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Experience of BRICS countries in the development of nutrition-sensitive social protection programmes



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Background paper – Prepared for the Global Forum
on Nutrition-Sensitive Social Protection Programmes,
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Contents

ACKNOWLEDGEMENTS.....	v
1. INTRODUCTION	1
1.1. Structure and process	3
2. SOCIAL PROTECTION AND NUTRITION	5
3. FAO'S ROLE IN SOCIAL PROTECTION AND NUTRITION.....	15
4. ANALYSIS OF BRICS COUNTRY EXPERIENCE.....	19
4.1. Brazil.....	20
4.2. Russian Federation.....	29
4.3. India	33
4.4. China.....	42
4.5. South Africa.....	46
5. OVERVIEW	52
6. CONCLUSIONS.....	53
REFERENCES	57

Figures

- ✓ Figure 1. Conceptual framework of malnutrition and possible entry points for social protection interventions 6

Boxes

- ✓ Box 1. What is social protection? 7
- ✓ Box 2. Nutrition-relevant indicators for monitoring and evaluating social protection programmes 9
- ✓ Box 4. Providing policy support for coherent nutrition-sensitive social protection policies and programmes 15
- ✓ Box 5. South-South Cooperation: the case of the Purchase of Africa for Africans (PAA) Programme 17



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1. INTRODUCTION

BRICS countries (Brazil, Russian Federation, India, China and South Africa) have taken the lead in recent global policy dialogues on economic, social and environmental issues. They are home to 3.1 billion people, representing 42 percent of the world's population. Combined, BRICS have achieved the Millennium Development Goal of halving the prevalence of undernourishment by 2015. Building on their experience in reducing hunger, BRICS countries have also been instrumental in initiating mechanisms of South-South cooperation by supporting and promoting the establishment of nutrition-sensitive social protection systems in other developing countries.

More recently, the BRICS countries (Brazil, Russian Federation, India, China and South Africa) played a key role in mobilizing political will and cooperation for nutrition during the Second International Conference on Nutrition (ICN2) in November 2014. The ICN2 outcome documents, the *Rome Declaration on Nutrition and Framework for Action*, acknowledge that malnutrition in all its forms, including undernourishment, micronutrient deficiencies, overweight and obesity, not only affects people's health and well-being, but poses a burden in the form of negative social and economic consequences for individuals, families, communities and States. The *Framework for Action* strongly emphasizes the importance of social protection in improving nutrition. Recommendations 22 and 23 encourage Member States to "Incorporate nutrition objectives into social protection programmes and into humanitarian assistance safety net programmes" and "Use cash and food transfers, including school feeding programmes and other forms of social protection for vulnerable populations to improve diets through better access to food".

Building on the momentum created by ICN2, the BRICS countries have actively participated in and facilitated global discussions on nutrition-sensitive social protection; in particular, during the Global Forum on Nutrition-Sensitive Social Protection, held in Moscow, Russian Federation, from 10 to 11 September 2015, which brought together policy-makers, researchers and experts in the areas of nutrition and social protection from 27 countries. The Forum was jointly organized by the Russian Federation and the World Bank, with FAO playing a leading role in facilitating the side event on the experiences of BRICS countries in designing and implementing nutrition-sensitive social protection policies and programmes. The side event facilitated dialogue on enhancing nutrition outcomes of social protection systems by building on the experience of BRICS

countries and promoting partnerships and cooperation amongst each other and with other countries.

During the side event, official representatives from four BRICS countries noted the commitments made on nutrition and social protection as reflected in the ICN2 outcome documents, the *Rome Declaration on Nutrition* and its companion *Framework for Action*, and agreed to:

1. Continue efforts to promote the establishment of more comprehensive nutrition-sensitive social protection programmes and systems aimed at enhancing food security and nutrition and further supported by complementary measures to enhance sustainable agricultural production and productivity, including through strengthening smallholder family farming, measures to reduce food waste and losses, promoting local food purchases and other instruments towards the inclusiveness and efficiency of food systems, establishing enabling conditions for enhanced income-earning opportunities and purchasing power of poorest, improving access to health, education and basic services, and raising awareness about healthy food and healthy diets.
2. Promote partnership and cooperation among the BRICS in this area, to develop a knowledge-sharing network and platform on best practices and enhance South-South and Peer-to-Peer Cooperation for improved social protection that foster food security and better nutrition.

In essence these reflect a growing awareness within BRICS countries that food insecurity and malnutrition can effectively be resolved with strong political commitment and meaningful partnerships. In light of this it is essential to draw on and understand the comparative experiences of BRICS countries. Focusing on their specific experience, this background paper of social protection policies and programmes begins to explore the evidence and experiences of these countries in order to promote:

- political debates on nutrition-sensitive social protection; documenting recent developments and political momentum on specific social protection instruments;
- overview of flagship social protection policies and programmes with a focus on nutrition;
- policy landscape: assessment of the impact of existing and former social protection policies and programmes on nutrition indicators; overview of any impact evaluations undertaken on major social protection interventions;

- documentation of achievements and milestones in nutrition-sensitive social protection;
- enquiry into the key challenges faced in making social protection more nutrition-sensitive; these could include, among others, institutional arrangements, targeting, resources and scale up; and
- priorities and needs at all levels of policy-making in integrating nutrition into social protection.

1.1. Structure and process

The document starts by providing a conceptual framework on social protection and nutrition followed by a description of broad entry points or opportunities for creating synergy. Some global evidence is presented. This is followed by the individual country experiences of Brazil, Russian Federation, India, China and South Africa. Finally, conclusions are drawn and recommendations made.

The preparation of the background paper followed four main interrelated steps:

1. an initial study was carried out to identify sources of data and information, including the internet, books, reports, journals and reviews. The process pivoted on a search and review of relevant literature using key terms such as "*social protection*", "*nutrition*" and "*BRICS*".
2. A review and synthesis of existing knowledge (identified in point 1 above) of BRICS experiences in the development of nutrition-sensitive social protection policies and programmes.
3. A few key informative interviews were conducted to ensure inclusion of inputs from country experts, policy-makers and other relevant professionals. A questionnaire was developed to provide guidance in the discussions. FAO provided supervision in the drafting of the questionnaire and identification of country experts for these interviews. Interviews were conducted using Skype and if direct communication was not possible, respondents were requested to complete a shortened version of the questionnaire and provide supporting documentation.
4. A synthesis and analysis of the literature review findings and stakeholder consultations was carried out to come up with conclusions and recommendations.

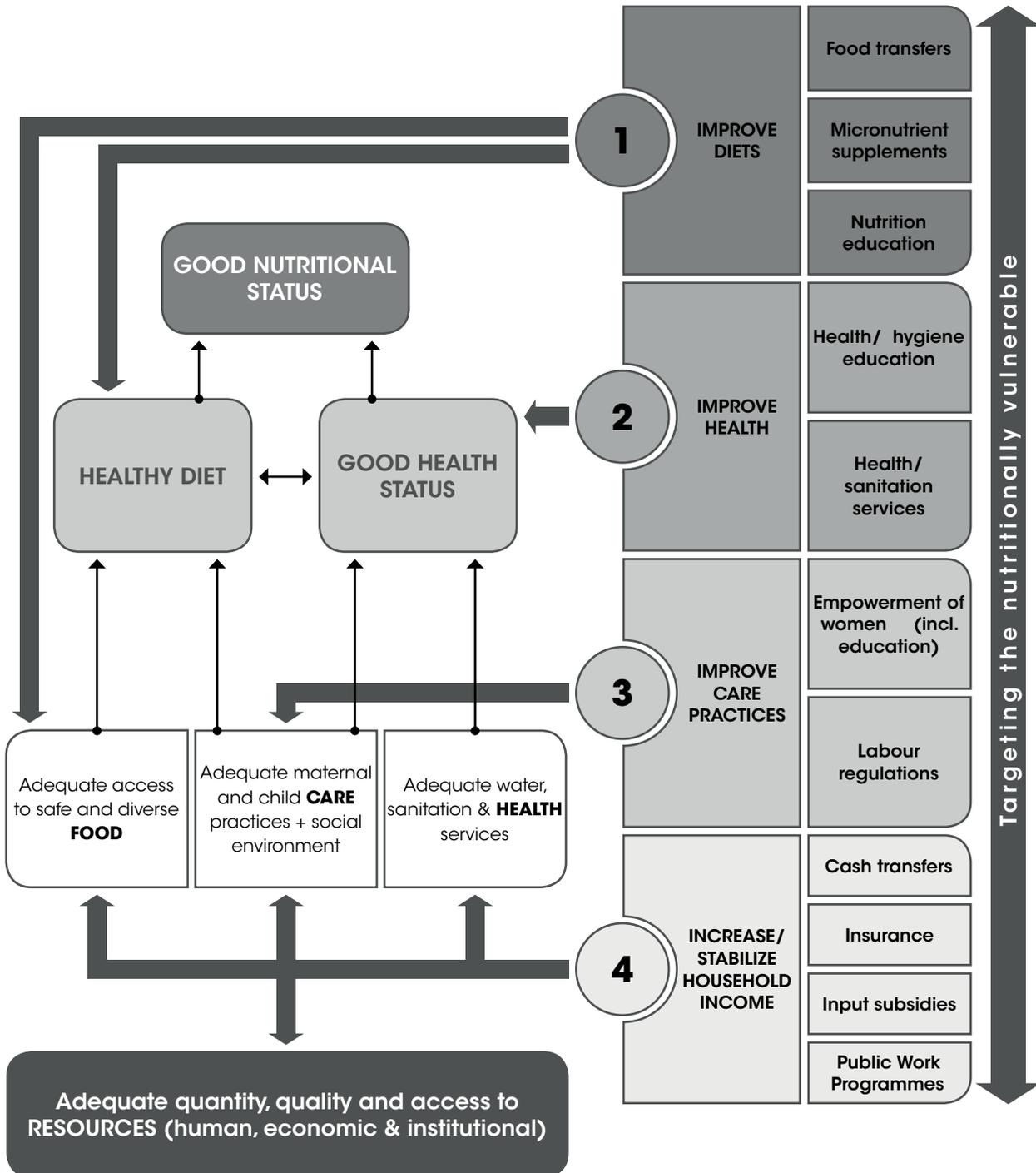
2. SOCIAL PROTECTION AND NUTRITION

Strong interdependence exists between nutrition security and social protection. Social protection can help address the underlying key determinants of malnutrition (FAO, 2014¹). Social protection programmes target those most vulnerable to food insecurity and malnutrition and who are often marginalized from other forms of development assistance. These programmes will typically increase the income of populations as well as influence the timing and, to a degree, control of this income. Social protection programmes may further impact nutrition by fostering linkages with health services or sanitation programmes. Linkages with activities that are related to nutrition education or micronutrient supplementation can have further impact (Alderman, 2014²).

The UNICEF conceptual framework of malnutrition provides a suitable starting point for identifying opportunities for social protection measures to positively influence nutrition (see Figure 1). This provides an easy way of visualizing the multiple linkages between social protection and nutrition outcomes. The two main pathways through which social protection can positively impact nutrition are by improving dietary diversity and raising overall food consumption. In addition to the direct links related to the quality and quantity of food consumed at the individual level, social protection can also influence other determinants of nutrition, including practices related to care, removing barriers to health access, nutrition and sanitation services or basic causes of malnutrition like inadequate access to resources.

Following the framework, social protection can positively impact all components of food, care and health. In terms of diet quantity, quality and diversity, social protection programmes provide additional resources for families to pay for everyday needs and services, allowing more money to be spent on non-staple foods, including fruits, vegetables and animal food products. In addition, this may enable access to both health and care services. Social protection contributes to reducing vulnerability to shifting patterns of agriculture and climate; when households are more food-secure, they are better able to adapt to seasonal variations in malnutrition. Reductions in child mortality, particularly for deaths attributable to poverty-related causes, such as malnutrition and diarrhoea, can also be achieved.

✓ **Figure 1. Conceptual framework of malnutrition and possible entry points for social protection interventions**



Source: FAO, 2015³ drawing on UNICEF, 1990⁴

Figure 1 illustrates how social protection interventions can directly contribute to an ideal nutrition status which may be obtained by consuming a healthy diet for optimal health. For example, food transfers and school feeding plans can ensure that healthy food is provided. Social protection can facilitate access to health care through conditional cash transfers that encourage the use of health services. Further, social protection can be designed to enhance households' ability to provide care to young children and other dependent family members through targeted social transfers.

