy
NDRMC	National Disaster Risk Management Commission (Ethiopia)
NFNC	National Food and Nutrition Commission (Zambia)
NGO	non-governmental organisation
NSSP	National Social Support Programme (Malawi)
NSPF	National Social Protection Framework (Tanzania)

NSPP	National Social Protection Policy (Ethiopia)
NUSAF	Northern Uganda Social Action Fund
PAMRDC	<i>Plano de Ação Multissetorial para a Redução da Desnutrição Crônica</i> (Multi-sectoral Plan of Action for the Reduction of Chronic Malnutrition) (Mozambique)
PASD	<i>Programa de Ação Social Directa</i> (Direct Social Action Programme) (Mozambique)
PASP	<i>Programa da Ação Social Produtiva</i> (Productive Social Action Programme) (Mozambique)
PDS	Permanent Direct Support (PSNP Ethiopia)
PFMA	Public Finance Management Act (Uganda)
PRONAE	<i>Projecto de Alimentação Escolar</i> (National School Feeding Programme) (Mozambique)
PSNP	Productive Safety Net Programme (Ethiopia)
PSSB	<i>Programa Subsídio Social Básico</i> (Basic Social Subsidy Programme) (Mozambique)
PSSN	Productive Social Safety Net (Tanzania)
SAGE	Social Assistance Grants for Empowerment (Uganda)
SCTPP	Social Cash Transfer Pilot Programme (Ethiopia)
SUNFUND	Scaling Up Nutrition Fund
TASAF	Tanzania Social Action Fund
TDS	Temporary Direct Support (PSNP Ethiopia)
TSF	Targeted Supplementary Feeding (Ethiopia)
UBOS	Uganda Bureau of Statistics
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VSLA	village savings and loans association
WFP	World Food Programme
WHO	World Health Organization

1 Introduction

This paper explores the food security and nutrition situation, as well as social protection initiatives, in six African countries – Ethiopia, Malawi, Mozambique, Tanzania, Uganda and Zambia – with the aim of assessing the impact of social protection and related interventions on food security and nutritional outcomes in each country. This analysis is based on secondary sources (statistical databases, research reports and policy documents) and on interviews conducted with development agency officials. The paper concludes with recommendations on how social protection programmes can be strengthened or complemented, to reduce food insecurity and improve nutritional outcomes in Africa.

1.1 Social protection, food security and nutrition

Social protection is defined in Ethiopia’s National Social Protection Policy as ‘a set of formal and informal interventions that aim to reduce social and economic risks, vulnerabilities and deprivations for all’ (Federal Democratic Republic of Ethiopia (FDRE) 2012). This definition is broadly shared by all six countries covered in this paper (see Box 1.1). Although social protection is increasingly understood as a government responsibility, it is interesting that Ethiopia includes both ‘formal and informal’ interventions, Malawi and Uganda refer to both ‘public and private’ initiatives, and Tanzania mentions ‘traditional family and community support structures’ as well as interventions by ‘state and non-state actors’.

In this paper we focus mainly on government-run social protection programmes in African countries, many of which are supported financially and technically by development partners, while some are implemented by international or local non-governmental organisations (NGOs).

Box 1.1 Definitions of social protection in six African countries

Ethiopia	‘a set of formal and informal interventions that aim to reduce social and economic risks, vulnerabilities and deprivations for all people and facilitates equitable growth’ (<i>Federal Democratic Republic of Ethiopia 2012, National Social Protection Policy</i>)
Malawi	‘all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised, with the overall objective of reducing ultra-poverty as well as the economic and social vulnerability of poor, vulnerable and marginalised groups’ (<i>Republic of Malawi 2008, National Social Protection Policy</i>)
Mozambique	‘social assistance programmes such as cash transfers, in-kind transfers, fee waivers to support access to basic and social services’ (<i>Republic of Mozambique 2016, National Basic Social Security Strategy 2016–2024</i>)
Tanzania	‘traditional family and community support structures, and the interventions by state and non-state actors that support individuals, households and communities to prevent, manage and overcome the risks threatening their present and future security and wellbeing’ (<i>United Republic of Tanzania 2008, Social Protection Framework</i>)
Uganda	‘public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives’ (<i>Republic of Uganda 2015, National Social Protection Policy</i>)
Zambia	‘policies and practices that protect and promote the livelihoods and welfare of people suffering from critical levels of poverty and deprivation and/or are vulnerable to risks and shocks’ (<i>Republic of Zambia 2014, National Social Protection Policy</i>)

The World Food Summit in 1996 proposed a definition of **food security** that remains in widespread use today: ‘a situation that exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary need and food preferences for an active and healthy life’ (Food and Agriculture Organization of the United Nations (FAO) 1996). Food security has four pillars: *availability* (food supply); *access*

(economic and physical); *stability* (over time); and *utilisation* (physical conversion of food into nutrients). Food security can be measured at the global, national, regional or household level. A country might be self-sufficient in food production (national food security) but certain population groups could be hungry because they are poor and lack the purchasing power to buy the food they need (household food insecurity).

Even at household level, food security does not automatically result in **nutrition security** measured at the individual level. Malnutrition is usually interpreted as inadequate food intake leading to nutritional deficits that are measured anthropometrically (wasting, stunting and underweight in children, low body mass index (BMI) in adults). However, malnutrition also includes micronutrient deficiencies (e.g. iron or iodine) and overweight or obesity, which reflects unhealthy diets rather than insufficient macronutrients intake.

Moreover, nutrition security requires more than just adequate food intake. Since the early 1990s, the United Nations Children's Fund (UNICEF)'s conceptual framework for the causes of child malnutrition had identified two 'immediate causes' of malnutrition (inadequate dietary intake, and disease) and three 'underlying causes' (inadequate access to food, inadequate care for children and women, and insufficient health services and unhealthy environment) (UNICEF 1990). One implication is that social protection interventions with explicit nutritional objectives should address not only access to food but also deficits in childcare practices, health services and environmental health (i.e. water and sanitation).

One focus of many social protection interventions – especially in food-insecure and historically famine-prone countries like Ethiopia – is to ensure that adequate food reaches food-insecure households. This explains why the earliest social protection or safety net interventions were food based: food aid, food-for-work, school feeding and supplementary feeding. More recently, food transfers have been widely replaced in social protection programmes by cash transfers, which allow recipients to purchase the food they need and prefer. But not all cash transfers are spent on food, which is why evaluations of cash transfer programmes often find robust evidence of improvements in food security indicators, but only limited evidence of improvements in nutrition status among household members.

This evidence has led to an ongoing debate within the social protection sector. Even at the national level, indicators often suggest that poverty is falling and food security is improving, but child stunting remains very high – at 35 per cent or even over 40 per cent in many countries. Since nutrition status is a fundamental and measurable indicator of human wellbeing, this raises concerns that social protection is not having the positive impact on wellbeing that it should have.

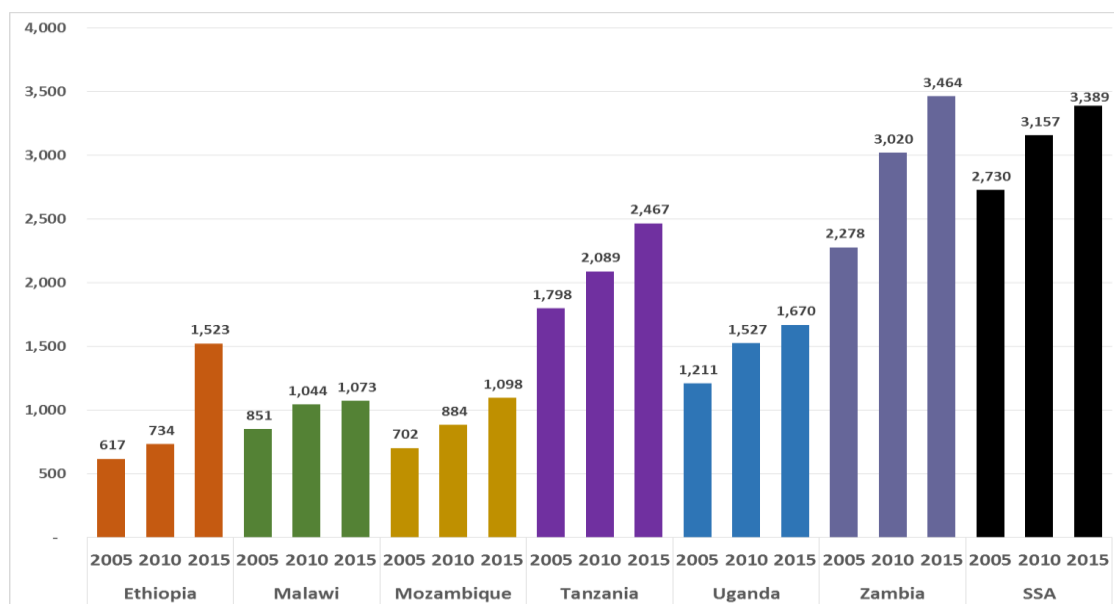
'Nutrition-sensitive social protection' aims to rectify this by introducing instruments that impact directly on nutrition, such as micronutrient fortification, food-denominated vouchers, or behaviour change communication (BCC) initiatives to promote dietary diversity and exclusive breastfeeding of infants. Governments and development partners are experimenting with different interventions, including linkages to other services and sectors (e.g. supporting agriculture and kitchen gardens to produce nutritious crops such as orange-flesh sweet potato), as efforts to achieve more significant nutritional impacts through social protection systems are intensified.

Nutrition-sensitive social protection also makes linkages to childcare practices (e.g. promotion of exclusive breastfeeding, eradication of child labour), health services (including antenatal and postnatal care, and immunisation) and sanitation (clean water, BCC on hand-washing, use of latrines and eradication of open defecation). Only a holistic approach combining nutrition-specific and nutrition-sensitive interventions will achieve significant and sustainable reductions in malnutrition indicators such as child wasting, stunting and underweight.

1.2 Poverty and food insecurity in six African countries

Malawi and Mozambique are the poorest countries of the six covered in this study, with gross national income (GNI) per capita just over US\$1,000 in 2015 – less than one-third of the average for sub-Saharan Africa. Ethiopia and Uganda both have a GNI per capita slightly above US\$1,500 – about half the average for the region. Tanzania's GNI per capita is over US\$2,000 and Zambia's is over US\$3,000. Incomes have been rising in all six countries, but at a much faster rate in Ethiopia (where it has doubled in ten years) than in Malawi. Only Zambia has a per capita GNI higher than the average for sub-Saharan Africa (Figure 1.1).

