ISPA
INTER AGENCY
SOCIAL PROTECTION ASSESSMENTS

FOOD SECURITY AND NUTRITION

PROGRAM

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About ISPA

The **Inter Agency Social Protection Assessments (ISPA)** tools are the result of a multi-agency initiative that aims to put forth a unified set of definitions, assessment tools, and outcome metrics to provide systematic information for a country to assess its social protection system, schemes, programs, and implementation arrangements. Assessments are done with the goal of improving performance and analyzing trends over time. The ISPA tools are part of a free and publicly available platform, building on existing work by the United Nations system, the World Bank, bilateral donors, and other development agencies.

Within the context of ISPA, **social protection** refers to the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their lives, with a particular emphasis toward vulnerable groups. Social protection can be provided in cash or in kind through noncontributory schemes providing universal, categorical, or poverty-targeted benefits such as social assistance; contributory schemes, with social insurance the most common form; and by building human capital, productive assets, and access to jobs.

Application of the ISPA tools should be conducted at the request of the government and involve all essential national representatives of stakeholders, including the relevant government ministries and agencies, social partners, civil society organizations, national social protection practitioners, and academic experts. They will work together with partner international agencies and other external advisers. ISPA tools are meant to identify strengths and weaknesses of social protection systems and enable governments to identify a set of entry level reform options based on global best practices.

This tool is not intended for use in cross-country comparisons. It is one of the ISPA tools that takes an in-depth assessment at the **PROGRAM**/branch level of analysis. It is complemented by more assessment tools operating at the **SYSTEM** level or looking into specific **DELIVERY**/administrative aspects.

SYSTEM

Assess the social protection system and policies in a country

PROGRAM

Deeper analysis on the different types of social protection programs and branches

DELIVERY

In-depth analysis of different implementation aspects

Foreword

This Inter-Agency Social Protection Assessment (ISPA) tool on Food Security and Nutrition (FSN ISPA) provides a framework of analysis to assess how social assistance instruments and programmes can achieve a greater positive impact on food security and nutrition (FSN) at country level. This tool belongs to the set of programme-level ISPA tools and focuses on identifying opportunities to strengthen coherence and improve the results of social assistance programmes for FSN. The FSN ISPA tool is a broadly designed proposed set of principles, steps and instruments for country adaptation that must be tailored to each country context and programme under review. It is not intended to be used for cross-country comparisons, but rather aims to analyse the given programme(s) of focus and country context (including FSN and other conditions), to identify where and how FSN impacts may be enhanced.

This tool complements and is complemented by other ISPA tools operating at the system level of analysis, such as the Core Diagnostic Instrument (CODI) and the Social Protection Policy Options Tool (SPPOT), which assess the performance of social protection systems as a whole. In addition, there is a further set of ISPA tools that addresses specific delivery or administrative aspects, including identification procedures, payment systems and other delivery mechanisms, that could be used to complement this analysis.[1]

Social protection is widely recognized as instrumental in poverty eradication, inequality reduction and economic development, and is defined in the Social Protection Inter-Agency Board (SPIAC-B, 2012) as:

> The set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their lifecycles, placing a particular emphasis on vulnerable groups. Social protection can be provided in cash or in-kind, through non-contributory schemes, providing universal, categorical, or poverty-targeted benefits such as social assistance, contributory schemes, commonly social insurance, and by building human capital, productive assets, and access to jobs.

In particular, social assistance programmes have the potential to play a critical role in improving FSN. Programme beneficiaries often include the most food insecure and nutritionally vulnerable, and the programmes aim to facilitate enhanced access to resources (cash), goods (such as food, seeds, medicine) and services (health and social care, education, sanitation). As hunger, malnutrition and poverty often have the same structural drivers, social assistance programmes could tackle these drivers more effectively by including FSN considerations. Yet, opportunities for building these

1 Additional information can be found on the ISPA website at http://ispatools.org.

linkages are often missed and programmes lack the clearly-defined (and relevant) FSN outcome and progress indicators required to measure their performance.

In light of the particular relevance of social assistance for the improvement of FSN, the present tool will focus on such programmes.

The implementation of the FSN ISPA tool is country-driven and owned. In other words, it is participatory but led by the government, which maintains the overall responsibility for undertaking and supervising the process with the support of an expert team of national stakeholders. These stakeholders comprise relevant government ministries and agencies from the social protection (at national, sub-regional or local policy levels) and FSN sectors (such as food, agriculture, FNS bodies, platforms and other relevant sectors). They also include civil society organizations (CSOs) and representatives, social protection and FSN experts as well as development practitioners. Technical assistance from international development partners (DPs) can be requested, as needed, to support the implementation process of the FSN ISPA tool.