Without a widely accepted definition (see Box 1), social protection is generally understood to be a set of interventions whose objective is to reduce social and economic risk and vulnerability, and to alleviate extreme poverty and deprivation. It provides a useful framework for considering a wide range of public actions to transfer goods and services – which may include food, cash or health and education services – to protect people from both transitory and chronic poverty and hunger.

The interest in social protection has been directly motivated by the desire to achieve greater impact on chronic hunger and transition beneficiaries from ad hoc relief programmes to more predictable forms of social assistance. As such, social protection can be interpreted in its widest sense, including cash transfers, home-based care, income-generating activities, internal savings and lending, cash for work, support to youth, the disabled and the elderly, and others (Devereux and Sabates-Wheeler, 2004⁵).

Box 1. What is social protection?

With social protection recently and rapidly moving up the policy agenda, it has been defined in various contexts and by a variety of stakeholders. No definition has so far been accepted widely enough to ensure a common understanding of social protection. Most operational definitions, however, include three elements of social protection⁶: social assistance, social insurance, social equity.

Social protection in its broadest sense is therefore aiming to alleviate income poverty (e.g. through the promotion of income-generating activities), to reduce vulnerability (e.g. through insurance against crop failure), and to foster greater social justice and inclusion (e.g. through empowerment of marginalized groups²¹).

Social protection coverage to all is now one of the proposed targets of the Sustainable Development Goals:

1.3 implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

<https://sustainabledevelopment.un.org/sdgsproposal.html>

Acknowledging that social protection has many definitions, an important framework has emerged from the Social Protection Inter-Agency Coordination Board (SPIAC-B), a World Bank-ILO chaired group created at the request of the G-20 to develop a coherent approach to social protection programming across key actors. One key initiative from the SPIAC-B has been the development of the Core Diagnostic Instrument (CODI) which focuses on a core set of areas including policy, programme, delivery tools and results areas, and enables country-led definitions guide the parameters of social protection system assessment. This approach is based on an understanding that social protection goes far beyond short-term safety-net type interventions financed from donors' aid and/or government budgets, and that coordination is required in the context of a plurality of policy approaches from temporary, targeted to universal rights-based ones, with multiple instruments and actors. Currently, FAO is leading efforts within the SPIAC-B framework to complement the CODI with a Food Security and Nutrition assessment tool.

Evidence of food and nutrition impacts of social protection policies, programmes and interventions

Emerging evidence has revealed that social protection schemes such as social transfers can support improved nutritional impact, particularly rights-based cash transfers and public work programmes (FAO, 2012⁷; HLPE, 2012⁸). Emerging evidence illustrates that they can improve food consumption (EC, 2012⁹), dietary diversity and nutrition outcomes such as reductions in stunting, wasting, underweight and anaemia (Save the Children, 2012¹⁰; IFCRC, 2011¹¹; Devereux, 2012¹²; From Protection to Production Project¹). In particular, social transfers enable poor people to access: (a) additional and better quality food; (b) health services; and (c) water and sanitation facilities. If carefully designed, they may also facilitate good care practices (EC, 2012; HLPE, 2012; Save the Children, 2012).

☑ **Box 2. Nutrition-relevant indicators for monitoring and evaluating social protection programmes**

Adequate nutrition depends on multiple factors, including regular consumption of a safe, healthy and diverse diet, access to health care, clean water and sanitation services, as well as nutrition education. Assessing the levels of nutrition necessarily requires having and using multiple indicators describing the different determinants of nutrition which include:

- *anthropometric measures of nutritional status*: which are commonly collected to gauge undernutrition in children, and reflect early deprivation including prenatal undernutrition.
- *Dietary diversity or meal frequency*: relatively easy to monitor and can be collected for individuals in a target group rather than for a household as a unit.
- *Food consumption*: reveals information about inputs into nutrition.
- *Biochemical and clinical indicators of nutritional status*: while dietary intake only affects nutrition through food consumption biochemical and clinical indicators refer levels of micronutrients and macronutrients in the body and they can be also affected by non-nutritional influences such as health conditions. Assessment of these indicators requires more effort and more information.
- *Participation in health and nutrition activities*: including public awareness and national health and nutrition campaigns.

Evidence is also emerging from individual country experiences of social protection policies, strategies and programmes aiming to reduce household food insecurity through national systems, such as Brazil's *Zero Hunger* programme. This evolved into an integrated and multisectoral system under the National Food and Nutrition Security System, as well as the *Brazil without Extreme Poverty Plan*, both of which reflect an integrated social protection with a strong emphasis on education, training and capacity development (de Brauw *et al.*, 2012¹³). This has shown positive results with respect to self-employment opportunities, improvement of nutritional status and alleviation of poverty in the project areas.

The relationship and synergy between social protection and the agricultural sector is also increasingly understood and acknowledged (Adato and Hoddinott, 2010¹⁴; Berhane *et al.*, 2012¹⁵). Social protection can play an important role in providing income security to vulnerable individuals and families, reducing the risk of triggering negative coping mechanisms, including reduced quality and quantity of food consumption, sale of productive assets, or pulling children out of school, and building resilience, including through human development and agricultural/economic investments.

The *UNICEF-FAO Partnership, Transfer Project and From Protection to Production Project*ⁱⁱ have also contributed to strengthening the evidence of social transfers on nutrition in sub-Saharan Africa. Impacts on access to food, health and education services, complemented by impacts on dietary diversity and, in some cases - particularly when assessing programmes that target households with children under five -and the influence of nutrition-specific indicators, have also been identified.

Integrated national systems and programmes are also coming into focus although their effectiveness in impacting household food security and nutrition remains uncertain. An example of such an integrated approach is found in China where, by 2010, 24 million rural households benefited from a multisectoral approach including subsistence allowance for housing, medical care, food and clothing, and a multifaceted human capital formation system was established (FAO and WHO, 2014¹⁶).

This enhances a growing body of evidence, particularly since previous studies on conditional cash transfers – one of the social protection instruments - reported mixed results in terms of nutritional impact (Manley *et al.*, 2010¹⁷). However, one key conclusion out of the evidence is the need to develop multisector responses capable of addressing economic and other key determinants of malnutrition. Social transfers are contributing to this process, but will not be able to generate sustainable nutrition specific outcomes by themselves.

In the following sections, which focus on the BRICS, as much evidence as possible has been extrapolated to put together this report.

ii www.fao.org/economic/ptop; www.unicef-irc.org/publications/782

Box 3. From Protection to Production (PtoP). Exploring the linkages and strengthening coordination between SP, agriculture and rural development

The PtoP project is a multicountry impact evaluation of cash transfers in sub-Saharan Africa. The project is a collaborative effort between FAO, the UNICEF Eastern and Southern Africa Regional Office and the Governments of Ethiopia, Ghana, Kenya, Lesotho, Malawi, Zambia and Zimbabwe.

A qualitative assessment of these programmes concluded that the impacts of cash transfers are dictated by a wide range of contextual factors, some of which include household asset base, livelihood strategies, levels of vulnerability, local economic institutions and complementary services and programmes. These results affirm the need to make social protection policies and programmes context- and group-specific, narrowly targeted, and integrated in approach, covering multiple sectors.

Source: Barca and Pozarny, 2015¹⁸

Opportunities and synergies for enhancing nutrition-sensitive social protection

As demonstrated by the conceptual framework presented earlier, the causes of malnutrition are multifaceted with the underlying causes widely considered to be household food insecurity (in terms of availability, access, utilization and stability), poor care practices (poor breastfeeding, child feeding, personal hygiene and child care, among other behaviours), insufficient access to health services and an inadequate health environment (UNICEF, 1990¹⁹).

Social protection and nutrition are also linked by their relevance in building resilience and linking emergency and development approaches. Both nutrition and social protection use the life cycle approach and terminology, acknowledging that economic and nutritional vulnerabilities differ throughout various life phases and that both malnutrition as well as poverty/social exclusion have a “hereditary” character and are often passed on from one generation to the next (Bastagli, 2014²⁰).

As suggested by FAO, there are a number of operational and conceptual entry points for linking nutrition and social protection programmes (FAO, 2015). In terms of **food access**, social protection offers a suite of policy options to complement agriculture and ensure the right to food, with a view to preventing poverty-induced hunger and undernutrition. Livelihoods support and protection offered through agriculture and food security interventions seek to strengthen production capacities and/or generate income, which can be leveraged to promote dietary diversification and ultimately, to achieve improved nutrition

outcomes, provided explicit nutrition outcomes are defined (HLPE, 2012; FAO, 2009²¹; FAO, 2012).

Another dimension to the food linkage is that social protection can increase food expenditure, food consumption and dietary diversity via food, cash and voucher transfers and price subsidies, increasing consumption during lean seasons and/or periods of crisis. While the impact of transfers on household expenditures varies across programmes, in many countries recipients may see their consumption increase. In most cases the majority of this increase goes on food expenditures. Indeed, there is evidence from cash transfers in Colombia that households commonly spend more on food and health from transfer income than from general income (Manley *et al.*, 2013²²). In particular, cash transfers support greater choice of food, placing nutritious foods within economic reach with the potential to improve complementary feeding among young children as well as the diets of older household members (Barca and Pozarny, 2015; Save the Children, 2012; Harvey, 2007²³).

In terms of **health**, social protection schemes may be linked to health and nutrition services primarily extended through health facilities. These include conditional cash transfers (CCTs) which are disbursed upon compliance with health and nutrition requirements, as determined by the given social protection programme (Gentilini and Omamo, 2009²⁴), as well as unconditional transfers which provide families with the capacity to cover direct and indirect costs of accessing health through health care, transportation costs, medicine, and mitigating time or opportunity costs (Palermo, 2015²⁵). An example explored in this paper is that of *Bolsa Familia* in Brazil. Supplementary feeding is another form of social protection which is often extended through the health system. It seeks to prevent and treat moderate acute malnutrition among pregnant and lactating women and young children by distributing food rations and specialist nutrition products to these groups. Similar evidence emerges from Ghana, linking cash transfers to a reduction in debt held, increases in loan repayments and an important risk reduction strategy among households – re-engagement with informal social networks (Daidone *et al.*, 2015²⁶; de Groot *et al.*, 2015²⁷).

In terms of **care**, physiological factors augment nutritional vulnerability among adolescent girls and women (Palermo, 2015; EPRI/UNICEF, 2015²⁸). In addition, care such as breastfeeding, food collection and preparation, child minding, and other household duties like the collection of firewood, fuel and water are commonly carried out by women. These duties are typically unpaid and can accentuate gender disparities, hampering women's participation in the labour market, income-generating power, contribution to agriculture, household food

security, and ultimately nutrition (EC, 2012; Save the Children, 2012). Extensive labour regulations can help address these concerns such as through protecting maternity and paternity leave and promoting breastfeeding-friendly workplaces to further support child care. In India, for example, the National Rural Employment Guarantee (NREG) programme provides crèche facilities at the worksite to promote child care and encourage women's participation in public works. Social protection has been increasingly criticized for failing to pay adequate attention to differences between social groups and the different problems they face in terms of access to and provision of services (Sabates-Wheeler and Roelen, 2011²⁹). Specific vulnerabilities of children and their carers may be revealed from a gender perspective including different physical and biological needs, a dependency relationship and institutionalized disadvantage, each with practical implications for the design and implementation of social protection. The overview above provides an extract of some of the key linkages and entry points, which create a practical framework for both policy-makers and practitioners.

Trade-offs, challenges and constraints to enhancing the nutrition sensitivity of social protection

Despite this growing evidence, there is a need for further exploration and systematic identification of the experiences and lessons learned of social protection systems on nutrition outcomes, including analyses of the institutional and governance mechanisms that must be in place in order to ensure successful implementation and positive nutritional outcomes. This is an important gap in current knowledge. Furthermore, in trying to increase social protection's impact on nutrition outcomes, it is necessary to find the balance between focusing on mainstreaming nutrition-enhancing aspects in social protection design and identifying where more nutrition-specific programmes or design may need to be included.

In support of this last statement, an extensive range of studies quantify changes in specific investments and behaviours attributable to eligibility for transfer programmes including the impact of transfers on nutrition. Despite reasonable expectations supported by the experiences mentioned above and despite design features included in some programmes to increase nutritional impact, there is far less evidence from low- and middle-income settings that transfers influence the nutritional status of young children than evidence that specific underlying health-seeking behaviours have increased (Ruel and Alderman, 2013³⁰). There is of course some evidence of impacts, mainly on the underlying

causes of nutrition, such as on food access, dietary diversity and food consumption as well as limited evidence on the impacts on anthropometrics in South Africa, Mexico and other countries (Agüero *et al.*, 2006³¹).