Figure 1.1 Income per capita in six African countries



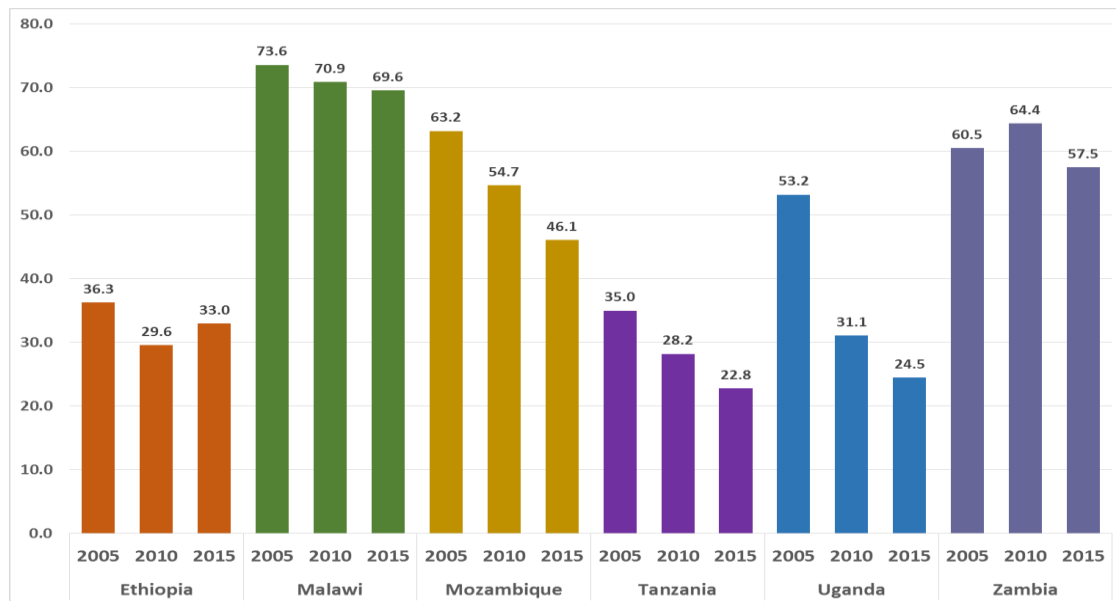
Note: GNI per capita (2011 purchasing power parity (PPP) \$).

Source: Authors' own, based on data from World Bank International Comparison Program database,

<https://data.worldbank.org/indicator/NY.GNP.MKTP.PP.KD?locations=ET-MW-MZ-TZ-UG-ZM> (accessed 19 September 2018).

As incomes have risen, so poverty rates have fallen. The biggest reductions have been achieved in Uganda, where poverty has halved since 2005, but Ethiopia has seen only a small improvement despite its rapid growth in income. Despite having the highest GNI per capita, poverty in Zambia is second only to Malawi (among these six countries) and has fallen only marginally in recent years (Figure 1.2).

Figure 1.2 Poverty rate in six African countries

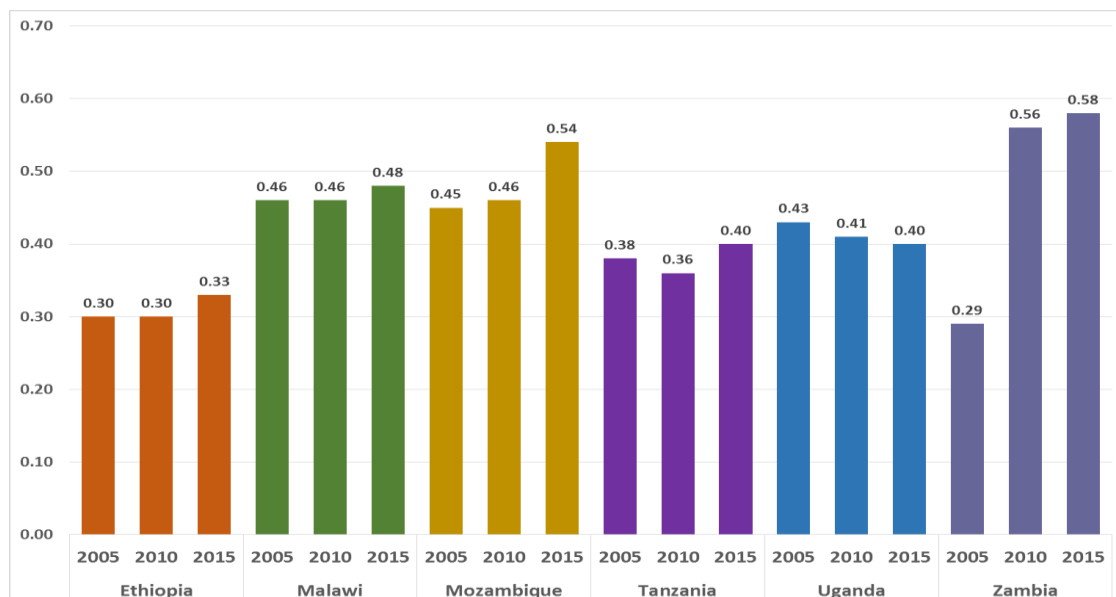


Note: Poverty headcount ratio at US\$1.90 a day (2011 PPP) (% of population)

Source: Authors' own, based on data from World Bank, <https://data.worldbank.org/topic/poverty?locations=MW-ET-MZ-TZ-ZM-UG> (accessed 19 September 2018).

One factor explaining Zambia's relatively high income coexisting with high rates of poverty is the fact that it has the highest inequality (measured by the Gini index) in this group of countries. Rising incomes have not been distributed evenly in Zambia; instead, inequality has doubled in just ten years. Income inequality is also rising sharply in Mozambique. Even Malawi, the poorest of the six countries, has high inequality, with a Gini close to 0.5 in 2015 (Figure 1.3).

Figure 1.3 Gini index in six African countries



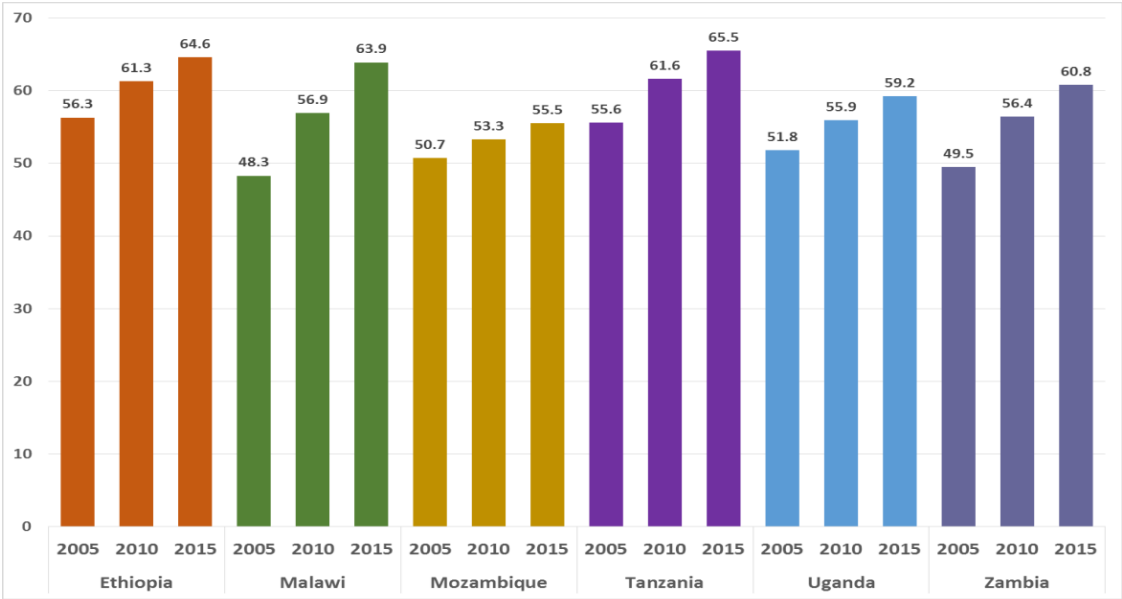
Source: Authors' own, based on data from World Bank Development Research Group,

<https://data.worldbank.org/indicator/SI.POV.GINI?locations=MW-ET-MZ-TZ-ZM-UG> (accessed 19 September 2018).

All six countries are seeing rising life expectancy in the first two decades of this millennium, which is an encouraging indicator of improving wellbeing. In Malawi and Zambia, life expectancy was below 50 years in 2005, but in both countries this had risen to above

60 years by 2015. Interestingly, Ethiopia and Tanzania, with the lowest levels of income inequality, have the highest life expectancy (65 years).

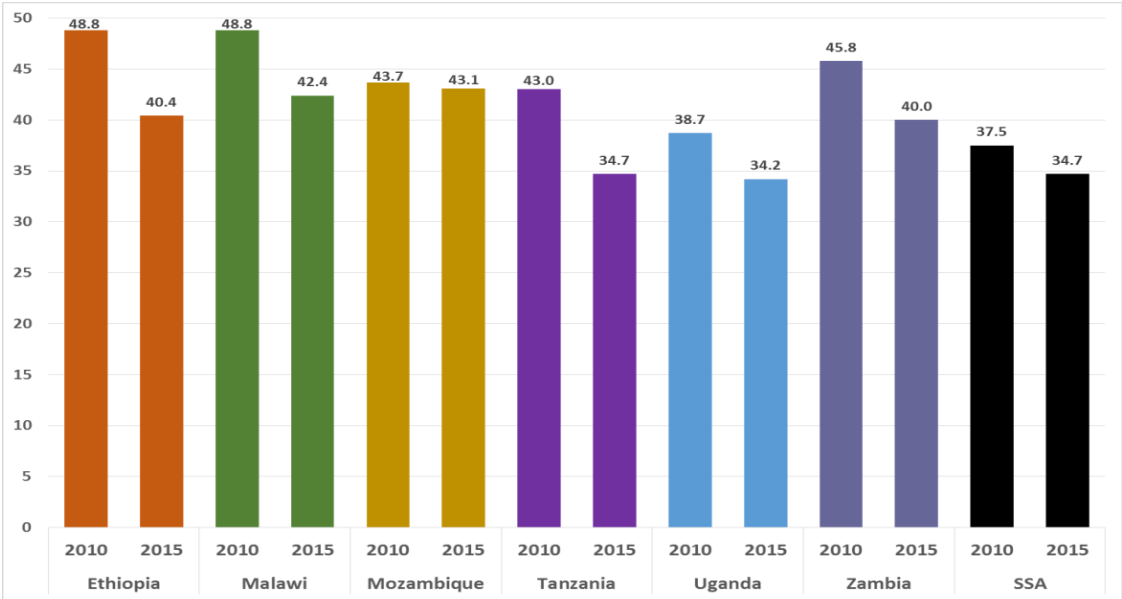
Figure 1.4 Life expectancy in six African countries



Note: Life expectancy at birth (years)
 Source: Authors' own, based on data from United Nations Development Programme <http://hdr.undp.org/en/data> (accessed 19 September 2018).