Like all other ISPA tools, the FSN ISPA tool includes the standard four parts, and similarly to the CODI, it also includes implementation guidelines:

1. The **"What Matters" Guidance Note** provides a background for those wishing to carry out or commission the FSN ISPA application to strengthen the FSN outcomes of one or more social assistance programmes. It provides the conceptual foundation of the tool, based on internationally agreed upon good practices, and includes illustrative country and programme case studies.

2. The **Data Collection Framework** is the structured instrument for collecting and recording selected FSN-related information and data of social assistance programmes, for the analysis and interviews with relevant stakeholders. Quantitative and qualitative data about the programme and the FSN situation is collected using, for example, existing databases on social protection, food and nutrition, and consultations with country stakeholders. The Data Collection Framework must be adapted to each country context and programme.

3. The **Overview of Findings (OoF)** helps to organize the findings from the Data Collection Framework, recorded through the desk review and the interviews. The Overview of Findings is simply a reference document that is not intended to be filled and can be adapted to each country context.

   The FSN ISPA tool, unlike the other set of tools, includes a performance journal (PJ) to help stakeholders record the findings. The completion of the PJ should be

a participatory activity that fosters discussion, exchange of experiences and ideas among stakeholders. It is in itself a learning tool wherein FSN-related aspects for each programme are made explicit to stakeholders.

The OoF provides guidance on how to complete the PJ and identifies areas of the social assistance programme that are either already in line with good practices or may benefit from strengthening.

The final deliverable of the FSN ISPA tool application process is the **Country Report**. The purpose of the country report is to: summarize FSN-related policies and institutions; present the results of the performance assessment of the programme(s); highlight strengths and weaknesses in relation to good practices; draw recommendations; serve as the common starting point for future stakeholder dialogue and as an evidence base to inform policy making.

The **Implementation Guidelines** describe the phases, steps, activities and methodologies that are suggested for the implementation of the FSN ISPA tool. The proposed phases are indicative and in no form prescriptive.

This FSN ISPA tool focuses on identifying opportunities to strengthen coherence and improve results of social assistance programmes for FSN in each country context. It is anticipated that the FSN ISPA tool will be implemented in a variety of country contexts and, thereby, facilitate the identification of best practices that may assist countries in learning from each other. Nevertheless, it is important to remember that the FSN ISPA tool is not suitable for cross-country comparisons.

Abbreviations

AT	Assessment Team
BCC	behaviour change communication
BMI	body mass index
CCT	conditional cash transfer
CODI	Core Diagnostic Instrument
CSOs	civil society organizations
DP	development partner
EsIAN	The Integrated Strategy for Attention to Nutrition
FAO	Food and Agriculture Organization of the United Nations
FGD	focus group discussion
FSN	food security and nutrition
FSN ISPA	food security and nutrition Inter-Agency Social Protection Assessments
GIZ	German Agency for International Cooperation
HLPE	High Level Panel of Experts on Food Security and Nutrition
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IPC	Integrated Food Security Phase Classification
ISPA	Inter-Agency Social Protection Assessment
KII	key informant interview
M&E	monitoring and evaluation
NREGA	National Rural Employment Guarantee Act
OHCHR	Office of the United Nations High Commissioner for Human Rights
OoF	Overview of Findings
PJ	Performance Journal
PSNP4	Productive Safety Net Programme phase 4
PROSPERA	A government social assistance program in Mexico founded in 2002
SDG	Sustainable Development Goal
SPIAC-B	Social Protection Inter-Agency Cooperation Board
SPPOT	Social Protection Policy Options Tool
SUN	Scaling Up Nutrition
UCT	unconditional cash transfer
UN	United Nations
UNICEF	United Nations Children's Fund
UNRISD	United Nations Institute for Social Development
WASH	water, sanitation and hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization

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"WHAT MATTERS" GUIDANCE NOTE