Ruel and Alderman (2013) surmised that one reason for the limited observed impact of transfer programmes on nutrition is that the measurement of nutritional impact is often over a broader group of children included in transfer programmes rather than those in the most responsive age group. With heterogeneity of nutritional outcomes, this approach would likely dilute and possibly mask overall changes in the treated population that could be attributable to a transfer programme. The need to more fully acknowledge time costs when designing programmes is underscored when one considers that programmes aimed at improving nutrition are potentially in synergy with those to improve care-giving for child stimulation (Manley *et al.*, 2013³²).

Public works programmes have proved to be an effective instrument to deal with crises such as floods and droughts, ensuring adequate consumption by food-insecure households, but experience varies a great deal across countries (HLPE, 2012). Successful programmes have made a big difference in creating or maintaining useful infrastructure such as rural feeder roads, and improving farm yields, thereby enhancing the incomes and food security of the rural poor. Common criticisms of public works – that heavy manual labour reduces the net nutritional value of food or cash wages and can exclude women and the labour-constrained poor, that assets often deteriorate after the project ends, and that these programmes are susceptible to corruption – should be addressed by careful design, implementation and monitoring (Holms and Jones, 2011³³; Sabates-Wheeler and Roelen, 2011; Webb, 1995³⁴).

A final challenge is that nutrition is usually not part of the mandate of ministries that implement social protection; there is a general lack of a rights-based social protection objectives, poor communication between social and/or welfare ministries and agriculture ministries, and improper or inefficient targeting of interventions. FAO is currently working with the International Labour Organization (ILO) to expand social protection in rural areas, where it is especially lacking, and is also developing monitoring systems to assess the impacts of social protection on food security (ILO, unknown³⁵).

3. FAO'S ROLE IN SOCIAL PROTECTION AND NUTRITION

FAO continues to define its role in social protection and linkages with nutrition. A number of Divisions work on social protection issues with various activities exploring the topic in relation to agriculture and food security under way.

Box 4. Providing policy support for coherent nutrition-sensitive social protection policies and programmes

FAO has actively facilitated the national dialogue on social protection in the Kyrgyz Republic, in line with Recommendations 22 and 23 of the *Framework of Action* of ICN2. The Kyrgyz Republic launched an Assessment-Based National Dialogue (ABND) on social protection in cooperation with the International Labour Organization in late 2014. The ABND provides a high-level platform and political space to jointly discuss policy options to achieve full social protection coverage under a nationally defined Social Protection Floor (SPF). The Kyrgyz Republic is the first, and so far only, country in Central Asia to implement this process that engages all critical government agencies, national stakeholders and partner agencies.

In order to ensure that food security and nutrition considerations are addressed in a coherent and coordinated manner across sectors, FAO has provided specific recommendations throughout the ABND process. These have focused on: (1) targeting and reaching the nutritionally vulnerable, including marginalized groups, such as women, families with young children, and those employed in the informal sector; and (2) improving their productive potential for improved food security and rural development.

FAO advocated for the increase, predictability and better targeting of the Monthly Benefit to Low Income Families with Children (MBLIF). The increase of the MBLIF was eventually included in an ABND Resolution as one of the main priorities. Also, seeing a lack of effective targeting mechanisms on social assistance, recommendations have been made to deliver social benefits to the appropriate target groups by introducing apposite poverty measurement such as means-testing.

Furthermore, gaps in the nutrition standards among existing social protection policies have been highlighted, and suggestions have been made to bring nutritional norms in nutrition-sensitive legislation to a common standard according to the list of products, caloric value and cash norms. FAO also encouraged the need for coordinated and coherent policies across sectors – agriculture, nutrition, health, education, gender, among others – to ensure long-term and sustainable solutions to rural poverty and malnutrition.

In order to build a comprehensive social security system and to extend social security coverage, FAO has initiated inclusion of a school feeding programme as one of the policy options within the national social protection floor.

FAO acknowledges the necessity of a multisectoral and multistakeholder approach to integrating nutrition and social protection. Through the Revised Strategic Framework, which includes addressing malnutrition and rural poverty as key objectives, FAO aims to strengthen government capacities in designing, implementing and monitoring social protection systems that benefit rural households and those dependent on rural livelihoods, while establishing key linkages with food security and nutrition.

Strategic Objective 1 targets elimination of hunger, food insecurity and malnutrition. Through this Strategic Objective, FAO supports efforts to eliminate hunger and malnutrition by mainstreaming food security and nutrition objectives, concerns and considerations into food and agricultural policies and programmes. FAO works in close collaboration with other United Nations agencies and development partners across sectors to build political and financial commitment for improving food security and nutrition through high-level fora such as the Second International Conference on Nutrition (ICN2) and the Committee on World Food Security (CFS), as well as to strengthen capacities at country level to scale up policies and interventions that improve food security and nutrition.

Strategic Objective 3 targets the reduction of rural poverty. Key to this objective is the improvement of social protection systems through strengthening links between social protection measures and food security and nutrition, agricultural productivity growth, empowerment of rural women, and rural poverty reduction. FAO also emphasises that ensuring social protection programmes more effectively help the rural poor manage risks. As such, social protection has become an important component of FAO's core mandate and objectives.

As an illustration, the 2015 edition of FAO's flagship publication, the *State of Food Insecurity in the World (SOFI)* highlighted the importance of social protection, reiterating that such programmes played a significant role in achieving food security and improving nutrition (FAO, IFAD and WFP, 2015³⁶). SOFI warns, however, that despite the rapid growth of social protection programmes, about 70 percent of the world's population lacks access to some form of social security, meaning that considerably expanded coverage of such programmes is needed to eradicate hunger.

FAO generates knowledge and evidence on the impact of national social protection programmes on nutrition outcomes, as well as on linkages and synergies between nutrition and social protection within the wider context of agricultural and rural development. It also works with partners in developing normative and standard-setting instruments. Further, greater emphasize is

placed on facilitating partnerships, outreach and advocacy among and within countries in the area of social protection and its links to food security and nutrition, agricultural and rural development.

FAO has comparative advantages which bring added value to the social protection arena. Its technical expertise in working with the informal sector, building communities' resilience through training, capacity-building and livelihoods support as well as its access to government and line ministries makes it well positioned to promote social protection and its integration into national policies, strategies and action plans. Other stakeholders are looking to FAO to provide guidance and tools on the broad linkages between nutrition, food security and agriculture, and more specifically, those between food production and consumption, and nutrition and livelihoods support.

Box 5. South-South Cooperation: the case of the Purchase of Africa for Africans (PAA) Programme

Recognizing that each country context is different, South-South initiatives should be carefully designed. Sharing a Southern solution, such as a policy of public food purchases from small farmers for food assistance, requires technical expertise and an in-depth knowledge of the grass-roots reality, in order to jointly design and implement a model which best fits the context. The PAA Africa programme is implementing adapted and operational models of local food purchases from small farmers for food assistance in order to inform national policies on food security and small-scale family farming. It provides technical support to the design and implementation of national policies and the scaling up of programmes on local food purchases.

The South-South Cooperation between Brazil and African countries which belong to the PAA Africa Programme, has adopted an approach of continuous exchange and learning, leading to the implementation of solutions that are jointly designed by countries from the southern hemisphere. The PAA is supported by FAO and WFP's technical expertise and implemented by African governments, along with the Brazilian Government's support on policy dialogues for national programming and policy design. The PAA also works with the Department for International Development (DFID - United Kingdom), as part of triangular cooperation, thus benefiting from diverse financial and technical partners.

4. ANALYSIS OF BRICS COUNTRY EXPERIENCE

As new drivers of global economic growth and major geopolitical players, the BRICS countries are increasingly well known for their substantial commitments to social protection and extension of social security coverage (ISSA, 2013³⁷). A scan across all five countries reveals a depth of innovation. Examples include the *National Rural Employment Guarantee Scheme* and the *Rashtriya Swasthya Bima Yojana* health insurance scheme for the informal sector in India; a rights-based approach to social security in South Africa; and the *Programa Bolsa Família*, a conditional cash transfer programme implemented in Brazil, where the population classified as “middle class” grew from 38 percent in 2001 to 55 percent in 2011 (ISSA, 2013). China has increased its coverage rate for health insurance from 318 million people (24 percent of the population) in 2005 to 1.26 billion people (94 percent of the population) in 2010, an average monthly increase of nearly 16 million people in five years. The Russian Federation has tackled the challenges of improving the adequacy and sustainability of social security schemes, curbing the decrease in coverage and enhancing social protection for migrants and informal-sector workers. Clearly there is a firm commitment to social protection, much facilitated through government-led institutional structures that are domestically financed.

The following sections provide an analysis of social protection in each of the BRICS countries through the nutrition lens. For each country a series of questions is addressed:

- what is the political debate on nutrition-sensitive social protection?
- What are the flagship social protection policies and programmes with a focus on nutrition?
- What is the impact of existing and former social protection policies and programmes on nutrition?
- What are the key achievements and milestones in nutrition-sensitive social protection?
- What are the key challenges faced in making social protection more nutrition-sensitive?
- What are the priorities and needs at all levels of policy-making in integrating nutrition in social protection programmes?

4.1. Brazil

What is the political debate on nutrition-sensitive social protection?

Political momentum

Food and nutrition security found fertile political ground in President Lula's government, which provided civil society and the federal government an opportunity to enter into dialogue. As they began to coordinate activities and agree on priorities, visibility was raised on social protection and nutrition (CONSEA, 2009³⁸). President Lula made hunger eradication his ultimate goal – to be achieved through the Zero Hunger (*Fome Zero*) Strategy. This opened the way for the establishment of a broad National System for Food and Nutrition Security Policies in an intersectoral, decentralized and participatory manner. This system encompasses dozens of ministries and civil society organizations engaged in coordinating activities at national, state and municipal level. The main focus areas are social protection, health, nutrition, education, agriculture, rural development, environment, work, human rights and gender. Within this process, its social protection policy was rebuilt and strengthened.

Under President Dilma, commitment to the eradication of hunger and poverty was strengthened with the launching of the “*Brazil Without Extreme Poverty*” Programme. While maintaining the former structure of the Food and Nutrition Security System and the social protection policies, this new programme focused on inclusive production by population groups previously excluded by their severe poverty. A particular strategy was the creation of linkages between existing programmes and the formulation of new strategies.

An interesting observation is that these new policies and in particular the social protection programme, *Bolsa Familia*, has not only strengthened the electoral process, as people recognize a direct stake in the political-economic system, but has also built stronger interaction between people and the State (Midgley, 2012³⁹; Hall, 2012⁴⁰). This is a powerful example of the transformative function of social protection, as conceptualized by Devereux and Sabates-Wheeler. Indeed, the importance of politics is central to explaining the expansion of social protection assistance in Brazil (and South Africa) (Barrientos *et al.*, 2013⁴¹). Landmark political change provided a renewed impetus for social protection and especially assistance. The growth of social assistance in these two countries has its roots in renewed social contracts, embedded in new constitutions redefining the right to social protection. The political processes had a significant

effect on the extension of social assistance in the two countries, ensuring a focus on poverty reduction and equity.

A key political debate in cash transfers in Brazil has been on conditionalities. Conditional cash transfer programmes have demonstrated large, statistically significant impacts on poverty and on education, health and nutrition outcomes, mainly for children. Research on this issue was undertaken in Asian and Latin American countries by the International Food Policy Research Institute (IFPRI), which reviewed the impacts of 20 cash transfer programmes globally (Adato and Bassett, 2012⁴²). However, there is no clear verdict when it comes to unconditional programmes.

Role of social participation, accountability and managing capacities

Since the 1970s, numerous social movements have pressured for democratization in Brazil and the proposition of human rights has thus deeply influenced the elaboration of the 1988 Constitution (Leite *et al.*, 2013⁴³). The labour movement and left-wing political parties have been key actors since the 1960s, demanding the creation of social security legislation. In 1993 the *Action against Hunger and Poverty and for Life Campaign* was launched under the leadership of Hebert de Souza. This campaign was decentralized, made autonomous and rapidly spread across the country, with around 3 000 committees and three million people mobilized. It sparked a broad debate on the relationship between the economy and rights, social policy and quality of life. In the same year, the National Council of Food and Nutritional Security (CONSEA) was created.