A robust indicator of food security, nutrition status and child wellbeing is the under-five stunting rate. This indicator is improving at quite a fast rate in most of the six countries, with an average drop of 5 per cent between 2010 and 2015, but more slowly (if at all) in Mozambique (Figure 1.5). Nonetheless, only in Tanzania and Uganda is the prevalence of stunting comparable to the average for sub-Saharan Africa, at 34–35 per cent. In the other four countries, at least two in five children have stunted growth.

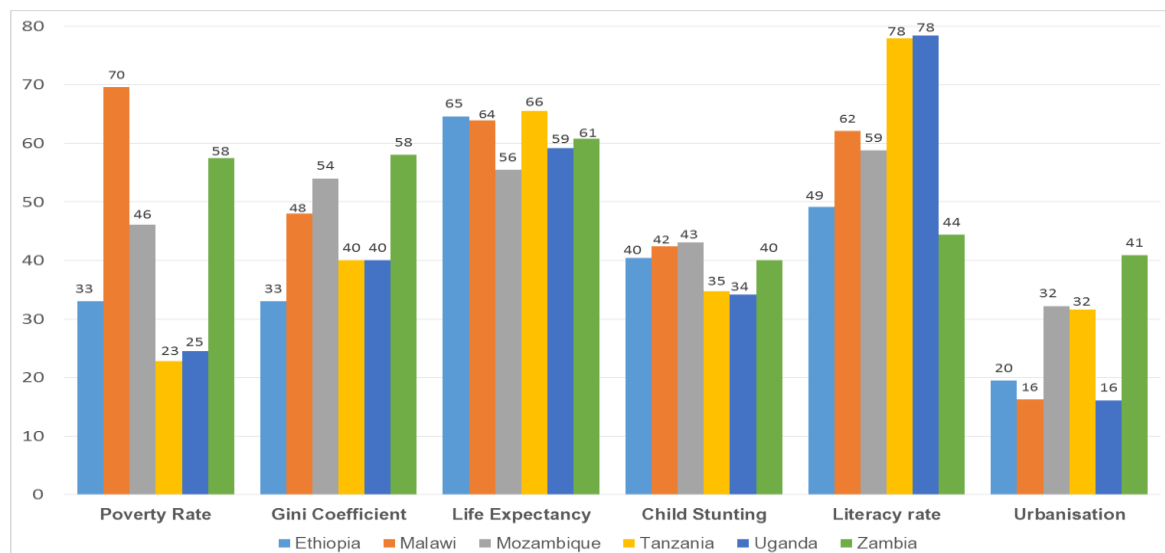
Figure 1.5 Child stunting in six African countries



Note: Stunting (moderate or severe (% under age 5))
 Source: Authors' own, based on data from United Nations Development Programme <http://hdr.undp.org/en/data> (accessed 19 September 2018).

Figure 1.6 clusters the country-level data by indicator for ease of comparison, using 2015 as the most recent year for which statistics are available. Some striking differences are apparent: for example, poverty is three times higher in Malawi than in Tanzania and Uganda. Inequality is almost twice as high in Zambia than in Ethiopia – and so is urbanisation.

Figure 1.6 Key indicators in six African countries, 2015



Source: Authors' own, based on data from World Bank, <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=MW-ET-MZ-TZ-ZM-UG> (accessed 19 September 2018).

1.3 Methodology

This paper is based on reviews of relevant literature from the six countries of interest (Ethiopia, Malawi, Mozambique, Tanzania, Uganda and Zambia) as well as interviews with policy advisors from Irish Aid in each country. The semi-structured interviews were guided by the questions listed in Box 1.2.

Box 1.2 Guiding questions for discussions with donor agency staff in six African countries

1. What is the situation in your country with regard to poverty, food security and nutrition? What are the trends? Are things improving or getting worse, and why?
2. What are the main social protection policies, programmes and projects being implemented by the government, donor agencies and NGOs?
3. Are any policy processes in the areas of social protection, food security or nutrition currently underway or being revised?
4. How effectively are these initiatives and programmes addressing food insecurity? Are they nutrition-sensitive?
5. Is there any empirical evidence (e.g. from impact evaluations or monitoring reports) of social protection initiatives on food insecurity and malnutrition in your country?
6. What do you think should be done to improve the food security and nutrition situation in your country?
7. How can social protection initiatives make a bigger impact on food security and nutrition?
8. What is Irish Aid's role in tackling hunger, food insecurity and malnutrition in your country? Is there anything Irish Aid should be doing differently to make a bigger impact in these areas?
9. Are there any relevant documents (policies, research reports, etc.) that you can share with us?
10. Who else should we speak to about social protection, food security and nutrition in your country?

The next six sections of this paper explore these issues in each of the six countries.

2 Ethiopia

2.1 Poverty, food security and nutrition situation and trends in Ethiopia

Ethiopia has experienced recurrent droughts that have contributed to national and household food insecurity and catastrophic famines, mainly affecting farmers and pastoralists (Zewdu 2015). While the threat of mass mortality famines has receded since the 1980s, millions of rural Ethiopians remain chronically food insecure and millions more become transitorily food insecure and dependent on humanitarian relief in years of low or erratic rainfall. Urban food insecurity in Ethiopia is also rising due to population growth, low household incomes and rising unemployment, coupled with high costs of transporting food into urban centres and wastage due to inadequate market infrastructure such as storage facilities for perishable food items (Tefera, Abebe and Getanah 2010).

Food insecurity limits the quantity and quality of dietary intake of households in Ethiopia. Chronic malnutrition affects 47 per cent of Ethiopian children (Central Statistical Agency of Ethiopia 2017). A recent study of children's nutritional status in western Ethiopia revealed high prevalence of stunting, underweight and wasting among under-fives, which was exacerbated by inadequate breastfeeding of infants (Mulu and Mengistie 2017). Malnutrition is the major cause of child mortality in Ethiopia (World Bank 2015a), contributing to 57 per cent of under-five deaths in the early 2000s, with boys having higher mortality rates than girls (Mekonnen, Jones and Tefera 2005). Between 2001 and 2011, Ethiopia ranked third highest in Africa for under-five mortality (WHO 2015).

The social protection and humanitarian caseloads in Ethiopia are enormous. In 2018, 8 million people were registered in the Productive Safety Net Programme (PSNP) and 7.8 million required humanitarian relief, meaning that more than 15 million people are in need of long-term or immediate social assistance.

On the other hand, Ethiopia is seeing strong economic growth. This suggests that relatively rapid increases in average per capita incomes are not translating into equivalent reductions in food insecurity and vulnerability.

2.2 Social protection policies, programmes and processes in Ethiopia

Historically, the response to both recurrent food crises and chronic food insecurity in Ethiopia was dominated by emergency food aid. In the early 2000s the Ethiopian government declared its intention to break its dependence on annual humanitarian appeals for food aid. Since 2005, Ethiopia's Food Security Programme (FSP) has implemented one of the largest social protection programmes in Africa, the PSNP, which has two main components: public works (temporary employment on community infrastructure projects) for adults with labour capacity; and direct support (regular cash or food transfers) for adults with limited labour capacity. Complementing these components is the Household Asset Building Programme (HABP). The overall objective of the FSP is to graduate rural households out of food insecurity into self-reliant livelihoods. However, it is increasingly recognised that social assistance needs are permanent for some vulnerable individuals, and that a safety net will always be needed in chronically food-insecure and drought-prone communities (Devereux and Ulrichs 2015).

The National Social Protection Policy (NSPP) of Ethiopia was finalised in 2012. It notes that Ethiopia's Constitution requires the state 'to provide all Ethiopians access to public health and education, clean water, housing, food and social security'. The NSPP adopts the transformative approach to social protection, committing to progressive realisation of social rights. The first objective of the NSPP is to 'expand predictable social transfers (conditional and non-conditional) and protect vulnerable groups from falling into extreme poverty, food

insecurity and malnutrition' (FDRE 2012: 18). The policy also commits to establishing a federal social protection steering committee to oversee and coordinate activities and stakeholders involved in the sector.

Many social protection programmes are implemented by the government in conjunction with donor organisations, including provision of basic social services, a national nutrition programme, support to vulnerable children, disaster risk management, support to persons with disabilities, support to older persons, social insurance schemes, urban housing subsidies, grain subsidies, and community-based social support (FDRE 2012). There has recently been a move to introduce community-based health insurance.

Several small-scale nutrition programmes have been implemented in Ethiopia, such as the Targeted Supplementary Feeding (TSF) programme, which aimed to reduce morbidity and mortality among children and lactating mothers screened for acute malnutrition through the distribution of free food.

In 2012, the regional government of Tigray, with support from UNICEF, introduced the Social Cash Transfer Pilot Programme (SCTPP) in two *woredas* (districts), to reduce poverty and hunger in labour-constrained households and increase access to basic social services such as health care and education (Berhane *et al.* 2015).

Two emerging related agendas in terms of social protection reforms in Ethiopia are: (1) resilience; and (2) linking humanitarian and development interventions. First, as a response to the drought over the past year, a high-level forum was convened, where the government asked the World Bank and the UK Department for International Development (DFID) to assist in developing a resilience strategy for Ethiopia. Second, following up on commitments made at the World Humanitarian Summit, development partners are working with the government around scalable safety nets. Ethiopia is somewhat of a model for this new wave of work around scalable social protection. In 2017, a scalable social protection safety net was implemented, and this year there have been a number of conversations around the implications of the findings for resilience.

In 2017, the Ethiopian government committed itself to reform its rural safety net operations, by consolidating delivery systems and institutional arrangements for social protection programmes and humanitarian relief into a single framework. The aim was to support the provision of predictable transfers to PSNP clients and allow support to be scaled up during shocks, either horizontally (extending support to additional clients) and/or vertically (providing additional support to existing PSNP clients). Also in 2017, the government approved a National Integrated Cash–Food Plan, which considers resources channelled through the PSNP contingency funds to be an integral part of the humanitarian response.

Another evolving agenda is urban social protection, specifically the development of an urban safety net (World Bank 2016). The government and development partners have now designed an urban PSNP.

At the policy level, Ethiopia now has a Social Protection Policy and a National Action Paper and regional action plans. There have also been changes in institutional arrangements and design of the PSNP. A significant shift is the separation of management responsibility for the PSNP between two ministries: the Ministry of Agriculture will continue to implement the public works component, but direct support is being transferred to the Ministry of Labour and Social Affairs. There are tensions between the two ministries around this transition. There is also tension between the Ministry of Agriculture, the National Disaster Risk Management Commission and the heads of the regional bureaus. A number of strategic and operational issues were agreed at a one-day learning workshop in March 2018 that brought these ministries together, which will hopefully enhance the planning, implementation and

accountability of the both the PSNP as well as food and cash deliveries to beneficiaries in 2018.

Evaluations of earlier rounds of the PSNP found very little impact on children's nutritional status. So PSNP4 (2015–2020) incorporated many innovative design features to make it nutrition-sensitive and to improve its nutrition impacts. In the current phase of the PSNP, direct support has been divided into permanent direct support (PDS) for chronically vulnerable individuals (such as persons with disability) and temporary direct support (TDS) for pregnant and lactating women and carers with malnourished children.