The reactivation of CONSEA in 2002 and the IIE National Conference on Social Assistance in 2004 had an important role in affirming food security and nutrition as part of the Brazilian system of social protection (Leite *et al.*, 2013). The conference was pivotal in consolidating different social policies, creating new consensus and ensuring social pressure for the continuous expansion of social protection policies. CONSEA was restructured as the President's advisory board and as an important institution for the Government to discuss the formulation, implementation and monitoring of its main policies and programmes linked to food and nutrition security, agriculture, rural development and social protection.

Another essential feature of the evolution of social protection in Brazil was the development of knowledge, data and methodologies to better understand social risks and vulnerabilities, improve its planning capacity and ensure social policies' legitimacy through evidence-based information (Leite *et al.*, 2013).

The progress made by Brazil in the fight against hunger and poverty resulted from the combination of government and civil society interest through a process of

collective, participatory and democratic construction (Leão and Maluf, 2013⁴⁴). The continuity of the main public policies that have contributed to this progress and the convergence of political and social forces have been indispensable conditions to overcoming the challenges that still hinder the elimination of all forms of social inequality and violation of rights.

What are the flagship social protection policies and programmes with a focus on nutrition?

According to the pivotal 1988 Constitution, social protection encompassed social security, health and social assistance as social rights. In 2010, a broad mobilization of civil society led by CONSEA resulted in the inclusion of food as a social right guaranteed by the State. Thus the fight against hunger became a central tenant of public policy in 2003, when the *Zero Hunger* strategy was launched to articulate public policies, programmes and actions to ensure access to food, especially to the poorest (Raffray, 2012⁴⁵). The strategy articulated policies and programmes under four main axes: access to food, family farming promotion, income-generation, and social accountability and mobilization (Leite *et al.*, 2013). The Zero Hunger Project, adopted by Lula's administration in 2003, defined the fight against hunger and poverty as a political priority and paved the way for the development of legal instruments that would ensure the continuity of policies and programmes targeted at the poor (Leão and Maluf, 2013).

The centrality of food security and nutrition policies in ensuring comprehensive social protection has been gaining ground (Raffray, 2012). The network of social protection has been expanded having food and nutrition at its core and in combination with social assistance and cash transfer programmes. The main aim has been to promote an inclusive country-wide economic development and it encompasses the whole economic and financial policy and the reduction of income inequality through structural and direct social policies. Some direct programmes to promote food security and nutrition are: the Food Purchase Programme (PAA); Family Farming Strengthening (Pronaf); the National School Feeding Programme (PNAE); the Cisterns Programme, which encompasses the storage of rainwater for consumption and production; the *Bolsa Família* Programme; food and nutrition education; urban and peri-urban agriculture and public goods such as low-cost restaurants, collective kitchens and food banks.

In 2011, the *Brazil Without Extreme Poverty* Plan was launched aimed at reaching extremely poor households that had not been included in the Government's

social programmes. The plan was ostensibly to develop tools to find and reach those families to enable them access to cash transfer programmes and to public services in education, health, social assistance, electricity, sanitation and productive inclusion. Clearly the social protection system in Brazil is, in many ways, a work in progress and still faces many challenges. Increasing demands for sharing experiences with other countries has actually contributed to shift reflections on the drivers of Brazilian experiences themselves (Raffray, 2012).

What is the impact of existing and former social protection policies and programmes on nutrition?

The following provides a synopsis of some of the key social protection policies and programmes as they pertain to impact on nutrition.

The Zero Hunger Strategy

In 2009 it was estimated that 20 million Brazilians emerged from poverty following the implementation of this policy. Food security improved overall: in 2009, 30.2 percent of households were food-insecure (as against 34.8 percent in 2004). Early childhood malnutrition fell by 61 percent between 2003 and 2009. The amount of loans granted has increased eightfold. Farmers' incomes have risen by 58 percent.

The cash transfer programmes (*Bolsa Família*) were a triggering element for this trend: by improving the poorest families' purchasing power, they were able to revive demand in local markets. In addition, Brazil withstood the food and financial crises of 2008 because of its family farming protection and food access facilitation measures.

Impact of Bolsa Família

Bolsa Família is one of the largest conditional cash transfer programmes in the world, providing cash grants to poor households upon condition of their fulfilling a series of requirements related to schooling and health (Hall, 2012⁴⁶). Payments associated with *Bolsa Família* comprise:

1. a conditional variable payment per child aged between 0 and 15 years, for up to three children, to "poor" households below a per capita income threshold, and
2. an additional unconditional transfer to "extremely poor" households below a lower per capita income threshold.
3. The transfer is conditional on pregnant women receiving timely prenatal and postnatal care visits, all children aged 0 to 5 within the household receiving timely vaccinations and growth-monitoring visits, and all children

aged 6 to 15 attending school for at least 85 percent of the school year.

The *Bolsa Família* Programme provided 13.8 million families in 2013 with conditional cash transfers. Of those, 11.9 million were entitled to health conditionalities through the Basic Care of the National Health System. The aim of the programme's Health Conditionalities are to improve access to health services, through identifying and acting on the vulnerability of families and collaborating across sectors to break the cycle of poverty over generations. The conditionalities aim at providing prenatal care for pregnant women with recommendations for breastfeeding, tracking the immunization schedule of children under seven years, as well as monitoring weight and height and therefore nutritional status, to prevent disease and promote health, especially in early childhood.

In 2013, 98.7 percent of children in the programme were up-to-date with their vaccination schedule, and 85.9 percent had their nutritional status assessed (Jaime *et al.*, 2014⁴⁷). About 99 percent of pregnant women were up-to-date with prenatal care, and 85.5 percent received nutritional status assessment. As for nutritional indicators, undernourishment of children under 5 years of age has been decreasing in the last three decades. Brazil has thus exceeded the second Millennium Development Goal of halving the number of children below 5 years that were underweight in 2006, as the prevalence of undernutrition has been reduced from 7.1 percent in 1989 to 1.7 percent in 2006.

A quantitative analysis focusing on children below 5 years that were beneficiaries of *Bolsa Família* analysed weight and height data from 1 901 370 children in 2008 and 2 365 276 children in 2012 (Jaime *et al.*, 2014). The results showed an increase in annual medium height in the period making the data close to the WHO reference. Medium height increased 0.80 cm for boys and 0.70 cm for girls of 60 months. The increase was observed also in children of 24 months. As a result, the height deficit was reduced by 9 percent during that period. Also, statistically significant increase in weight was also observed in children aged 60 months.

Another set of conditionalities focused on education and school attendance. Using a large-sample household panel survey from 2005–2009, De Brauw and colleagues estimated the impact of *Bolsa Família* on a range of education outcomes, including school participation, grade progression, grade repetition and dropout rates (2014⁴⁸). A modest, weekly significant increase in aggregate participation of 6-to-17-year-old children (4.5 percentage points) was found. However, positive impacts of *Bolsa Família* on schooling outcomes were much stronger for girls than boys. This finding is particularly notable, given that girls

typically have similar or slightly better enrolment rates and grade transitions than boys in the absence of the programme.

The School Meal Programme

As indicated above, Brazil has made important progress in reducing malnutrition. In 1990, 14.8 percent of the population suffered from hunger; the figure is now just 1.7 percent. This remarkable transformation owes much to the country's school feeding programme (FAO, 2014⁴⁹). The National School Feeding Programme (PNAE), or school meal programme, was implemented in Brazil in 1955, and targets all students attending public schools which amounts to 42.6 million students in almost 250 000 schools across the country. The PNAE was remodelled through its inclusion in the *Zero Hunger Strategy*. The resources for school meals is guaranteed by the Ministry of Education to all States and municipalities in order to ensure a daily meal for children enrolled in basic public schools. This provides a complete meal preferably with rice, beans, meat, vegetables and fruit.

School feeding is linked to family farming and this has led not only to better nutrition among school children but also effective integration of food and nutritional education, greater community involvement and significant improvements in income and welfare of family farmers. The Food Acquisition Programme (PAA) was created in 2003 from a recommendation by CONSEA, as a public policy instrument that strengthens relations between food producers and consumers. Its main objectives are to support the sale of agricultural and livestock products from smallholders, thus stimulating the production of food; and facilitate access to these products by families suffering from food insecurity. As such, the programme provides for the direct purchase of food from family farmers, agrarian reform settlers and native peoples and communities to supply government programmes aimed at assisting populations in a situation of food insecurity; to promote actions for food distribution to people living in a situation of greater social vulnerability; and to build up strategic stocks (Leão and Maluf, 2013).

The success of Brazil's school feeding programme has seen its strategies being replicated and adapted elsewhere in Latin America and, more recently, the Caribbean through the *Strengthening of School Feeding Programmes in the Framework of the Hunger-Free Latin America and Caribbean 2025 Initiative* (FAO, 2014).

What are key achievements and milestones in nutrition-sensitive social protection?

The following outlines some of the key achievements and milestones in nutrition-sensitive social protection in Brazil.

Strong political will

President Lula made food security and nutrition a political priority during his election campaign for the presidency of Brazil in 2003 (Raffray, 2012). This built on decades of social mobilization on the issue. Lula subsequently established the Zero Hunger strategy, grouping together several existing programmes that were previously not coordinated into several major goals: strengthening family farming, improving access to food, income-generating activities, and social participation (FAO, 2014). These impacts have been documented above. What is central is that nutrition has become part of the social protection framework with a national nutrition education structure established to reinforce this.

Intersectoral approach

The *Bolsa Família* Programme in Brazil is an example of an effective intersectoral approach: “*The successful delivery of this social protection programme requires satisfactory institutional arrangements and co-ordination between ministries and sectors. The conception of a unique social register decreases targeting errors. Also, linking social protection agents with health, education, employment and housing services at state and municipality levels contributes to an effective co-ordination of the programmes and to a more coherent delivery. The success of the Brazilian social protection programme relies on the coherence of its national strategy, through tight co-ordination across all the national social programmes. An integrated and coherent approach to social protection contributes to creating an umbrella social system which improves the efficacy and efficiency of programmes’ delivery systems.*” (Hulme and Maitrot, 2011: 3⁵⁰).

A sound legal framework

The National Law on Food and Nutrition Security (LOSAN) guarantees the right to adequate food and lays the basis for the National System for Food and Nutrition Security (SISAN) to ensure the realization of this right. It is the charter that shows the path to be taken by the nation in the field of food security and nutrition. It establishes the principles of the system: universal access, equity, autonomy, social participation and transparency.

The Law on Family Farming, which came into force in 2006, gives a precise definition of the family farming concept, determining who can and cannot benefit from the programme’s support. The School Feeding Law enacted in

2009 created a legal framework for school feeding programmes which have institutionalized the National Schools Nutrition Policy (FAO, 2014).

Governance arrangements

The National Council on Food and Nutrition Security (CONSEA), re-established in 2003, includes government representatives in its composition with, however, most of its members coming from civil society. The process was informed by the need to advance an institutional development model that included an intersectoral approach to government actions as well as the role assigned to social participation stocks (Leão and Maluf, 2013). Since then, legal and institutional foundations that respect, protect, promote and originate in the human right to adequate food have been developed and implemented.

The complexity and diversity of public food security and nutrition policies reinforce the relevance of the systemic approach, which among other positive aspects, ensures greater rationality, an integrated view of the problems of the population, and cost-effectiveness, as it avoids the overlapping of programmes and facilitates the convergence of actions of different sectors.

International influence

The PAA Programme is a joint initiative of the Government of Brazil, the Government of the United Kingdom, FAO, WFP and UNDP implemented in Ethiopia, Malawi, Mozambique, Niger, and Senegal (PAA Africa, 2015⁵¹). The PAA focuses on linking smallholder agriculture with school feeding through local food procurement. Its pilot activities are coherently combining the three objectives by: (i) enhancing vulnerable farmers' production methods and productivity by providing agricultural inputs, financial services and training to smallholder farmers; (ii) enhancing the skills of farmers' associations in post-harvest and marketing activities, and (iii) procuring food locally from the supported farmers through different contract modalities. The programme emerged from a high-level political dialogue between Brazil and African countries during the *Brazil-Africa Dialogue on Food Security, Fight against Hunger and Rural Development* (May 2010, Brasilia, Brazil). The pilot results have already benefitted 5 516 small-scale family farmers and 128 456 schoolchildren. Lessons learned from this pilot phase will lead to reliable and adapted models to be scaled up at the country level.

What are the key challenges faced in making social protection more nutrition-sensitive?

Generally speaking, although Brazil has been successful in expanding coverage and adopting a large number of innovative solutions, many challenges remain. Social security policy-making remains fragmented among the Ministries of Social

Security, Health, Social Development, and Labour. This means that agencies charged with granting and monitoring the payment of benefits or promoting the provision of services are dispersed among the ministries (Centre d'Analyse Stratégique, 2012). One of the great challenges is to promote a more integrated approach in order to improve efficiency and expand services to an ageing and increasingly urban and heterogeneous society.

Another big policy challenge for the country concerns the significant increase of overweight and obesity in all population age groups. One in two adults and one in three Brazilian children are overweight. Evidence of simultaneous changes towards high energy-dense diets and lower energy expenditure patterns has been documented across the country, as well as the increasing importance of diet- and sedentary lifestyle-related chronic non-communicable diseases (NCDs) that are becoming a major public health concern (P. C. Jaime *et al.*, 2013).

To cope with these rapid changes, the Brazilian Government has been working at the national and local levels to initiate a wide range of activities to address these emerging needs. The initiatives include a comprehensive national intersectoral plan for obesity prevention and control focused on confronting their social and environmental causes, development of a food and nutrition education framework aimed at intersectoral public policies in the food and nutritional security fields, promotion and provision of healthy food in schools (linked to family farming), structuring nutrition actions in primary health care in the national health care system, promoting community physical activities, food regulation and control, and encouragement of public participation and food control.

Concerning the Zero Hunger Strategy – key challenges

1. The implementation of the strategy has run into expected challenges with a programme of this size and complexity. For instance, problems have arisen with coordination among various ministries and unsuitable regulations that make participation in the programmes impossible (Raffray, 2012).
2. To strengthen the right to food and right to social protection, people must be aware of their rights and the mechanisms which guarantee them must be clear. This raises the challenge of continuously building awareness about these rights whilst strengthening the actual mechanisms for their delivery.

3. If universal coverage is to be achieved, there must be a continuation of expansion of quality public services and assets such as sanitation, housing, public transport, education and health.

What are the priorities and needs at all levels of policy-making in integrating nutrition into social protection programmes?

Creating a comprehensive social protection policy environment was facilitated by the creation of the Ministry of Social Development and Fight Against Hunger (MDS) in 2004 (Leite *et al.*, 2013). This set the conditions for integrating and streamlining national policies related to social development, social assistance, food security and nutrition and cash transfers. Besides coordinating those policies, the MDS was mandated to articulate with all federal units and civil society the establishment of policy and programme guidelines, as well as integrating all initiatives, headed by official or non-official entities, in Brazil.

In short, Brazil has achieved many successes that have made an impact on nutrition with respect to social protection. Nevertheless, it should be recognized that these achievements are mostly restricted to basic protection involving income transfers or social services. The complexities involved with an ageing and wealthier society are far from resolved, and over 70 percent of Brazilian families still have insufficient income to cope with their needs. Without further and deeper reforms to reduce inequalities, it will be difficult for the country to achieve its potential.

4.2. Russian Federation

What is the political debate on nutrition-sensitive social protection?

In the Russian Federation, the formal system of social protection includes work pensions, unemployment benefits, family allowances, sickness and maternity benefits, and housing allowances (Sederlof, undated⁵²).

The national social security (social protection) system comprises social insurance and non-contributory social security (including social assistance) programmes. Social insurance is a form of social protection that entitles those insured to benefits in accordance with contributions paid to the respective insurance funds. Non-contributory social security entitles specified categories of individuals not covered by compulsory social insurance (or whose contributions are under the eligibility threshold) to state-guaranteed benefits.

The formal social protection system absorbs about 12 percent of GDP and accounts for close to 30 percent of household income. Work pensions, sickness and maternity benefits and unemployment benefits are financed through extra-budgetary funds, supported by payroll taxes. Family allowances are a universal benefit financed from local revenues and supplemented with federal transfers. Such transfers are in the form of unconditional block grants covering a range of government obligations, of which family allowances are a designated (but not enforced) priority. Housing allowances and categorical benefits and privileges are funded entirely from local resources.

There is no explicit poverty benefit; instead there are numerous categorical benefits and privileges in cash and in kind, few of which have any specific poverty targeting function. In addition, there is informal support ranging from private plots that allow people to grow their own produce, to help that people receive from friends and relatives outside the household. According to the International Labour Organization, the benefit level of the schemes is often below subsistence level in the various regions and benefits are not necessarily targeted to the poor, but tend to be categorical (ILO, 2010⁵⁵). As a consequence, some of the most vulnerable may get insufficient or no state support.

Political commitment

The issues of nutrition and food quality are traditionally at the top of the agenda in the Russian Federation backed by a strong legislative framework (Popova, 2014). The 1998 *Concept of the State Policy in the Field of Healthy Nutrition at Federal and Regional Levels* was developed followed by the *Food Security Doctrine* adopted in 2010, the *Foundations of the State Policy of the Russian Federation on Healthy Nutrition up to 2020* adopted in 2010, and the 2014 *Concept of Domestic Food Aid Development*.

2014 Concept of Domestic Food Aid Development:

In order to improve availability of food in the current aggravating economic situation and to foster demand for domestic produce, the Russian Government adopted measures for forming a system of internal food aid. Government Executive Order No. 1215-r of 3 July 2014, enacted the Concept for developing internal food aid in the Russian Federation that specifies the latter as “*a system of State assistance to the population in the form of direct supplies of foodstuffs to relevant individuals or by providing them with monetary aid for the purchase of food in order to improve nutrition and ensure a balanced diet based on rational rates of food consumption*” (Gaidar Institute, 2014⁵⁶). According to estimates by the Russian Federal Ministry of Agriculture, in 2014 the total deficit of food

for poor people was as much as 5.7 million tonnes to over 317 billion Roubles (World Bank, 2015⁵⁷).

What are the flagship social protection policies and programmes with a focus on nutrition?

In February 2010, Russian President Dmitry Medvedev signed an Executive Order approving the Russian Federation's Food Security Doctrine and charged the Government with developing a plan for its implementation. The Doctrine aims at boosting domestic production of basic foodstuffs by 80 percent by 2020⁵⁸. The Food Security Doctrine is a framework that outlines Russia's objectives and goals for ensuring domestic food security. It is "*the basis for development of regulative legal acts in the area of food security, modernization of agro-industrial and fishery complexes*" (Article 4).

The Doctrine stipulates the terms of food self-sufficiency and food security, which means sustainable domestic production, while food security refers to the physical and economic availability of safe foodstuffs for every citizen.

The Doctrine sets the required minimum for self-sufficiency targets for the major food products at 85 percent in the meat sector, 90 percent for milk, 80 percent in the sugar and vegetable oil sectors, and 95 percent for potatoes and grains. The Doctrine outlines agricultural policy directives to reach these targets, such as import replacement measures in the meat, milk and sugar sectors, and consumption and export enhancement measures in the grain sector.

What is the impact of existing and former social protection policies and programmes on nutrition?

The most illustrative examples of Russian assistance in the sphere of food security and nutrition are the development programmes in the area of school feeding and social safety nets' systems providing support to the most vulnerable populations; knowledge dissemination; and policy and technical development assistance. Russia has seen a transition from safety nets to comprehensive social protection systems that encompass food security and nutrition (Social and Industrial Food Service Institute, 2014⁵⁹).

High Quality School Feeding comprises complex integrated activities and was implemented through experimental projects in school feeding from 2007-2011. This has resulted in:

- The percentage of children eating in schools increasing by 15 percent;
- 95 percent of primary school children (1st to 4th grade) eating at school;

- 93 percent of schools providing school feeding for their pupils;
- the experience gained is being used in the cooperation with WFP in CIS and MENA countries on development of their school feeding programmes.

What are the key achievements and milestones in nutrition-sensitive social protection?

The Russian Federation devotes much attention to food security and nutrition in the international agenda (Russian Federation, 2012⁶⁰). For instance, with the use of Russian voluntary contributions, the UN World Food Programme provided food aid and assistance to forty countries during the period from 2010 to 2014, accounting for almost 210 million US Dollars. Of that amount, about 47 million US Dollars were allocated to support school feeding programmes in a number of countries in Asia, the Near East and North Africa.

Promoting a comprehensive approach to food security and nutrition, the Russian Federation jointly with WFP launched the School Feeding Programmes in the Eurasia Region to develop and strengthen national policies aimed at increasing sustainability of school feeding systems.

Properly developed school feeding systems have been proved to be a powerful tool for archiving such development outcomes as: reducing social inequalities and gender issues, reinforcing and developing local economies through the purchase of local goods and services for school foods and meals, establishing nutrition and health-supporting environments in schools, building the skills of students and their families to establish good eating habits that will help keep them healthy throughout their lives, guaranteeing then long term social and economic benefits.

Russia provides support to Armenia, Tajikistan and Kirgizia through a joint projects with WFP aimed at supporting of schoolchildren in the most vulnerable and food-insecure regions through direct provision of food and the capacity building and technical assistance to national governments in designing of a sustainable and affordable national school feeding policies and programmes to be embedded in national priorities and budgets.

Jointly with WFP, the Russian Federation will promote the establishment of a WFP Centre of Excellence against Hunger in Moscow as a centre for capacity development of national governments in the Eurasian and other regions in the areas food security and nutrition of vulnerable population.

What are the key challenges faced in making social protection more nutrition-sensitive?

The social protection system in Russia today is complex, comprising social insurance, health insurance, tax-financed social insurance programmes, social assistance, unemployment benefits and other measures to ensure social protection. The system has undergone continuous development since the Soviet era and still retains a number of non-insurance elements, such as the chance to receive insurance benefits without paying insurance contributions, the nature of benefits paid, and so on. This continual evolution as the country adapts to a different economic model will provide an ongoing challenge.

The economic crisis from 2008 to 2010 highlighted the State's essential role in keeping the social protection system afloat. The Russian Federation adopted an important set of reforms aimed at reducing the impact of the crisis. From 1 January 2010, pensions were increased by 46 percent, social premium to federal and regional pensions was added to bring them up to the minimum income required by the Russian Constitution, and other social security benefits were increased by 10 percent (Centre d'Analyse Stratégique, 2012).

What are the priorities and needs at all levels of policy-making in integrating nutrition into social protection programmes?

Policy-makers and social security stakeholders have designed numerous programmes and introduced comprehensive measures to address the challenges of sustainability, adequacy and shrinking coverage in the context of national economic growth, with a view to enhancing social protection. Although food has played an implicit role in the developments in social protection approaches, integrating nutrition into such programmes will need to be raised first as a political priority and then in design.

4.3. India

What is the political debate on nutrition-sensitive social protection?

The Constitution of India guarantees certain Fundamental Rights to the citizens of India and provides that the State shall strive to promote the welfare of the people by securing and protecting social order in which justice - social, economic and political - shall inform all the institutions of India (clauses 39-47) (Bonnerjee and Köhler, 2011⁶¹).

The major social protection schemes include:

- Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA);
- Sampoorna Grammen Swarozgar Yojana;
- Targeted Public Distribution Scheme (PDS);
- Integrated Childcare Development Scheme (ICDS);
- Midday Meal Scheme;
- Antyodaya Anna Scheme;
- Annapurna Scheme;
- health programmes, such as the National Rural Health Mission (NRHM), Rashtriya Swasthya Bhima Yojana, Reproductive and Child Health, Janani Suraksha Yojana, various immunization projects;
- education programmes, such as the Sarva Siksha Abhijan, National Literacy Mission, Free Education for the Single Girl Child;
- Indira Awas Yojana;
- National Social Assistance Programme, which has three components: National Old Age Pension Scheme, National Family Benefit Scheme and National Maternity Benefit Scheme.

Policy commitments include specific social protection instruments such as the right to cooked school meals, subsidized public food distribution systems, the right to food campaign, the child grant for girls and the national rural employment guarantee. These reflect a number of social assistance programmes that have been launched by the Government at both the central and the state levels. These include food-for-work programmes, employment assurance schemes and employment programmes for able-bodied persons. These programmes were consolidated and expanded in the National Rural Employment Guarantee Act, 2005 (renamed the Mahatma Gandhi National Rural Employment Guarantee Act on 2 October 2009, Mahatma Gandhi's birthday). These are discussed in more detail below.