Development partners are also supporting system-strengthening for social protection in Ethiopia. One proposal is to introduce a single registry – a unified beneficiary list across social protection and humanitarian relief that will allow beneficiaries to access different services as and when needed. Building such a system requires understanding beneficiaries' needs, which might change over time. The same household might be in need of humanitarian relief one year and social protection the next year.

Development partners are committed to improving the nutritional impacts of social protection in Ethiopia. However, operational challenges are limiting the effectiveness of the PSNP. The basic core components of social protection must be right before too much is added to it. In particular, in recent years, the delivery of cash transfers to beneficiaries has not been timely and predictable, which compromises the potential impact of the programme on nutritional outcomes. A crucial lesson is that it is essential to get the basics right before redesigning the programme and adding complexity that might be even more challenging to deliver. For scalable safety nets, timely disbursement of transfers to beneficiaries is even more crucial.

There is good progress in implementing the BCC component. With support from Irish Aid and UNICEF, a training manual was designed and BCC sessions will be rolled out in 60 per cent of PSNP programme areas. Households are expected to use this knowledge to diversify their diets and improve the feeding of their children. But beneficiaries complain that they are eating enough food, and that it is very hard for them to diversify their diets because of the limited value of PSNP cash transfers. There is anecdotal evidence that households are reverting to adverse coping strategies despite being PSNP beneficiaries. For social protection to contribute more to food security and nutrition, cash transfers must be regularly revised to meet the market cost of an adequate and nutritious basket of food.

PSNP4 is seen as a comprehensive and well-designed document. However, there was no financing to fund the programme, so it faces a serious budget shortfall. This raises the question of how social protection in Ethiopia will be funded in the medium- to long-term. External funding from development partners for core components of the PSNP is likely to be increasingly constrained, given the direction the aid agenda is taking. The Ethiopian government is starting to realise the importance of social protection, but the fact that programmes are still primarily funded by international development partners is not sustainable. It is therefore very important to ensure a greater degree of government ownership and financing, and to invest in strengthening government capacity to run the programmes.

This year's humanitarian appeal has three pillars: prevention, response and resilience. The appeal document is called *Humanitarian Disaster and Resilience Response* and the core appeal is for humanitarian relief, under the second pillar. The prevention and resilience pillars are essentially included to bring together and invest in building more coherence between humanitarian and development interventions.

Initially there were challenges with getting the government aboard, including unresolved issues around the mandates of the Ministry of Agriculture and the National Disaster Risk

Management Commission (NDRMC). But in a global environment where mobilising resources is increasingly challenging, there is recognition of the need to work in a more effective, efficient and accountable manner. Development partners should continue to engage the Ethiopian government on funding and improving effectiveness and accountability.

2.3 Impacts of social protection on food insecurity and malnutrition in Ethiopia

An impact evaluation of the UNICEF-supported SCTPP in Tigray found that it reduced the food gap in beneficiary households by 0.5 months, and that diet quantity and dietary diversity also improved. However, there was no discernible impact on anthropometric indicators such as stunting and wasting, probably because the value of the cash transfers was too low (Pearson *et al.* 2016).

The PSNP has been repeatedly and rigorously evaluated. According to Berhane *et al.* (2015), it improved food security in all regions of Ethiopia, reducing the annual ‘hunger gap’ by 0.75 months in Tigray, 1.84 months in Amhara and 0.88 months in Oromiya. Welteji, Mohammed and Hussein (2017) found that PSNP participants improved their household food security in four dimensions (food sufficiency, access, security and time), and also increased their meals per day and the size of portions consumed.

On the other hand, Berhane *et al.* (2015) found no evidence that the PSNP reduced chronic or acute undernutrition, as dietary quality remained poor – with no improvement in children’s consumption of pulses, oils, fruits, vegetables, dairy or animal proteins. By contrast, Debela, Shively and Holden (2014) found that the PSNP did provide positive short-term nutritional benefits for children, measured by changes in weight-for-height, especially in households that were able to leverage underemployed female labour.

Béné, Devereux and Sabates-Wheeler (2012) found that the PSNP promotes consumption smoothing and asset accumulation, and protects participants against ‘distress sales’ of productive assets following shocks. This success was achieved mainly in highland crop-farming communities. Sabates-Wheeler, Lind and Hoddinott (2013) cautioned that the PSNP would be difficult to transplant into the lowland regions of Afar and Somali, and would need to be substantially redesigned for these predominantly pastoralist communities.

By the end of the third cycle of the PSNP, development partners and the government were questioning how much progress it was making in combating food insecurity and (especially) malnutrition, and how its impact could be maximised. The redesigned PSNP4 focuses on enhancing food security and nutrition outcomes. An impact evaluation underway in 2018 will reveal how successful PSNP4 has been, and will inform the design of PSNP5.

The World Bank and DFID are leading discussions around reforming social protection in Ethiopia. Development partners are asking: are flagship programmes like the PSNP appropriate investments? Or should they be doing things differently? UNICEF is planning to do a public expenditure review of the entire social protection sector, but that analysis will only become available in 2019.

3 Malawi

3.1 Poverty, food security and nutrition situation and trends in Malawi

Malawi is frequently hit by natural disasters such as dry spells or flooding during the farming season, as well as crop and livestock diseases, and economic shocks such as high input prices, food price spikes and unstable markets (FAO 2012). These result in loss of lives, assets and support systems, and food insecurity (Charman 2012), exacerbated by the fact

that 80 per cent of the population is rural, with an economy that is highly dependent on smallholder agriculture (Aberman, Meerman and Benson 2015). Malawi is very poor, with a GNI per capita of US\$760 – less than 40 per cent of the sub-Saharan Africa average of US\$1,973 (Baird *et al.* 2015). This means that half the population is unable to meet their daily recommended food requirements (Charman 2012).

Several key indicators of wellbeing in Malawi are going in the wrong direction. Income poverty is very high and falling slowly at national level. In several districts the situation is deteriorating and poverty rates are stagnant or even rising. Half of all Malawians are living below the poverty line and about 10 per cent are ultra-poor and labour-constrained. In terms of food security, Malawi had a very bad agricultural season in 2017 because of a drought and 6.7 million people required food assistance. So food security interventions are dominated by the humanitarian response, and the impact of climate change and natural disasters means that this might continue for several years. Some indicators are starting to improve, but the prevalence of stunting and HIV/AIDS remain too high, while agricultural productivity and economic growth remain too low. Malnutrition indicators have improved, but not enough, and trends in underlying drivers suggest it could increase again.

3.2 Social protection policies, programmes and processes in Malawi

Malawi's National Social Protection Policy (NSPP) was drafted in 2008, with the aim of reducing poverty and vulnerability. The NSPP's Vision is 'enhanced quality of life for those suffering from poverty and hunger and improved resilience of those who are vulnerable to risks and shocks' (Republic of Malawi 2008: 20). The NSPP set out several themes, including 'provision of welfare support', 'protection of assets' and 'promotion through productivity enhancement'. Although it has not been updated, the National Social Support Policy of 2012 and the first National Social Support Programme (NSSP I) identified the same priority areas. More recently, the 3rd Malawi Growth and Development Strategy (MGDS III) refers to social protection several times, including as a mechanism for 'improved nutrition and food security... for the most vulnerable food insecure households' (Republic of Malawi 2017: 116). Earlier, Malawi also had a Food Security and Nutrition Policy (1990) and a follow-up National Nutrition Policy (2007–2012).

At the policy level, social protection is gaining fresh momentum in Malawi. The second National Social Support Programme (NSSP II) was launched in March 2018. It runs from 2018 to 2023, with three pillars and five components. Pillar 1 is 'consumption support', which includes cash and in-kind transfers to poor and vulnerable households throughout their lifecycle. Pillar 2 is 'resilient livelihoods', which includes graduation packages and linkages to services. Pillar 3 is 'shock-sensitive social protection', which will respond to seasonality and livelihood shocks. The five programme components are: social assistance, public works, microfinance, school feeding, and village savings and loans associations (VSLAs). There is also a cross-cutting focus on system strengthening (Republic of Malawi 2018).

The Malawian government, in partnership with donor agencies and international NGOs, has responded to chronic poverty and food insecurity by implementing various interventions, including food aid, targeted nutrition programmes, supplementary feeding, school feeding, food- or cash-for-work, conditional or unconditional cash transfers, and targeted input subsidies (Charman 2012).

The Integrated Food Security Programme (IFSP) was a complex multi-sectoral activity to increase food security nutrition in Mulanje, one of Malawi's most vulnerable and worst-performing districts. The intervention encompassed 185 villages (roughly 40,000 households) that suffered chronic food deficits over the previous ten years. The IFSP was supported and implemented by the European Union (EU) on behalf of the Federal Ministry for Economic Cooperation and Development (Webb 2010).

In the mid-2000s Malawi hosted several pilot projects that tested: (1) cash transfers *versus* food transfers *versus* food vouchers; (2) the use of cash transfers instead of food aid during food crises; and (more recently) (3) conditional *versus* unconditional cash transfers. These included the Food and Cash Transfers project in Mchinji district, the Dowa Emergency Cash Transfers project in Dowa district (Devereux 2008), and the Zomba Cash Transfer Programme, which targeted adolescent girls with cash transfers, both unconditional and conditional on schooling (Baird *et al.* 2015: 21).

The Mchinji social cash transfers and Dowa emergency cash transfers were used as pilot projects to generate lessons to inform the scale-up and rollout of new social protection programmes. Nonetheless, in Malawi, the sharp divide between the use of cash and food transfers remains. Cash transfers are used in social protection programmes, allowing beneficiaries to buy what they need according to their own priorities. Food transfers are delivered mainly as humanitarian assistance (apart from school feeding), but even in relief interventions there is a movement towards cash transfers, building on the lessons learned from the earlier pilot projects.

The social cash transfer programme is currently operational in 18 districts, but it is being scaled up across all 28 districts (rollout in the new districts commenced in March 2018). This is a government-owned programme, but different donors and partners are funding it in different districts. The German government, through KfW, is supporting 7 districts, the EU supports 7 districts, Irish Aid supports 2 districts, the World Bank supports 10 districts and the government supports 1 district. There is good coordination among the development partners and with the Malawian government. On the policy level, the government leads through the Ministry of Gender, Children, Disability and Social Welfare and the Ministry of Finance, Economic Planning and Development. On the technical level, there are a number of coordination mechanisms such as the donor group on social protection. The main concern is the financial sustainability of the programme, given that the government is only supporting social cash transfers in 1 out of the 28 districts.

Public works programmes in Malawi are financed by the World Bank through the Local Development Fund, but this support is ending in 2018 and the World Bank is in the process of defining the next phase. Public works programmes have been criticised in many countries for being expensive and ineffective, and the World Bank has agreed that public works in Malawi should be properly reviewed.

There was an Enhancing Community Resilience programme that was phased out late in 2017. A new programme is now being designed, in which social protection is one key component.