In the last decade, the Indian Government has also launched a range of life insurance, medical insurance, health insurance and pension schemes for low-income people. Many are offered through the Life Insurance Corporation, a large government-owned insurance company, or through other publically owned enterprises.

What are the flagship social protection policies and programmes with a focus on nutrition?

The Right to Food Campaign

This initiative enshrines the right to food as a legal prerogative (The Right to Food Security Act 2010) by guaranteeing families below the poverty line 25 kgs of grain at a specified price. The Right to Food Act is one in a series of innovative 'rights-based' bills. The Right to Food Campaign has been instrumental in India in fundamentally reshaping policy discussions.

India's National Rural Employment Guarantee Scheme (NREGS)

Marking landmark legislation for social security in South Asia, and indeed globally, the Indian Government passed the (Mahatma Gandhi) National Rural Employment Guarantee Act (MGNREGA) in 2005. Following passage of the Act, the NREGS was rolled out across India's rural areas, starting from the poorest through to more affluent districts in three phases that started in February 2006, September 2007 and April 2008, respectively (Deininger and Liu, 2013⁶²). It guarantees employment as a legal right, for up to 100 days per fiscal year at wages that are equal for men and women, thus serving not only as an insurance substitute but also having the potential to enhance female empowerment.

Public Distribution System (PDS)

India maintains extensive public food distribution systems with the goal of making essential foods readily available and reducing volatility in staple food prices. In 2011, the National Food Security Bill was introduced in Parliament "to provide for food and nutritional security in human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity". (Government of India, 2011, p. 1) (HLPE, 2013⁶³).

The system is among the largest in the world. The Government procures food grains from domestic production (or imports and food aid), stores the food grains in public warehouses and distributes it to the public through an elaborate ration system as well as through other food relief programmes. It entitles 75 percent of all rural individuals and 50 percent of all urban individuals to access subsidized grain through the PDS. Free meals are provided to pregnant women and lactating mothers. The Bill recognizes the gender dimensions of food security, notably by nominating the oldest woman in eligible households as the household head for the purpose of issuing ration cards.

The National Rural Livelihoods Mission (NRLM)

The National Rural Livelihoods Mission (NRLM) focuses on the household level by supporting the formation of institutions for the poor and the aggregation of

those institutions to leverage resources from the public and private sectors and to interact favourably with markets (World Bank, undated⁶⁴). These platforms enable the poor to work together with external agents to identify problems and design solutions. They create a collective space for the poor to save, build assets, adopt new livelihoods and build new opportunities for themselves and their families.

In essence, the NRLM mobilizes groups into representative and self-managed institutions at the grassroots level, in particular women's self-help groups (SHGs). These village-level institutions help the poor to promote savings and build productive assets, empowering farmers, milk producers, weavers and artisans to link up with markets and negotiate better terms of trade for their products and services. Working exclusively through rural women and their organizations, the NRLM can thus have an impact on gender issues including improving nutrition. The institutional platform that is created gives poor households the voice to demand services including early childhood education, pensions and other safety nets, and so help manage and deliver those services as needed.

The NRLM aims to directly benefit some 350 million people - or almost a quarter of India's population - in 12 states which account for almost 85 percent of India's rural poor (World Bank, 2011⁶⁵). Mobilization empowers the groups to improve their access to public programmes to which they are entitled such as old age and widows' pensions, livelihoods programmes such as those under the NREGS Act, and food security programmes such as the Public Distribution System. Experience from livelihoods' projects in India has shown that community actions, such as community-run nutrition centres, can lead to dramatic improvements in the nutritional status of women and children and reduce maternal and infant mortality (World Bank, 2011).

The Midday Meal Scheme: the right to cooked school meals

The Midday Meal Scheme (MDM) started in 1923 in the City of Madras (now Chennai) for schools under the jurisdiction of the City Corporation. It was expanded to the whole state in the 1980s as a populist measure. In response to a court case in 2001, the Supreme Court of India directed state governments to provide midday meals for primary schools, setting in place a statutory right. The scheme has since been expanded across India. The Court directed state governments to introduce cooked meals in all government and government-assisted schools. Operating in more than 950 000 schools in India, the MDM covers more than 130 million children making it the largest programme of its kind in the world.

Antyodaya Anna Scheme

Launched in 2001, this scheme was intended to improve food security in India during the following five years. It was targeted to the poorest of the poor. It has been estimated that 5 percent of families are unable to get two meals a day throughout the year even at the subsidized prices available for persons below the poverty line. The Antyodaya Anna Scheme targets this unfortunate five percent.

Child Grant for Girls

Several states in India have developed girl child grants, a measure to halt widespread female foeticide and infanticide and neglect, by offering an economic incentive to raise female children. In one of these programmes, introduced in 2006 in Madhya Pradesh, the income-poorest state in India, female children registered at birth are to receive an accumulated fund of approximately 1.2 million Rupees from the state government at the time of marriage. The objective of the scheme is to improve health and educational facilities for girls “by providing a bright future” and to stop female foeticide.

Village Grain Banks Scheme

The scheme was started in 1996–1997 with the objective of setting up grain banks in tribal areas prone to starvation, in identified districts in specific states (ISSA, 2014). The scheme covers 234 villages in such districts in 13 states. The “banks” are initially stocked with grain supplied by the Government. Community members can “borrow” up to 40 kgs of grain in times of distress with the expectation that they will pay “interest” of 2 kgs per month and return the amount of grain borrowed plus the interest. The grain banks are managed by local tribal representatives. In the majority of the villages concerned, the banks are almost always full except in cases of extreme drought.

What is the impact of existing and former social protection policies and programmes on nutrition?

As with many other social protection programmes from across the world, impact studies, particularly on nutrition, are scarce. Nonetheless, where possible, studies have been drawn upon to give a sense of nutrition impact.

Input subsidies

Inputs subsidies have been found to have positive impacts on agricultural production and farmers’ incomes. Positive impacts are evident at the national level, where input subsidies contributed significantly to accomplishing national-level food security and national self-sufficiency in staple cereals, rice

and wheat (HLPE, 2012); as well as at the state level, where farm productivity in West Bengal increased 17 percent in 1982-85, 16 percent in 1986-90 and 8 percent in 1991-95 (Bardhan & Mookherjee, 2011 cited in HLPE, 2012).

The School Feeding Programme (MDM)

The MDM programme has demonstrated positive effects such as reduced classroom hunger, improved social integration, improved school attendance and retention, especially among girls, and improved nutrition for children in drought-prone areas during the summer vacation. It is an important non-income support to many families (Afridi, 2010⁶⁶).

The School Lunch Programme (SLP)

The SLP is the largest food and nutrition assistance programme feeding millions of children every day. The SLP was previously known as the National Programme for Nutrition Support to Primary Education (NP-NSPE) and later as the Midday Meal Scheme (Chutani, 2012). Its main objectives are:

- to improve the nutritional status of children and protect children from classroom hunger, thus to address the problem of malnutrition.
- To increase school enrolment and promote regular school attendance; especially to encourage children belonging to disadvantaged sections to attend school regularly.
- To provide nutritional support to children of primary classes in drought-affected areas during the summer vacation.
- To improve socialization among children belonging to all castes thus helping to undermine caste prejudices by teaching children to interact with each other and share a common meal.
- To reduce the gender gap in school participation. In this way, the school lunch programme acts as a strong social equalizer.
- To provide social empowerment through provision of employment for women and liberate working women from the task of having to feed children at home during the day.
- Act as a source of economic support for the poorer sections of society.
- Impart nutrition education to children.

MGNREGA

Within the context of crises, the impact of public works schemes such as the MGNREGA are mixed. McCord (2012) argues that the length and scale of programmes are critical for access to food security, noting that only in those programmes that are both long-term and operating at scale, such as

the MGNREGA, can positive effects be seen on the labour market, and as a consequence, better access to food and nutritious diets (McCord, 2012⁶⁷). Nonetheless, another study argued that MGNREGA was associated with improved height-for-age among children 5–6 years of age. The study found a positive effect of MGNREGA on infant nutrition mainly mediated through birth weight (Nair *et al.*, 2013⁶⁸).

National Rural Livelihoods

Evidence from the rural livelihoods projects in India demonstrates significantly increased agricultural production and productivity, thereby contributing to improved food availability or access. However, the extent to which increased agricultural outputs are consumed or sold is not known, (Reid, 2010⁶⁹). In such programmes, where agricultural productivity is a main programme objective, interventions have resulted in increases in the production of additional crops (in the *rabi* season in India), improvements in land-based productivity resulting in increased yields, and a greater diversification in agriculture.

These results have been achieved through a combined and integrated approach to rural livelihoods, including improved animal husbandry, forestry, aquaculture and horticulture, small-scale, participatory soil and water conservation techniques, improved soil fertility, improved water-holding status and improved use of technology in the Indian programmes.

What are the key achievements and milestones in nutrition-sensitive social protection?

There has been an evolution in social security programmes across India since 1948. Possibly the most important achievement has been the recognition of the right to food and the need to develop appropriate mechanisms to strengthen this right.

The MGNREGA has experienced unprecedented growth: in 2008-2009, 101 million households (one-third of rural households) were registered, and 45 million Indians found jobs through its intervention (Centre d'Analyse Stratégique, 2012). As mentioned previously, the MGNREGA in principle guarantees 100 days' work per year for every registered household; in practice, the average number of days' work distributed was 48 in 2008-2009. Targeting the programme to women has been a success: 49 percent of the days are worked by women compared with 12 percent under the previous system.

What are the key challenges faced in making social protection more nutrition-sensitive?

In India, the implementation of any programme faces challenges at various levels. The first barrier arises at the legislative level: any new legislation is tested first in Parliament itself and then in the courts at local and national levels. After a law is passed, it faces another challenge at its implementation: there is a lack of transparency and consequent corruption (ISSA, 2014). To be effective, these challenges have to be acknowledged as social protection is made nutrition-sensitive.

As demonstrated by the Indian case, social protection has the potential to address the underlying causes of undernutrition including poverty, exclusion and livelihood insecurity. According to Save the Children, despite a wide variety of social protection measures, various evaluations and evidence reviews of different programmes reveal that enormous gaps and challenges remain (2012⁷⁰). Two striking cross-cutting challenges across all social protection programmes are:

- targeting, coverage and performance; and
- implementation, coordination and design.

Targeting is a challenge across all social protection programmes. The Below Poverty Line (BPL) targeting model in some schemes, especially in the Public Distribution Scheme has not proved very effective. There are exclusion and inclusion errors in the BPL system which unfortunately does not encompass the majority of poor people due to opaque bureaucratic procedures of enrolment, inadequate selection criteria, and inattention to the seasonality of poverty (Ministry of Rural Development, 2009⁷¹). In addition, many of the social protection programmes have very limited coverage and impact. The Integrated Childcare Development Scheme and other nutrition interventions like NRHM have very limited impact on the nutritional status of children; ICDS, for instance, reaches only one-quarter of children in need, and the poorest states have minimal coverage and funding.

Implementation is an enormous challenge across all programmes and schemes. There are leakages, corruption, misappropriation, underutilization and capture of funds by local elites (Save the Children, 2012). There is a lack of cross-sector links and coordination between different ministries and various central and state schemes, which inhibits a holistic approach to the complex issues of social protection and nutrition security. The design of most programmes does not take

multisector links into account. For instance, the objectives and design of most social protection initiatives do not include targets on nutrition.

In terms of making specific social protection schemes more nutrition-sensitive, a few studies give guidance. For example, in the post-Independence era, the PDS continued despite the following common criticisms: (a) it failed to serve people living below the poverty line; (b) there was a perceived urban bias; (c) there was low coverage in states with a high density of rural poor; (d) there was a lack of transparency and accountability; and finally (e) it was an extremely inefficient and wasteful distribution system.

As a result, in June 1997 the Government launched the Targeted Public Distribution System (TPDS) with a focus on the poor. Under the TPDS, states are required to formulate and implement foolproof arrangements for identification of the poor, for delivery and distribution of food grain in a transparent and accountable manner at the fair price shops. There are still, however, many challenges in the implementation of the TPDS. Indeed a study by the Planning Commission (2005⁷²) found the following problems:

- the implementation of the TPDS is plagued by targeting errors – there is a prevalence of “ghost cards” (where the cardholder does not exist or has died) and unidentified households.
- Only about 57 percent of the households below the poverty line are covered.
- The fair price shops themselves are generally not viable because of low annual turnover. They often stay in business through theft of the food grain received which is sold at a higher price in the marketplace.
- There are large leakages and diversions of subsidized grain.
- Target households receive only about 42 percent of the subsidized grain issued from the Central Pool.
- Some 36 percent of budgetary subsidies on food is siphoned off the supply chain; another 21 percent reaches households above the poverty line for whom they are not destined.
- The cost of income transfer to the poor through the TPDS is much higher than that through other methods.

Finally, access to rights assumes the establishment of complete networks of public bodies responsible for implementing legislation throughout the country, and for effective oversight to be arranged. This would be an imperative if existing and future social protection mechanisms were to be made more nutrition-sensitive.

What are the priorities and needs at all levels of policy-making in integrating nutrition in social protection programmes?

Social protection coverage in India is quite diverse. In some cases it has grown organically without direct government support. In other instances, programmes have been actively encouraged by the Government, as in the food programmes as well as some of the cash transfer programmes. In many cases, however, government programmes have been launched without an adequate prior in-depth study as to costs, leading to the failure of a number of programmes (ISSA, 2014). If nutrition-sensitive programmes are going to be developed, this will require clarity of intention so that design and execution avoid many of the dominant challenges experienced in other aspects of India's social protection programmes.

4.4. China

The current Chinese social protection system is based on social insurance for old-age pensions, medical care, unemployment, employment injury and maternity, social assistance and social welfare, centred on the old-age pension, health care and a tax-financed minimum subsistence guarantee, which is supplemented by charitable enterprises and private insurance (ISSA, 2014). China has followed a developmental welfare approach which attaches great importance to economic development and strives to integrate welfare policies within a planned national development process.

What is the political debate on nutrition-sensitive social protection?

While China has had a long history of various ad hoc and fragmented rural social welfare programmes, in recent years the Government has implicitly assigned local governments (county and township) and local communities with the responsibility of providing social protection and assistance for the rural population. As a result, a formal and more institutionalized social protection and assistance system is emerging in both urban and rural areas. For example, in 2002, the State Council announced the decision to strengthen the implementation of health assistance schemes in China and highlighted two key areas of policy focus, including improving the rural cooperative medical system (CMS) and promoting medical financial assistance to the poor (Wang *et al.*, undated⁷³).

China has thus made significant progress in extending its social security coverage. The coverage rate for health insurance rose from 24 percent to 94

percent of the population, between 2005 and 2010, hence nearly 16 million more people were covered every month during this period (Centre d'Analyse Stratégique, 2012). Similarly, the rural pension scheme launched in September 2009 aimed to cover the whole rural population by the end of 2012. The social insurance law of 28 October 2010 completed the process by setting up a full social security system for the five risks of sickness, old age, unemployment, maternity and industrial accidents. It forces all employers and employees to contribute and provides for payment by the State of a minimum subsistence income to disabled people, people aged over 60, minors and low-income families (Centre d'Analyse Stratégique, 2012).

What are the flagship social protection policies and programmes with a focus on nutrition?

School Feeding Programme

China has announced that the country's school feeding programme which benefits 33 million primary and secondary school children in more than 100 000 rural schools will be implemented for at least 10 more years, receiving funds of US\$2.56 billion per annum⁷⁴. This follows a review by the Partnership for Child Development (PCD), World Bank and WFP of the programme carried out in 478 Chinese counties in 2012 and 2013. The assessments were part of the largest-ever independent evaluation of a social programme in China and were published by the China Development Research Foundation (2014⁷⁵). Clearly the nutrition improvement plan helped a large number of vulnerable children in a short time, which proves China's Government's high efficiency. The inspection delegation found that the policies of the relevant government departments were clearly targeted. They perfected the policy under the current circumstances and expanded the coverage of the plan.

Food Fortification Programme

The ongoing food fortification programmes to combat micronutrient deficiencies includes:

- iodized salt, which is mandatory and produced by a state-owned salt company;
- iron-fortified soy sauce—China CDC, international cooperation;
- multiple nutrients-fortified wheat flour;
- Vitamin A-fortified cooking oil—COFCO, China CDC; and
- multiple nutrients-fortified rice and complementary food supplement rice (Chen, undated⁷⁶).

What is the impact of existing and former social protection policies and programmes on nutrition?

China's School Feeding Programme

The School Lunch Programme was launched in 1980, supported by the Ministries of Education and Health (Zou, 2013⁷⁷). It has a complex feeding network. Since 2005, it has been multidisciplinary involving health and education professionals but the main concerns have been childhood obesity, nutrition education and a physical activity curriculum. A nutrition improvement project for compulsory education for rural students was initiated in 2010. The project built canteens in boarding schools and targeted 23 million students in the Middle West region. An evaluation after one month showed an increase in height by 0.5-1.3 cm and by weight of 1.5 kg.

The Nutrition Improvement Programme for Rural Students of Compulsory Education was first initiated in 2011 in recognition of its impact on ending intergenerational poverty through the promotion of health, education and development of schoolchildren in the 680 poorest counties in China (Yapeng, 2012⁷⁸, Bundy *et al.*, 2009⁷⁹).

What are the key achievements and milestones in nutrition-sensitive social protection?

Despite large regional variations in coverage, benefits and sources of financing among social protection schemes, they share two common features (Wang *et al.*, undated). Firstly, these schemes provide only a minimum level of assistance, with limited health care services being covered in some of the schemes. Secondly, the financing of these schemes is predominately from local resources (townships, villages and households), while central budgetary support has been reserved for nationally designated poor areas.

It was widely recognized, in particular within the Government, that without adequate financial and institutional support from higher levels of the Government, the current rural social welfare system was far from adequate in addressing rural poverty. The central Government thus scaled up efforts to expand new programmes. As a result, over the past decade, China has witnessed remarkable progress in its expansion of social protection (ILO, 2010⁸⁰). It is worth emphasizing that expansion has not only been made within the formal urban sector, which is relatively small, but also within the vast informal sector in both urban and rural areas, a large proportion of which include poor and low-income families.

While the first wave of development of social protection – in the form of insurance – targeted only workers and city dwellers, social protection has been extended to the countryside on a semi-contributory basis by means of large subsidies (Centre d'Analyse Stratégique, 2012). This may be construed to reflect an integrated national social protection system, something that has a growing global trend although its effectiveness in impacting household food insecurity and nutrition remains uncertain. An example of such an integrated approach is found in China where, by 2010, 24 million rural households had benefited from a multisectoral approach including a subsistence allowance for housing, medical care, food and clothing, and a multifaceted human capital formation system was established (FAO and WHO, 2014⁸¹).

A key factor to these achievements has been the political will to move towards coverage of the whole population by 2020, backed up by measures on the ground such as effective communication, good governance initiatives and financial support from central and regional government (ISSA, 2014). Another reason for the success of many of the programmes introduced since 2003 is that they were initially tested through a series of pilot programmes. For example, in 2007 a medical insurance scheme for urban residents was piloted and finally introduced in 2009.

What are the key challenges faced in making social protection more nutrition sensitive?

The major challenges faced by the Chinese social security system include – but are not confined to – ageing of the population, urbanization and diversification of work patterns (ISSA, 2014). These include limited coverage, low benefit and rising inequalities and institutional segmentation, under which most of the schemes are administered at county or city level by different authorities.

The liberalization of the economy in China has created a 'migrant workers' (*mingong*) class, which today amounts to about 220 million people (Centre d'Analyse Stratégique, 2012). These people have a rural residence permit, which allows them to work in the cities but denies them access to the same rights as cities' residents, particularly as regards education, access to social housing, and social protection. China's central Government is increasingly concerned about the risks to the country's social stability, and also about the continued growth of the major cities that require this workforce, which is becoming scarcer (Centre d'Analyse Stratégique, 2012).

Challenges in scaling up of the use of iron-fortified soy sauce

China is a vast territory with a huge population and significant heterogeneity (Chen, undated). There is therefore need for long-term and continuous education to change consumer behaviour, which has significant resource constraints. This requires multisectoral efforts at central and local government level. Although industries are enthusiastic about engaging this issue in general, they remain reluctant to invest in consumer education, due to a conflict of interest.

Challenges regarding general food fortification

There is inadequate awareness amongst policy-makers, which has resulted in a lack of legislative support except for salt iodization. The challenge of eliciting behaviour changes in consumers remains vast. There are also safety concerns without scientific basis and ineffectual involvement of national industry.

What are the priorities and needs at all levels of policy-making in integrating nutrition in social protection programmes?

Social protection is now widely considered as both a social and economic imperative in China (ILO, 2010). Basic social protection for the needy has been formally adopted as a long-term objective in order to ensure that all senior citizens have basic income security, all sick people receive medical care, all children enrol in school, all workers are paid, all families have a place to live and all the poor receive assistance. As such, the Chinese Government has continuously and significantly increased its budget allocation to social protection. Even within the current Government stimulus packages amounting to CNY4 trillion (about US\$58 billion), a portion has been reserved for social protection.

Priorities and strategies for fortification in China

Iron-fortified soy sauce is ready for nationwide launch. The second phase is underway to increase the number of programme provinces as well as coverage in the first provinces. Multiple nutrients-fortified rice and Vitamin A cooking oil is undergoing test marketing in urban areas.

4.5. South Africa

What is the political debate on nutrition-sensitive social protection?

South Africa explicitly recognizes the right to food in the Constitution, Section 27 (1) " ...Everyone has the right to have access to ... (b) sufficient food and water; (2) The State must take reasonable legislative and other measures, within

its available resources, to achieve the progressive realization of each of these rights" (McLaren *et al.*, 2015⁸²). It is crucial to recognize that the Constitution also acknowledges the right to social protection, as this was the basis for the current social protection system.

South Africa's National Development Plan 2030 accords a central role to social protection in addressing the critical challenges of eradicating poverty and reducing inequality (NDP, 2013⁸³). A role is assigned to social protection to ensure that no one falls below a minimum standard of living, as well as a more transformative and developmental role of moving towards a more inclusive growth path in order to ensure more comprehensive development outcomes (RSA, Outcome 13⁸⁴).

South Africa's social security system is the Government's chief initiative in tackling poverty, inequality and unemployment. It has two main objectives. The first is to immediately reduce poverty among groups who are not expected to participate fully in the labour market, and therefore vulnerable to low income: the elderly, those with disabilities and children. The second objective is to increase investment in health, education and nutrition, so as to increase economic growth and development. These twin objectives are reflected in the Government's 1997 White Paper on Social Development, which states that *"a social security system is essential for healthy economic development, particularly in a rapidly changing economy, and will contribute actively to the development process. It is important for immediate alleviation of poverty and is a mechanism for active redistribution."*

There are five major social security grants in South Africa: the State Old Age Pension, the Disability Grant, the Child Support Grant, the Foster Child Grant and the Care Dependency Grant. Eligibility for each grant is dependent on an income-based means test. The grants are financed through general tax revenues, collected on a national basis.

The introduction of a Child Support Grant (CSG) in South Africa in 1998 was intended to address poverty and malnutrition in young children (initially those aged below seven) in low-income households. In the following years the programme was gradually extended to older children (up to the age of 17) (Barrientos *et al.*, 2013⁸⁵).

The CSG has been extended to children up to the age of 18 and adults over 60 who pass the means test. There is debate over whether the CSG should be conditional on attending school or accessing basic health. Conditionality was previously considered unnecessary but the high dropout rates among youth aged 15-18 have led the Commission to consider the question. As a result a

debate emerged on the conditions for granting child support (Neves *et al.*, 2009⁸⁶). Research has identified at least four arguments against imposing conditions within the South African context.

1. Conditions are often used to solve problems largely unknown in the South African context such as child labour and low school enrolment.
2. Areas of low uptake of social services such as health or education typically reflect problems of demand rather than supply.
3. Imposing conditions results in considerable costs, both administrative and for individual applicants.
4. Conditional cash transfers are often targeted at narrowly defined impoverished social groups marked by compound forms of social exclusion (Neves *et al.*, 2009).

The Taylor Committee recommended the introduction of a universal grant to all South Africans, termed the *Basic Income Grant*. This would be set approximately at the size of the existing CSG, and introduced in a phased manner, beginning with the extension of the CSG to all children aged under 18. No means test would be required: everyone in the country, rich and poor, would receive the grant, which would therefore act like a tax rebate for upper-income recipients. The universal character of the grant would economize substantially on the Government's scarce administrative resources, while at the same time eliminating the economic costs arising from the distortionate nature of the means test.

What are the flagship social protection policies and programmes with a focus on nutrition?