Most existing programmes are nutrition-sensitive to some extent. All components of the NSSP II are expected to have a strong focus on nutrition, and discussions at the technical level in cluster meetings for nutrition always have the social protection agenda at the forefront. The social cash transfers allow beneficiaries to purchase nutritious food, and they are given messages around nutrition priorities when they collect their payments. School feeding is intrinsically nutrition-sensitive. The public works programme pays participants in cash so that they can access more food from the market. The contribution of microfinance to food security and nutrition is not clear, but the VSLAs are having a positive impact because participants are able to save and buy nutritious food for their family when needed.

3.3 Impacts of social protection on food insecurity and malnutrition in Malawi

An assessment of the IFSP in Mulanje district found positive impacts on several aspects of food security. It led to increases in crop yield, crop diversity and agricultural assets, as well

as improvements in dietary quality and diversity. Children's nutrition status (stunting and wasting) also improved (Webb 2010).

Several pilot projects in Malawi have confirmed that cash transfers are an effective intervention for household food security. A comparative analysis of cash and food transfers found that cash transfers function as a short-term safety net to help vulnerable households fulfil their food requirements (Audsley, Halme and Balzer 2010). The cash transfer pilot projects in Mchinji and Dowa districts were found to have significant local economic multiplier effects (Davies and Davey 2008).

An evaluation of the cash transfer scheme in Mchinji district found that households receiving the transfers increased their spending on food by 87 per cent and their consumption of meat, fish, dairy and pulses. Dietary diversity and meals per day also increased. These improvements in household food security translated into improvements in children's nutritional status. After one year of receiving cash transfers, children under-five were less likely to be stunted (from 55 per cent down to 46 per cent) than children in households that did not receive cash transfers (unchanged at 55 per cent) (Miller, Tsoka and Reichert 2010).

A post-intervention evaluation of the Cash Transfer Programme in Zomba district found a significant increase in the number of meals during which a source of proteins (meat, fish or eggs) was consumed during the implementation of the programme. However, this positive effect was not sustained, and disappeared within two years after the cash transfers stopped (Baird *et al.* 2015).

On the other hand, public works projects have been criticised as a household food security strategy in Malawi, because their timing often overlaps with the rainy season, so public works draws labour away from agriculture, the primary source of food security for Malawi's smallholders (Charman 2012).

4 Mozambique

4.1 Poverty, food security and nutrition situation and trends in Mozambique

In recent years, Mozambique has recorded impressive economic performance, with annual gross domestic product (GDP) growth rates exceeding 7 per cent, outstripping the continent's average (Porter *et al.* 2017). Nonetheless, Mozambique remains one of the poorest countries in the world, and is ranked 180th of 188 countries in the 2015 Human Development Index (HDI), with growing disparities between regions (United Nations Development Assistance Framework (UNDAF) 2015). More than half of its 28 million population are located in the agrarian sector, in which limited use of fertiliser, improved seeds, irrigation systems and machinery, alongside gender inequality, underdeveloped human capital, weak access to markets, poor road conditions, and limited financing for smallholder agriculture all tend to perpetuate low productivity.

Food insecurity contributes to a cycle of poverty and malnutrition, with high social and economic costs at every level, from the individual to the nation (Corrilho *et al.* 2015). Over 50 per cent of households in Mozambique are food insecure, 24 per cent chronically, mainly but not exclusively in rural areas (UNDAF 2015). Moreover, the country is extremely vulnerable to weather shocks, mainly drought, flooding and cyclones. A key indicator of the nutrition situation in Mozambique is the child stunting rate, which is estimated at 43 per cent nationally but is even higher in northern provinces.

The Cost of Hunger in Africa analysis for Mozambique found that 11 per cent of GDP is lost every year because of stunting, 26 per cent of all child mortality in Mozambique is associated

with undernutrition, stunted children complete 4.7 years less schooling, and 60 per cent of adults suffered from stunting as children.

4.2 Social protection policies, programmes and processes in Mozambique

Social protection in Mozambique is regulated by the Social Protection Law of 2007, which defines social protection in three dimensions: basic social security (social assistance for poor citizens); obligatory social security (compulsory contributory social insurance mechanisms); and complementary social security (private social insurance initiatives) (Selvester, Fidalgo and Ismael 2014).

The Mozambican government, with support from several development partners, has implemented many social protection projects to reduce poverty and vulnerability. One of the largest in terms of beneficiary numbers is the Productive Social Action Programme (PASP) run by the National Institute for Social Action (INAS). PASP pays cash transfers to poor households in food-insecure areas. Its main component is labour-intensive public works, where participants receive a monthly payment for up to three years, while working in activities that are expected to lead to 'graduation' into formal employment or better forms of self-employment. PASP also strives to mitigate risks, especially climate risks and seasonal hunger gaps, by strengthening household self-reliance and community resilience. The programme aims to reach 700,000 direct beneficiaries by 2024, a coverage rate of 30 per cent in urban areas and 40 per cent in rural areas (Republic of Mozambique 2016a).

The Direct Social Action Programme (PASD) provides direct social assistance in the form of cash or food transfers to vulnerable people who are unable to work such as poor older persons, chronically ill people, persons with disability, children in orphanages or institutional care, and households affected by disasters. The programme aims to reach 45,000 beneficiaries by 2024 (Republic of Mozambique 2016a). The Basic Social Subsidy Programme (PSSB) provides for an allowance for poor older persons, with an anticipated 1 million beneficiaries by 2024. The programme with the largest projected coverage is the new Child Allowance, which is expected to reach 1.4 million children by 2024 (Republic of Mozambique 2016a).

In terms of interventions to address the nutrition situation, the Plan of Action for the Reduction of Chronic Malnutrition (PAMRDC) is a national multi-sectoral programme. It identifies five reasons why Mozambique is not reaching its targets for undernutrition (Republic of Mozambique 2016b):

1. Leadership on nutrition at the highest level of government has been lacking.
2. There is inadequate public, donor and private sector investment and resource allocation.
3. Technical capacity to deliver programmes falls short of needs.
4. Partner alignment and harmonised approaches are concentrated at central level.
5. There is a lack of data and statistical analysis of the nutrition situation.

PAMRDC aims to reduce chronic undernutrition in Mozambique from 43 per cent to 35 per cent by 2019, through a range of nutrition-sensitive and nutrition-specific interventions in different sectors, including social BCC programmes (United Nations (UN) 2016).

Mozambique's National Basic Social Security Strategy (ENSSB) was approved in 2015, and it runs from 2016 to 2024. Its second pillar aims to contribute to the development of human capital through improving nutrition and access to basic services, especially health and education, for the poorest and most vulnerable people. Pillar 2 also incorporates the establishment of a Child Allowance as well as social action, specifically in relation to the health and education sectors. The social protection strategy document also describes the

key strategic activities that have been identified in those projects, including an expansion of the National School Feeding Programme (PRONAE) ‘to encourage access to primary education by the most vulnerable children’ (Republic of Mozambique 2016b).

The Child Allowance is due to be pilot tested in 2018 in the northern province of Nampula. This project is designed to incorporate the two components of cash and care, and will be targeted to children under two years old. A rigorous impact evaluation will be conducted after one year, before a decision is taken on whether to redesign the intervention and scale it up, based on the evidence. UNICEF supports the Child Allowance through case management – individualised service delivery based on a comprehensive assessment and a care plan for each household – recognising that cash transfers alone are not enough to address the inter-related risks and vulnerabilities that poor children face (UNICEF 2018).

Mozambique faces constraints in terms of integrated multi-sectoral coordination and planning and monitoring of interventions. Despite concerted efforts and much progress, coverage of health services remains low and quality of services provided in health facilities is poor. This is a major constraint to achieving substantial reductions in rates of malnutrition.

Mozambique is currently going through a financial and economic crisis due to uncovered debt, which is putting strain on government budgets for sector programmes and training. Limited financial resources could undermine progress towards the targets envisaged under the new national strategy. Almost half (47 per cent) of the population are poor, but only 19 per cent of eligible beneficiaries are currently covered by social protection. The government intends to increase spending on social protection from 0.6 per cent of GDP in 2014 to 2.6 per cent in 2024, in order to increase coverage of the poor (Republic of Mozambique 2016a).

The National Food Security and Nutrition Strategy will be launched in 2018 or 2019. The PAMRDC is currently going through a mid-term review. The International Labour Organization (ILO) is doing a need assessment of social protection programmes in Mozambique. It intends to do an impact assessment of the Basic Social Protection Programme, which also includes an analysis from the consumption point of view. A task force is currently analysing the evaluation of the National Strategy for Food Security, which covers the period 2008 to 2015. The education sector will be fully evaluated in 2018. This evaluation will cover implementation of two interventions that emphasise the nutritional status of learners: Direct Support to Schools (Apoio Directo às Escolas (ADE)) and the National School Feeding Programme (PRONAE).

4.3 Impacts of social protection on food insecurity and malnutrition in Mozambique

There are not many evaluations of social protection programmes in Mozambique, so evidence on their impacts and effectiveness is limited. There is some evidence on nutrition interventions – for example, a combination of Child Health Weeks, which delivered vitamin A supplements, mosquito nets and measles vaccinations, while biofortification of sweet potato raised vitamin A supplementation coverage to 99 per cent and reduced the prevalence of diarrhoea in children under-five by 11 per cent (Gillespie *et al.* 2016).

The ongoing PASD programme was found to work well where a food basket in the form of commodity-based vouchers is delivered. The use of e-vouchers appears to cause a bigger or faster improvement in nutrition status. However, although 87,000 PASP beneficiaries (17,400 households) were supported with food in localities where there is no market, and 42,000 (8,400 households) with cash where local markets were strong enough, the programme did not create graduation potential in the 2012–2014 cycle, due to a lack of clear criteria for graduation (Devereux 2016).

5 Tanzania

5.1 Poverty, food security and nutrition situation and trends in Tanzania

Tanzania's economy is dominated by low-productivity smallholder farming (Shepherd *et al.* 2013). Maize is the dominant staple food crop, but the inability to improve agricultural yields has resulted in persistent poverty, food insecurity and vulnerability. Recurrent droughts, together with economic shocks such as the global financial crisis of 2008, adversely affected crop and livestock production as well as commodity prices, notably cereals. Stagnant yields or falling harvests of maize, wheat, rice and vegetables were only partially compensated by rising yields of root crops such as cassava and potatoes (Thurlow and Pauw 2015).

A small percentage of the economically active population in Tanzania have paid jobs in government, parastatal organisations and private sector firms, with some social insurance benefits attached to their employment contract. Most Tanzanians have no access to either social insurance or social assistance.

Poverty in Tanzania has been falling, but an estimated 12 million Tanzanians in a population of 45 million still live below the poverty line (World Bank 2015b). Since the majority of the population is engaged in food production for subsistence, access to food is not a problem for most households in most years. In 2010/11, only 8 per cent of all households in Tanzania were classified as having poor dietary intake (World Food Programme (WFP) 2013). Households that are most likely to be food insecure (meaning they do not produce sufficient food and they are unable to acquire enough food to fill their food gap) are those living in rural areas whose members tend to have low levels of education (Schindler *et al.* 2014).

Nutrition status has been improving over time, partly because of systematic and consistent efforts to address malnutrition. Some sources show that stunting among children under five fell from 38 per cent in 2004/05 to 35 per cent in 2010, and has continued to fall since 2010 (National Bureau of Statistics 2016). However, malnutrition rates remain higher than desired. Moreover, other sources suggest that the stunting rate is over 40 per cent in rural areas and as high as 49 per cent in certain areas.

There are a number of nutrition-related issues in Tanzania, ranging from stunting to obesity, proper nutrition during pregnancy, also micronutrient deficiencies such as anaemia and folic acid. Two key problems are limited dietary diversity and poor quality of diets. Because diets tend to be very restricted, there are a number of micronutrient deficiencies and, on the other hand, obesity issues, particularly in urban areas. Micronutrient deficiencies are associated with anaemia, which is at very high levels, particularly among lactating women and women of reproductive age. This also has a big impact on the maternal mortality rate.

An analysis of the Tanzania Demographic and Health Survey (DHS) of 2010 found the most significant risk factors for stunting to be: mothers with no schooling, male children, small birth-size babies, and unsafe drinking water sources (Chirande *et al.* 2015).

5.2 Social protection policies, programmes and processes in Tanzania

Tanzania is one of the few countries in Africa that does not yet have a social protection policy or strategy. A National Social Protection Framework (NSPF) was drafted in 2008 and revised in 2015. The process of producing a National Social Protection Policy is underway and is expected to be completed and submitted for government approval during 2018. The second draft SPF follows the life-cycle approach. Vulnerable groups such as pregnant and lactating women and children under five will be supported with free health care, with universal primary education for school-age children, CCTs, and the Most Vulnerable Children Response System. The vision behind the SPF is: '...to have a nation that protects the poor and

vulnerable, promotes inclusive growth and provides a minimum acceptable standard of living to all Tanzanians' (United Republic of Tanzania 2015: 20).

The Development Partner Group (DPG) on Social Protection meets regularly with the government, but coordination is slightly better on nutrition than social protection, because social protection is much broader and many ministries are involved. The Prime Minister's Office is the lead ministry, and other government ministries with responsibility for social protection are also represented, such as the Ministry of Labour. One of the challenges is getting all government departments, agencies or ministries to support a proposal or a decision. This problem is magnified in the social protection DPG because large amounts of resources are involved, including large loans from the World Bank. It is unsustainable to build social protection systems that provide cash transfers through the use of loans. Conversely, nutrition interventions are largely financed by grants rather than loans.

The most significant development partners on social protection in Tanzania are UN agencies led by UNICEF, the ILO and FAO, also the World Bank and bilateral agencies like the Canadian International Development Agency (CIDA) and Irish Aid. WFP and UNHCR are active mainly in the humanitarian sector, but they are mainly supporting refugees rather than social protection programmes.

Nutrition is currently very high on the policy agenda for the Tanzanian government and development partners. A number of national strategy plans have been agreed and rolled out, along with a number of coordination mechanisms, to ensure that different parts of government work together and with other stakeholders to improve nutrition outcomes in Tanzania. The most important of these is the National Multi-Sectoral Nutrition Action Plan of 2016–2021. This is a very comprehensive document; it shows the range of activities in each sector involved, including social cash transfer financing, and it received inputs from civil society, partners and interest groups in the nutrition community.

The second element of nutrition is an agreement struck on nutrition financing at the local (district) level. The agreement specifies that government's role is to provide Tsh 1,000 (Tanzanian shillings) per child each year, while districts should apply their own criteria and activities to bring nutrition into local authority projects, to ensure that nutrition targets are met. The Vice-President of Tanzania signed a compact with 26 regions to ensure that adequate support is in place for each district authority to make a nutrition plan. Under this agreement the nutrition pack will increase by Tsh 500 per child each year, from Tsh 1,000 initially to Tsh1,500, then Tsh 2,000 and so on, up to a maximum of Tsh 20,000.

The DPG on Nutrition meets on a regular basis and includes government and international donors as well as civil society representatives. It is effectively a sub-group of the Health DPG. It has a website that lists all development partners involved in the 'nutrition world' in Tanzania and relevant documents can be downloaded from this website. The DPG is talking about setting up a group of community health workers that will be part of the government health system, not only to deliver primary health care to communities but also to build local capacity to meet nutrition targets at community level.

In response to the need for income security, in 2013 the government approved the implementation of the Productive Social Safety Net (PSSN) programme – the largest social protection programme in Tanzania and one of the largest in Africa. The PSSN has its roots in a series of community-based social programmes and CCT projects that were implemented under the Tanzania Social Action Fund (TASAF) since 2000. The primary component of TASAF was public works, whereby community members constructed or maintained social infrastructure in return for cash payments (Seekings 2016). The PSSN has three components: CCTs, public works and livelihood enhancement. The CCT component targets the extreme poor. Eligible beneficiaries are required to meet certain conditions: the very

young and elderly must visit health clinics and school-age children must attend schools, while able-bodied adults have the option of doing public works in return for a small cash transfer (Myamba and Ulriksen 2016). The first phase of the PSSN ends in 2018, so the design of the next phase is currently underway and is expected to be completed later this year.

In response to high levels of deprivation, the government also provides non-cash transfers to the chronically poor for essential health services, including social welfare, cost-sharing exemptions and fee waivers.

In addition, the Zanzibar government introduced a universal pension for all older persons in 2016, which is the largest social protection programme in Zanzibar. The Universal Pensions Scheme provides cash transfers that are pegged to the consumer price index to all Zanzibar citizens over the age of 70 (Evans *et al.* 2014).

On mainland Tanzania, smaller social protection programmes are being run by NGOs in certain districts. Since 2003, a small NGO called Kwa Wazee has operated a comprehensive programme of support for older people in Kagera region, based on pensions and child supplements. The programme provides older people (65+) with a monthly pension if they are deemed poor and vulnerable, if they have little family support, or if they have responsibility for caring for orphans (Seekings 2016). Another programme is being implemented by HelpAge International and funded by Irish Aid. There has also been a lot of work on cash transfers in Mwanza in northern Tanzania, with other partners.

Social protection in Tanzania has an emphasis on supporting production as well as consumption. Apart from creating temporary employment on PSSN public works, smallholder farmers are supported with subsidised seeds and fertilisers from the National Agricultural Input Voucher Scheme.

5.3 Impacts of social protection on food insecurity and malnutrition in Tanzania

Cash transfers and public works programmes have a direct positive impact on household food security because when cash transfer beneficiaries or public works participants receive money, they can afford to buy more nutritious food. Participation in the TASAF CCTs was associated with higher food consumption, through increased purchases of basic food items such as maize-flour, rice and dried beans (Myamba and Ulriksen 2016). Evidence of anthropometric impacts of cash transfers is always difficult to discern; however, one study indicated that the CCT was associated with significant growth in height (Evans *et al.* 2014). Likewise, HelpAge International (2014) reported that households receiving the Kwa Wazee pension spent more on food in absolute terms than those not receiving this income transfer. However, these interventions cannot be described as nutrition-sensitive.

6 Uganda

6.1 Poverty, food security and nutrition situation and trends in Uganda

In the 1990s the poverty rate was high in Uganda, with about 40 per cent of people below the poverty line. According to government figures, the rate had fallen to 19 per cent by 2012. But in 2015/16, a drought caused the poverty headcount to jump back up to 27 per cent. These statistics served as a wake-up call that Uganda needs to deal with issues of chronic poverty and climate change.

Uganda has a population of about 36 million and a population growth rate of 3.2 per cent, which was one of the highest in the world in 2011 (Bakuluki and Watson 2012). Nearly half of

the population (49 per cent) are under 15 years old and only 3.2 per cent are over 65 years, resulting in a very high dependency ratio, at 1.12 dependents per worker – higher than the sub-Saharan Africa average of 0.87 (Uganda Bureau of Statistics (UBoS) 2014). The agriculture sector employs two-thirds of the working population (Bakuluki and Watson 2012). In recent decades, Uganda established macroeconomic management that contributed to improvement in key socioeconomic indicators. However, vulnerable groups remain, including persons with disability, widows, child-headed households, orphans, older persons living without support, people living with HIV and AIDS, internally displaced persons, households affected by natural disasters, and people affected by conflicts, notably in northern Uganda (*ibid.*).

In 2005, approximately 6 per cent of households in Uganda were classified as food insecure, and 21 per cent were moderately food insecure and at risk of becoming food insecure if conditions deteriorated (McKinney 2009). Uganda has a Global Hunger Index (GHI) score of 26, placing it 87th out of 118 countries ranked in 2016; its hunger situation is considered 'serious' (von Grebmer *et al.* 2016). Malnutrition accounted for 40 per cent of all child deaths in Uganda in 2005 (Bridge *et al.* 2006), and childhood anaemia exceeded 70 per cent in 2009 (Menon 2012). Uganda's food security situation is complicated by the presence of more than 150,000 refugees from neighbouring countries (Mabiso *et al.* 2014).

The food security situation has also been adversely affected by agricultural seasonality and drought. Most of Uganda has a sub-tropical climate and more than 70 per cent of its population depend on agriculture, but the long period of drought in 2015/16 affected food production. Because of that drought, livestock production – which also contributes to food security – only made a minor contribution to GDP.

The nutrition situation in Uganda has not improved substantially in recent years. Child stunting stood at 29 per cent according to the 2016 DHS (UBoS and ICF International 2017), down from 33 per cent in the 2011 DHS. Stunting in 2016 was higher among male children (31 per cent) than female children (27 per cent) and higher in rural areas (30 per cent) than urban areas (24 per cent). There are also significant regional variations in terms of livelihoods, services, nutrition and diets between urban centres and remote rural areas, especially in conflict-affected northern Uganda. Stunting is highest in Tooro sub-region (41 per cent) and lowest in Teso sub-region (14 per cent). The DHS identified two correlates of child malnutrition: mother's education and household wealth. Child undernutrition causes losses to the Ugandan economy equivalent to 5.6 per cent of GDP (UBoS and National Planning Authority 2013).

However, stunting is not the only indicator. In some parts of Uganda, nutrition indicators like wasting are high even though the poverty level is not very high. The reason is that local households produce their own food, but as much as three-quarters of the food produced locally is sold. Most Ugandans traditionally prefer to eat either maize or *matooke* (banana) every day, both monotonous diets which create nutrition problems. So nutritional issues are unique to each context, which makes it challenging to design a national programme. Tailored programmes are required that are specific to each region.