The Child Support Grant

The Child Support Grant (CSG) was first introduced in 1998. Prior to this, the Government provided a limited State Maintenance Grant (SMG) (DSD, 2012⁸⁷). Some conditions associated with the support grant have been eliminated. When the Child Support Grant was first introduced, all recipients were required to participate in 'development programmes' and to have their children immunized. The purpose of these conditions was to encourage parents to take part in activities that would improve their families' standard of living and to ensure the safety of their children. However, these conditions had created barriers to receipt for many poor households. Not all caregivers were able to access the development programmes or could afford the costs associated with getting their children immunized.

Expanded Public Works Scheme

In 2003, South Africa relaunched its public works programmes of which the *Expanded Public Works Programme* (EPWP) aimed to increase the workforce employed in infrastructure programmes in order to combat very high unemployment levels (25 percent) and to train the population (Centre d'Analyse Stratégique, 2012). In its first phase, the EPWP created more than 1.6 million permanent jobs. The second phase of the programme created a million jobs with the stated aim of improving worker productivity and increasing the length of workers' contracts.

What is the impact of existing and former social protection policies and programmes on nutrition?

In South Africa it is estimated that the senior citizens' grant, which covers more than 80 percent of the elderly population, is making a significant contribution to fighting poverty (Centre d'Analyse Stratégique, 2012). The scheme benefits not only elderly people but also their children and grandchildren, which is particularly valuable in a context of high unemployment among young people and of the AIDS epidemic.

Child Support Grant

In a study designed to estimate the impact of these transfers on child nutrition as measured by child height-for-age, it became evident that the availability of grants early in life were shown to significantly boost child height (Agüero *et al.*, 2007⁸⁸). These estimated height gains in turn suggest large adult earnings increases for treated children and a discounted rate of return on CSG payments of between 160 and 230 percent. Thus the CSG payments have bolstered early childhood nutrition as signalled by height-for-age (Agüero *et al.*, 2006).

A second study affirms this argument based upon changes in anthropometric measurements. Early life receipt of the CSG (in the first two years of life) increases the likelihood that a child's growth is monitored and improves height-for-age scores for children whose mothers have more than eight grades of schooling (DSD, 2012). Analysis of current illness- and health-related expenditures provides evidence of the impact of the CSG on child health (Samson *et al.*, 2008⁸⁹). Early enrolment in the CSG reduced the likelihood of illness (as measured by a 15-day period prior to the survey), with the effect particularly strong for boys. Boys enrolled at birth had a 21 percent likelihood of being ill, compared to a 30 percent likelihood for boys enrolled later.

The results of this study identify the positive developmental impact of the CSG in promoting nutritional, educational and health outcomes. Early receipt

significantly strengthens a number of these important impacts, providing an investment in people that reduces multiple dimension indicators of poverty, promotes better gender outcomes and reduces inequality. The study also found that adolescents receiving the CSG are more likely to have several positive educational outcomes, are somewhat less likely to be subject to child labour, and are significantly less likely to engage in behaviour that puts their health and well-being at serious risk. Children that begin to receive the CSG are less likely to face persistent hunger and more likely to begin attending school than poorer children that do not receive the social grant.

Devereux summarizes this evidence succinctly (2010⁹⁰). There is statistically significant evidence that receipt of the CSG reduces child hunger, both over time and compared to similarly poor households that do not receive the grant. Children who receive the CSG are significantly taller than other children, as measured by height-for-age. One factor explaining this finding might be that recipients of CSG cash are almost always women, and although the income elasticity of nutrition is generally low, it is higher for women's income than for men's.

National School Nutrition Programme (NSNP)

The NSNP has generally contributed to addressing hunger and poverty among the pupils, families and communities in which participating schools are located. A study in Eastern Cape and Limpopo provinces (PSC, 2008⁹¹) showed increases in school attendance, concentration levels, and social and physical participation by pupils in school-related activities. The level of absenteeism by children had dropped among schools participating in the programme in both provinces. This evaluation examined 18 nutrition interventions being implemented by various government departments. The evaluation aims to assist the Government in improving implementation and scale up of nutrition interventions for children from conception to age five (DoH, 2014⁹²).

What are the key achievements and milestones in nutrition-sensitive social protection?

Devereux (2010) succinctly captures the major achievements of South Africa's social protection system, which has had an impact on nutrition as demonstrated above .

Firstly, it is government-led; in contrast to many African countries, there is very little donor involvement in design or financing, which is important, as most donor-led programmes do not transform themselves into institutionalized national social protection systems. Secondly, it is citizen-driven – civil society has successfully

mobilized to secure rights and enhance claims to social protection in a range of campaigns. Thirdly, it is underwritten by a “social contract” between the Government and citizens, including legislation that guarantees enforceable claims and holds the Government accountable for delivery. Lastly, proactive steps have been taken to maximize the impact of social grants, by assuring access to all eligible citizens, by paying relatively generous benefits, and by linking cash payment levels to price inflation.

What are the key challenges faced in making social protection more nutrition-sensitive?

Although the current social protection system is advanced and comprehensive it is still fragmented, plagued by bottlenecks and inefficiencies (NDP, 2013⁸⁸). The administrative burdens on the poor mean that approximately 2.1 million children are eligible for CSG but do not receive it. The Foster Child Grant can also be complicated and delayed because it is linked to the judicial system.

A number of administrative challenges also remain. Corruption and fraud exist and operating costs for some social security agencies are high (ISSA, 2014). A move to reduce the duplication of services and offices has been proposed, which would require significant institutional and organizational change, but could lead to increased efficiency and reduced operating costs.

Social assistance grants’ services are mainly located in urban areas, so that indigent people without means of transport who reside in remote areas, and particularly the so-called “deep rural areas”, are often excluded from accessing the social assistance grants system and the benefits it offers. The problem is aggravated by ignorance and the high illiteracy rate generally discernible in rural settings. Many of the rural poor are unaware of the availability of social assistance benefits.

What are the priorities and needs at all levels of policy-making in integrating nutrition in social protection programmes?

By 2030, a social protection scheme should, among others, guarantee that all children have access to nutrition, health care, education, social care and benefits and that vulnerable groups should receive full assistance and cash grants to ensure an income above the poverty line (NDP, 2013⁸⁸).

The roadmap for nutrition in South Africa recognizes the centrality of a multisectoral approach and political commitment in addressing nutrition problems but does not mention the role of social protection (DoH, 2013⁹³).

5. OVERVIEW

The size of the BRICS, both demographically and economically, means that their participation in current global debates on the development of social protection is essential. With populations of more than one billion, both China and India are tackling the challenge of organizing and facilitating access to social rights on a previously unknown scale. The economic weight of the BRICS gives credence to the idea of universal social protection.

The increasing importance of the BRICS countries in the global economy reflects a dramatic transformation in the economic, social and demographic environment in the five countries. These changes bring a number of opportunities but also raise challenges for social security to adapt to the dynamic situation in which they operate.

Taking a broad overview of the BRICS countries and what they have achieved with nutrition-sensitive social protection, a number of key points emerged from the closing session of the Global Forum on Nutrition-Sensitive Social Protection, held in Moscow, Russian Federation, from 10 to 11 September 2015.

- From the Brazilian experience, the interdisciplinary approach was acknowledged as being crucial, underscoring the importance of combining a variety of policies across different sectors and building diverse partnerships to tackle hunger and malnutrition.
- In Russia, targeted domestic food aid programmes demonstrated how social protection is an important element in achieving better nutrition for all.
- Similarly in India, successful combating of malnutrition requires breaking through silos and creating horizontal, multisectoral linkages.
- In China, the ultimate goal of remaining self-reliant in the production of staple foods pivots on a commitment for food for all as a basic human right and as the basis for all human rights.
- Finally, in South Africa, the need to create systems and policies that galvanize support from all government departments, including agriculture and health, is paramount.

Indeed, at the 5th Meeting of the BRICS Ministers for Agriculture and Agrarian Development on 9 October 2015, a joint statement reiterated the importance of nutrition-sensitive social protection. Recognizing that investments in social protection systems have to be considered as critical catalysts for inclusive growth and sustainable development, the establishment of more comprehensive nutrition-sensitive social protection programmes was seen as a priority.

6. CONCLUSIONS

It has emerged from the evidence presented in this paper that integrating social protection with nutrition objectives has been successful in BRICS countries, although much still remains to be understood about these pathways.

By bringing social protection and nutrition together, the nutrition community and discourse benefit from gaining a better understanding of nutrition not being a mere technical issue, but rather the outcome and integral part of the agenda on increased social equity and poverty reduction.

The idea that social protection schemes should be sustainable and nationally owned based on citizens' rights is gaining traction in Africa (AU, 2006⁹⁴), and through global fora (OECD, 2009⁹⁵). The examples of Brazil and South Africa have been central in this regard, particularly in terms of the rights-based approach to social protection, as it links also to the right to food security and nutrition.

As this emphasis expands there is slower recognition that social protection is important for food security and nutrition in different contexts. Again, the experiences of Brazil and South Africa have been important in this regard. The contribution of social protection to improving nutrition, ability to mitigate the adverse effects of crisis situations, avert food crises and promote increased development makes them an extremely powerful tool to combat multiple dimensions of poverty simultaneously (EC, 2012; Save the Children, 2012).

Thus investing in nutrition and early childhood development are integral components of a coherent social protection system aimed at preventing the intergenerational transmission of poverty— and key determinants of long-term economic growth. Proper nutrition in childhood increases human capital and productivity.

Indeed, this may include specific social protection programmes designed to address the nutritional needs of women of childbearing age, and pregnant and lactating mothers. There is a need for greater emphasis on childhood nutrition during the first 1 000 days of a child's life when malnutrition is most likely to have long-lasting negative consequences.

Thus when targeted to the critical window of opportunity, social protection programmes can enhance nutrition investments. The window of opportunity opens during pregnancy and closes at about two years of age. The consequences of malnutrition during this period are severe and largely irreversible.

It is clear that social protection will likely address one of many underlying causes of malnutrition: for instance, if cash transfers are in place that will help address

economic causes or if food aid is in place, food deprivation may be avoided. It cannot be expected that one single intervention is able to address all issues linked with care, quality of services, food and health.

Thus an income or in-kind transfer alone may be insufficient to improve nutrition. Impact can and should be augmented by specific design features, which can play an essential role in generating impact of transfers and other types of social protection programmes, such as welfare, pensions or insurance. In this way the key aspects of addressing malnutrition can be aligned: food, care and health.

Both social protection and nutrition are natural entry points for multisectoral planning and linking interventions that address immediate and underlying causes of poverty. However, integrated approaches are needed not only due to the multiple causes of both malnutrition and poverty, but also to ensure that nutrition-supporting services, such as from the health sector - to which social protection interventions are linked - are of good quality.

Thus if a coherent strategy is developed - focused on one or two large programmes - then the analytical capacity and political will to find solutions to service delivery obstacles is much more likely to be achieved. Indeed, a gradual, sequenced approach may be the best way to institutionalize social protection schemes in an appropriate, meaningful and sustainable manner so as to enable social protection to become an enforceable entitlement and be able to support heightened nutritional impact (HLPE, 2012).

Linkages between the provision of social transfers and nutrition, however, remain weak. Important research has underlined that a lack of evidence regarding the impact of social protection on nutrition remains a major challenge for making social protection interventions more nutrition-sensitive (Ruel and Alderman, 2013). Just as is the case with agriculture, the pathways between social protection and improved nutritional status are often long chains, making the design of impact assessments conceptually challenging and their realization costly.

Thus national systems for monitoring and evaluating delivery, outcomes and impact are needed to strengthen this. Working towards compatible targeting, registration and information systems and integrated programming can help promote increased sensitization and access to nutrition interventions for those enrolled in social programmes (HLPE, 2012; Save the Children, 2012; FAO, 2009%). This raises important design questions when developing social protection and assessing impacts including who is targeted and reached, the predictability and size of benefits and the timeframe of the evaluation. As such, in terms of

impact assessments, it is important to look not exclusively at anthropometrics but also at process indicators such as food access and dietary diversity.

To the extent possible, the use of innovative technologies should be explored in order to achieve more sophisticated targeting and efficient programming linkages (FAO, 2009). Where women are targeted, this can help reduce their time/work burden and provide exposure to new skills and technologies that may not be readily accessible to them, further contributing to women's empowerment (Save the Children, 2012; FAO, 2011⁹⁷).

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