6.2 Social protection policies, programmes and processes in Uganda

Uganda promulgated its National Social Protection Policy (NSPP) in 2015, with its 'Vision' of 'a society where all individuals are secure and resilient to socio-economic risks and shocks'. Two main objectives of the NSPP are to: '...increase access to social security' and 'to enhance care, protection and support for vulnerable people' (Republic of Uganda 2015: 28). The NSPP draws linkages to other government policies, notably the National Orphans and Other Vulnerable Children Policy, the National Policy on Disability, the National Policy for Older Persons, and the National Policy for Disaster Preparedness and Management.

The NSPP asserts that: 'The beneficiaries of direct income transfers spend most of their income on food, health care and education. As a result social protection contributes to improved nutritional status of household members' (Republic of Uganda 2015: 3).

In 2004 the Uganda Food and Nutrition Policy was adopted, which provided for the establishment of a National Food and Nutrition Council, but this was not forthcoming. Instead, in 2010, coordination of food security and nutrition activities was assigned to a Nutrition Action Plan under the Office of the Prime Minister – the only government department with a mandate to bring different ministries together. Social protection featured strongly as a mechanism for improved nutrition in the Nutrition Action Plan. Five social protection interventions were identified (Republic of Uganda 2011):

1. Provide social transfers and livelihoods support to the most vulnerable households and communities.
2. Develop and implement special social assistance and livelihood promoting and protection programmes in areas with high levels of malnutrition.
3. Advocate and promote school feeding programmes.
4. Manage cases of severe acute malnutrition by integrating care into routine health services and follow up support and monitoring at household and community levels.
5. Promote social protection interventions for improved nutrition.

The first Nutrition Action Plan and strategy ended in 2016, and the Prime Minister's Office has been coordinating ministries to finalise the second phase.

Recognising that social protection is a prerequisite for addressing food insecurity and malnutrition, the government introduced Social Assistance Grants for Empowerment (SAGE). The main component of SAGE is an old age pension known as the Senior Citizens Grant, a cash transfer paid to all people aged 65 and above in selected districts (Kidd 2016b). SAGE was piloted by the Ugandan government in collaboration with DFID and Irish Aid, under the Expanding Social Protection (ESP) programme, which aims to reduce chronic poverty and improve life chances for poor men, women and children, as well as fostering social protection structures that build state capacity (Bakuluki and Watson 2012).

Prior to SAGE, the government and the World Bank implemented the Northern Uganda Social Action Fund (NUSAF) in 18 conflict-affected districts. Its objective was to provide income support and build the resilience of poor and vulnerable households in Northern Uganda. Components included seasonal labour-intensive public works, livelihood investment support, safety net mechanisms and disaster risk financing (Golooba-Mutebi and Hickey 2009).

6.3 Impacts of social protection on food insecurity and malnutrition in Uganda

An evaluation of the first phase of SAGE in 2010 found that 60 per cent of the money that beneficiaries received was spent on food, which confirmed that SAGE was making a contribution to food security. The impact assessment found that the Senior Citizens Grant improved food security, both immediately through enhanced ability to buy food, and in the longer-term by facilitating investment in productive assets (Bakuluki and Watson 2012). Likewise, the cash transfers reduced hunger, improved diets and reduced wasting among children, because recipient households could afford to cover their basic needs as well as purchase animals and chickens, which increased their consumption of own milk and eggs and of purchased proteins (including meat and fish), rather than relying too much on starch (Kidd 2016b). Furthermore, the injection of substantial amounts of cash from the Senior Citizens Grant had a spillover effect on the local communities by increasing people's purchasing power (Fareeha and Namuddu 2013).

However, the impact of SAGE and other social protection programmes on nutrition is not known in detail because household diets were not analysed in terms of the quantity, quality and types of food consumed. Providing money does not necessarily mean providing better nutrition. Because people are not being provided with food, only cash transfers, these programmes are not really nutrition-sensitive. When the SAGE programme was revised, food and nutrition-related indicators were inserted in the logframe, but some stakeholders argue that nutrition impacts can only be achieved by linking cash transfers to complementary services, or possibly by providing nutritious food in addition to cash.

7 Zambia

7.1 Poverty, food security and nutrition situation and trends in Zambia

Although Zambia was reclassified as a middle-income country in 2011, poverty is widespread in both rural and urban areas. In 2010, 64 per cent of Zambians lived in poverty (see Figure 1.2). Although this fell to 57 per cent in 2015, the poverty rate is much higher and possibly rising in rural areas and even some urban areas. Zambia is one of the most urbanised countries in sub-Saharan Africa, with about 40 per cent of the population living in towns.

Zambia has abundant natural resources and fertile soils, and the majority of people in rural areas and many in urban areas still rely on agriculture for their food and livelihoods. Given the vulnerability of livelihoods that depend on rainfall and hoe cultivation and the fact that two-thirds of farmers are women, poverty, vulnerability and inequality in Zambia are highly gendered (African Development Bank (AfDB) 2006).

Like other countries in the southern Africa region, Zambia is over-reliant on maize as its staple cereal, which is insufficient to meet energy needs and is deficient in micronutrients. In the past seven years there have been maize surpluses at national level. But some provinces and districts are deficit producers, and at household level many people are still food insecure. In terms of food security, in 2017, Zambia ranked second from bottom among all countries in the annual GHI.

With regards to nutrition, Zambia had one of the world's highest stunting rates in the early 2000s. Five successive Zambia DHSs found an inverted U-curve in chronic undernutrition among children under five. The percentage of stunted children in Zambia increased from 46 per cent in 1992 to 49 per cent in 1996 and peaked at 53 per cent in 2001/02, before falling to 45 per cent in 2007 and then to 40 per cent in 2013–14 (Central Statistical Office (CSO) *et al.* 2014). At one point Zambia ranked as having the highest rate of child stunting in Africa and second from bottom in the world (WFP 2014).

According to the 2013–14 DHS (CSO *et al.* 2014), obesity was at 18 per cent and rising rapidly, especially among women. The number of underweight children declined from 21 per cent to 15 per cent between 1992 and 2013. For wasting, the level has remained at 6 per cent since 1992 and is largely influenced by the incidence of childhood diseases (United Nations Country Team 2015).

Some studies, including the most recent DHS (2013–14), reveal relatively small differences in stunting rates between children from high-income and low-income households. This confirms that malnutrition is not only determined by access to resources; it is also about food choices and knowledge about food and nutrition. One of the main drivers of high levels of malnutrition in Zambia is excessive reliance on hard maize porridge (*'nsima'*) as the staple food, which contributes to stunted growth among children across all income categories.

7.2 Social protection policies, programmes, projects and processes in Zambia

Several small-scale cash transfer projects were implemented in Zambia in the early 2000s, serving as pilots to trial different approaches and to generate evidence to convince the government to take over their funding and scale them up to national level. The earliest of these projects was the Kalomo District Social Cash Transfer Project, which targeted the 'ultra-poor', defined as households with limited labour capacity that were unable to meet their food needs. This model was expanded to several other districts, and different variations were also piloted. In Katete district, a universal old age pension was introduced, which provides a regular pension to about 4,500 people over 65 years old, mostly women (Kidd 2016a). In 2010, the Child Grant Programme (an unconditional cash transfer) was rolled out in districts with the highest rates of poverty and child mortality. It is a targeted programme that provides regular cash transfers to poor households with children under five years; it aims to reduce extreme poverty and the intergenerational transfer of poverty (Seidenfeld *et al.* 2014).

These cash transfer projects received financial and technical support from development partners including Germany (GTZ, later GIZ), the UK (DfID) and UNICEF. They were managed by the Ministry of Community Development and Social Welfare, later renamed the Ministry of Community Development, Mother and Child Health, which in 2015 became the Ministry of Community Development and Social Services.

Currently the cash transfer programme is operational in all 106 districts of Zambia, reaching about 590,000 beneficiaries, with a projected target of 700,000 households by end of 2018. Cash transfer beneficiaries include older persons, persons with disability, chronically ill people, female-headed households and child-headed households.

In 2014 the government approved a National Social Protection Policy with five pillars: social assistance, protection, livelihoods and empowerment, social security, and disability. Responsibility for social protection cuts across different line ministries. Most social assistance programmes are implemented by the Ministry of Community Development and Social Services, but social security schemes are the mandate of the Ministry of Labour, while other social protection programmes fall under the Ministry of Gender. This approach is in line with Zambia's Seventh National Development Plan, which favours a multi-sectoral way of working. Social protection is one issue that is well-suited to collaboration among different line ministries. There is a coordination mechanism (a forum or platform) for social protection that involves the relevant line ministries and development partners.

The Zambian government drafted a Social Protection Bill in 2017. The consultation process has been completed and the Bill will be presented to Parliament during 2018. Zambia also drafted a Five-Year Development Plan in 2017, which emphasises a multi-sectoral approach to working and has several pillars. All activities in social protection fall under the 'vulnerability' pillar.

The National Food and Nutrition Act was passed in 1967 and has never been reviewed. In 2006, Zambia developed a Food and Nutrition Policy that led to a Food and Nutrition Strategic Plan. The main government body overseeing this is the National Food and Nutrition Commission (NFNC). The NFNC developed the First 1000 Most Critical Days programme, which seeks to improve the nutrition of mothers when they are pregnant and the nutrition of their children from conception up to two years of age. This programme is currently in its second phase.

Most of the donors that are active in hunger and nutrition in Zambia have been supporting a basket fund called the Scaling Up Nutrition Fund (SUNFUND). This fund supports the First 1000 Most Critical Days programme, which has been implemented in 14 districts and is expanding to 30 districts, with various interventions to improve the nutrition status of children

under two years old. Other stakeholders support different programmes – for example, the United States Agency for International Development (USAID) supports the Feed the Future project implemented by Catholic Relief Services (CRS), which helps smallholder farmers to intensify and diversify their agricultural production as a means of improving household health and nutrition.

In terms of food security, there is a government-supported Food Security Pack, which supplies subsidised seeds and fertilisers to around 300,000 farmers across the country to promote household food security. The Ministry of Community Development and Social Services is trying to enhance the nutritional quality of this package by diversifying the seed packets that farmers get. Zambia has a National Agricultural Policy and a Food Reserve Agency, which purchases and manages a strategic maize stock for national food security.

7.3 Impacts of social protection on food insecurity and malnutrition in Zambia

Seidenfeld *et al.* (2014) reported on the impact of Zambia's Child Grant Programme, in particular on food security and nutrition. It increased consumption per capita, which is the first step along the causal chain to improved nutritional outcomes. Three-quarters of this incremental income was spent on food, the largest share going to cereals, followed by meat (including poultry and fish), as well as cooking oil and sugar. Improvements were recorded in dietary diversity among recipients of the grant, demonstrated by a clear shift away from roots and tubers (primarily cassava) towards proteins (dairy and meats). By enabling households to purchase more food, beneficiaries reported eating more meals per day than before. The Child Grant also induced behavioural changes that could positively affect nutritional outcomes. Other outcomes with potential nutritional benefits included access to clean water, (which reduces diarrhoea), better educated mothers thanks to the provision of complementary services and information, and acquisition of more livestock.

Research has shown that 70 per cent of money received as cash transfers is spent on food. These studies revealed that social cash transfers in Zambia reduce poverty, increase food security and improve children's wellbeing.

8 Recommendations and conclusion

This section draws on the preceding discussion to offer recommendations for improving food security and nutrition outcomes in each of the six study countries.

8.1 Recommendations for Ethiopia

For social protection to have more impact, interventions like the PSNP must be better linked with other policies and initiatives. This is essential if the intention is to achieve multiple objectives, including resilience, gender equity, agricultural productivity, diversified livelihoods and market linkages. These activities must be well-coordinated with the PSNP and other social protection interventions.

Poverty needs to be addressed, and this requires complementing social protection with productive interventions. Recently the government approved job creation strategies and pathways. There needs to be a conversation around stimulating the food production sector. There also needs to be a recognition of the diversity of agriculture, livelihoods and even diets across geographical regions within Ethiopia. The resilience and nutrition agendas must also be differentiated across regions. For example, Somali region is an extremely hot, very poor region, which has been hit by drought, but the nutrition situation there is better than might be expected – stunting is only 28 per cent, which is below the national average. One driver of this is the fact that pastoralist households consume a lot of proteins (meat and milk); policies

and interventions therefore need to address the different dynamics driving outcomes within and between regions.

Nutrition is a key area that development partners have been advocating on and supporting, but they also recognise that social protection can only achieve so much. There has to be a multi-sectoral approach. Delivering on the core social protection principles of the PSNP – including regular, timely cash transfers – investing in the capacity of the social protection system and building linkages within the Ministry of Health and other services will all contribute to enhancing nutrition outcomes.

8.2 Recommendations for Malawi

High-level political commitment to social protection in Malawi is unclear, and there is an unresolved debate about the most effective approach, with the government favouring input subsidies for farmers while development partners are sponsoring social cash transfers. This lack of consensus about which strategy to prioritise explains why development partners still finance most of the cash transfers.

On the other hand, there is increasing interest in ‘resilient livelihoods’ and ‘shock-sensitive social protection’ – two pillars of Malawi’s NSSP. Development partners in Malawi are all advocating for breaking the cycle of annual humanitarian appeals and responses, and moving towards designing and implementing policies, strategies, plans and programmes that are more effective at building resilience. The National Resilience Strategy is seen as a way forward to break this cycle and return to longer-term programming for social protection and resilience (e.g. four-year cycles).

A related issue is the urgent need to implement policies and programmes that address market failures, notably the maize market in Malawi, which has not been functioning properly. If these market-related issues can be resolved, this will automatically improve food security and nutrition.

Finally, Malawi’s energy sector is in crisis, so addressing the energy problem as well as related climate change issues will impact indirectly on household-level food security and nutrition outcomes. It is important to recognise these interlinkages between sectors, and to plan interventions accordingly.

8.3 Recommendations for Mozambique

There is great potential for working within the framework of existing social transfer programmes to achieve a greater impact on nutrition in Mozambique. There is a Ministry of Social Protection. There is also a Food Security and Nutrition unit in the Office of the Prime Minister. There are local NGOs that work specifically on nutrition, including the National Association for Food Security (ANSA). WFP has produced guidelines on the design and implementation of nutrition strategies or programmes for leveraging social protection, school feeding, market access and food distribution.

The way that government institutions are clustered even at a decentralised level poses challenges and opportunities in terms of working together to deliver specific services. Although there are tools and frameworks, programming linkages are absent because each ministry works in parallel instead of in a coordinated way, even when different ministries target the same population group. There is more possibility of progressing a multi-sectoral agenda and achieving synergies by working through district and municipal planning offices, because district and local institutions already merge technical staff and essential services. This promotes synergy, coordination, joint planning and management.

8.4 Recommendations for Tanzania

Tanzania's National Multi-Sectoral Nutrition Action Plan tries to coordinate the different actors and sectors engaged in nutrition such as health, agriculture and social protection – for instance, by ensuring that nutritional interventions for women and children are included in all district plans. However, implementation of multi-sectoral approaches is always challenging, especially coordination across sectors, and this has been Tanzania's experience.

Conversely, there is a risk of overburdening social protection initiatives with too many objectives. Trying to make social protection nutrition-sensitive, or adding more objectives to social protection programmes, could be too ambitious and might even compromise programme impacts. As with other countries, getting the basics right – delivering social assistance to everyone who needs it – should be the first priority in Tanzania.

An analysis of the determinants of stunting in Tanzania made the following recommendations: 'Community-based interventions are needed to reduce the occurrence of stunting and severe stunting in Tanzania. These interventions should target mothers with low levels of education, male children, small- or average-size babies and households with unsafe drinking water' (Chirande *et al.* 2015).

8.5 Recommendations for Uganda

One prerequisite for improving food security and nutrition in Uganda is better coordination among stakeholders and partners. Food security is the key responsibility of the Ministry of Agriculture, and social security falls within the ministries of Agriculture, Health, Gender and others. USAID is the SUN convener, and Irish Aid, the ILO, the United Nations Population Fund (UNFPA) and UNICEF are all involved in the DPG on nutrition. There is also a DPG on agriculture and a social protection donor group. Irish Aid is active in both the nutrition and social protection groups. Addressing nutrition requires all stakeholders to work together; otherwise they will continue to work in silos. Giving money alone will not work – coordination is essential around the use of that money for effective implementation.

Another challenge is financing. Uganda has good policies, but they need to be resourced. Some areas within the nutrition agenda cannot be financed by the Ministry of Health or the Ministry of Agriculture, especially cross-cutting areas. The coordination of different sectors, monitoring and analytical work needs to be resourced by the Office of the Prime Minister, which is trying to leverage the resources from the Ministry of Finance.

Another prerequisite for improving the food security and nutrition situation is 'intensified action', meaning that every sector working around food and nutrition should present its targets every year during the budget process. For instance, the Ministry of Agriculture should explain what food security programmes it is implementing, its food security targets for the coming year, and the amount of money that it needs to achieve these targets. Similarly, the Ministry of Health might choose exclusive breastfeeding as its nutrition target, and request a certain budget to achieve this. Strong monitoring is required to ensure that every sector achieves its annual targets. The Public Finance Management Act (PFMA) (2015) is a powerful tool for this purpose. For instance, Uganda has a gender equity principle in public spending. The PFMA stipulates that no sector will be allocated money in the next financial year unless they show how much they have spent on gender equity issues. The same principle and tool can be used to advocate for food security and nutrition. It needs the Ministry of Finance to use the PFMA to hold other relevant ministries accountable.

The new draft National Development Plan is focused on poverty reduction through economic growth. When talking about nutrition, it is important to talk about poverty and its contributing factors. In Uganda, this implies a need to prioritise the rural areas, because the problems of

hunger, malnutrition, poverty, illiteracy, lack of water and so on are most prominent in those areas. Addressing rural poverty requires prioritising agriculture.

8.6 Recommendations for Zambia

Given the evidence that children in better-off households are also at risk of being malnourished, BCC initiatives are needed to improve the nutrition situation, so that everyone – from political leaders and policy-makers to traditional leaders and rural villagers – is made aware of what good nutrition is and how to achieve it. This entails messaging that emphasises how food is prepared, how to preserve it, hygienic cooking practices, and so on. At the political level, leaders must be convinced to make nutrition a key issue, like HIV/AIDS was, so that more resources are allocated to tackle malnutrition in Zambia.

There are encouraging signs that the government's political commitment to social protection is strong, with the Social Cash Transfer programme as the flagship, now implemented in all districts of the country. Government contributes about 65 per cent of the total budget, with the remaining 35 per cent supported by donors. However, the programme will only be politically and financially sustainable once the government takes over 100 per cent of its funding.

Traditional leaders also have a role to play – for instance, in helping to change certain cultural attitudes and practices among their communities that could have negative impacts in terms of promoting good nutrition. For example, some communities believe that pregnant women should not eat certain types of food, such as eggs. On BCC, sensitisation of policy-makers and leaders on the importance of nutrition is not enough. Strategic change is needed so that politicians and traditional leaders take nutrition issues on board and implement effective actions.

8.7 Conclusion

Social protection has increased dramatically in the past 10–15 years, across all six countries covered by this study. However, there are concerns that social protection is being overloaded with expectations about what it can achieve – from poverty reduction and inclusive economic growth, to food security and reduced malnutrition, to enhanced access to education and health services, to gender equity and women's empowerment. The danger of this 'Christmas tree' effect is that social protection could lose sight of its primary objectives – to alleviate poverty and provide a safety net against livelihood shocks – and will be dismissed as having failed if it does not achieve all of these secondary objectives as well.

Instead of expecting social protection to eradicate poverty, food insecurity and malnutrition on its own, it is vital to build systems and strengthen coordination between social protection, social services (e.g. health, education, nutrition and child protection) and productive sectors (e.g. through support to nutrition-sensitive agriculture, or graduation programmes). This will ensure that poverty, food security and nutrition are tackled in a holistic way, instead of through a single instrument such as social cash transfers. In some cases, notably Tanzania, nutrition status has improved through nutrition-specific interventions rather than nutrition-sensitive social protection.

Under-coverage remains a major challenge. In most African countries, a minority of eligible citizens are reached by social assistance or insurance. Regional variation within countries raises its own issues. In Ethiopia, Tanzania and Uganda, pastoralists are especially difficult to reach. Urban social protection is generally underdeveloped. Financing and implementation capacity are severe constraints. Many social protection programmes are overly reliant on external funding and technical support, and some governments appear to be reluctant or unable to pay for these programmes and scale them up. Limited coverage also limits the impact of social protection on food insecurity and malnutrition.

In Ethiopia, for instance, the government is committed to fully funding the PSNP by 2025, as donors are increasingly reluctant to pay for recurrent costs, but costs are high and rising as coverage expands and the design of each phase gets more complex. At the village level, the PSNP is implemented by a combination of development agents, health extension workers and social workers, and is linked to nutrition-sensitive interventions such as BCC on hygiene and diets. This aims to enhance the PSNP's nutritional impacts, but it adds to programme costs and complexity, and risks diverting agriculture, health and social workers away from their core responsibilities.

Most African countries face a similar dilemma, between simply scaling up social protection to increase coverage towards 100 per cent of poor and vulnerable people – prioritising 'social protection for all' – and leveraging social protection to achieve other goals related to food security and nutrition outcomes. Given that food is a basic need and one of the most fundamental human rights, and given the renewed emphasis in global policy debates on tackling malnutrition, social protection is an ideal policy tool for addressing poverty, vulnerability and food insecurity simultaneously. Scaling up social protection, scaling up nutrition, making social protection more nutrition-sensitive, and linking social protection to 'productive' as well as 'social' sectors will all allow for a more holistic approach, and have the potential to achieve bigger impacts on poverty, hunger, food insecurity and malnutrition in Africa.

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