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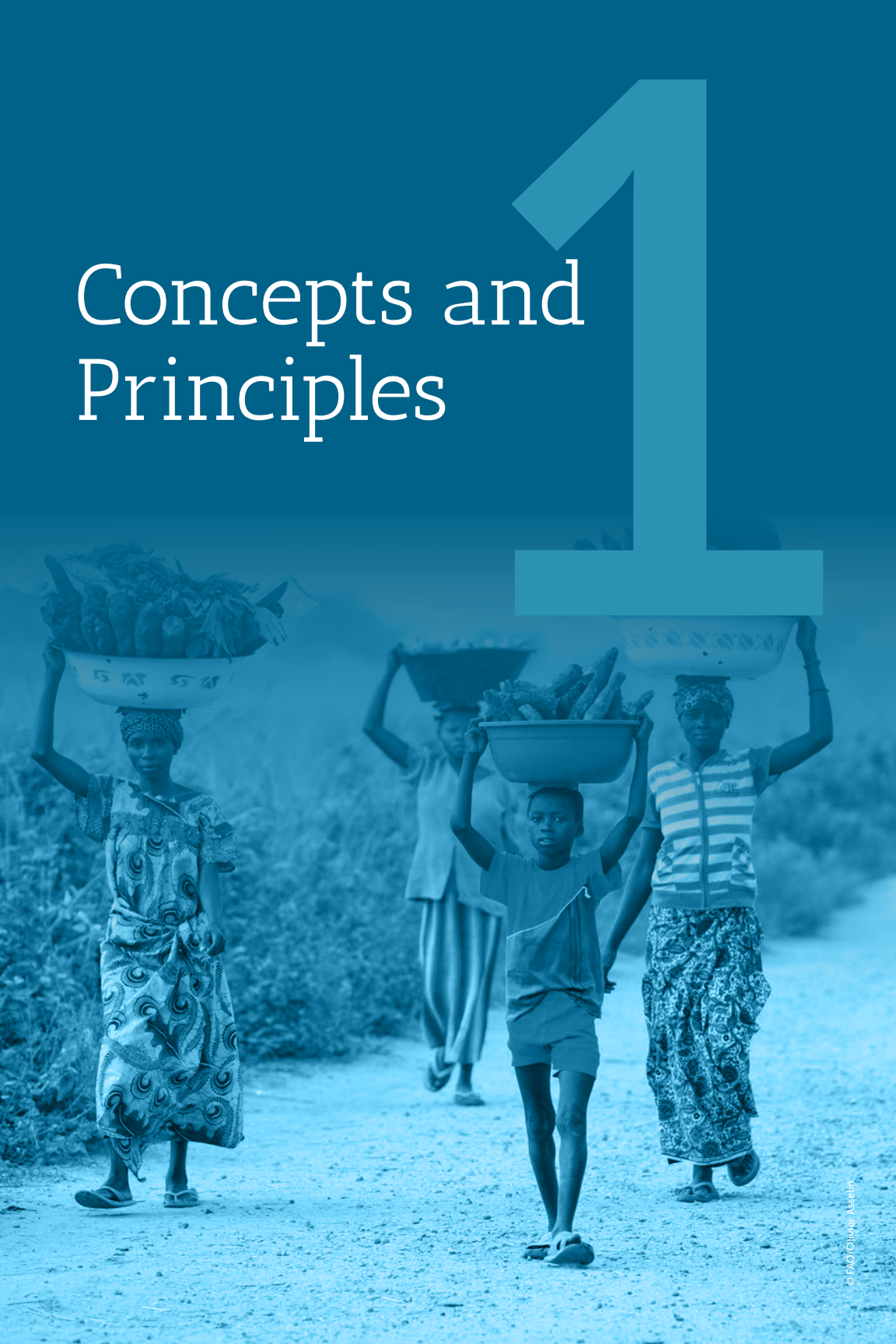
Objectives

The purpose of the tool is to **understand how social assistance instruments and programmes can achieve a greater positive impact on FSN at country level**. It aims to support national and sub-national governments and stakeholders in:

- Identifying and understanding existing and potential elements of social assistance programmes that contribute to achieving FSN for the beneficiaries, at individual, household and community level;
- Supporting dialogue and synergies around social assistance programmes and systems, and FSN strategies at national level;
- Contributing to designing more responsive and adaptive social assistance programmes within a twin-track approach to FSN, which consists in: (1) addressing immediate, short-term needs (e.g. access to food and health services) of those most vulnerable, and (2) building resilience and longer-term improved food and health systems;
- Highlighting how social protection approaches could be better coordinated with other relevant sectors across different line ministries in order to contribute to a more enabling environment to achieve FSN;
- Identifying opportunities for capacity development and technical assistance that can support countries in enhancing the synergies between social protection and FSN outcomes;
- Contributing to the evidence base for mainstreaming FSN principles in national legal and policy frameworks for a stronger FSN articulation in social protection programmes, and thus strengthen and advocate for a rights-based approach to both social protection and FSN.

1

Concepts and Principles



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Although the number of chronically undernourished people in the world shows a progressive descent from 2000, in recent years it has increased from 777 million in 2015 to 821 million in 2017, according to the Food and Agriculture Organization of the United Nations (FAO, 2018a). High levels of childhood stunting and wasting also persist across regions and countries. However, there has been a simultaneous increase in overweight and obesity, often in the same countries and communities that have relatively high levels of child stunting. In 2017 more than one in eight adults in the world, equivalent to 672 million, was obese (FAO, 2018a).

Looking ahead, the path to inclusive prosperity is clearly marked by the 2030 Agenda for Sustainable Development. Overcoming the complex challenges that the world faces requires transformative action, embracing the principles of sustainability, and tackling the root causes of poverty, hunger and all forms of malnutrition to leave no one behind. Food security and nutrition (FSN) is at the basis of multiple Sustainable Development Goals (SDGs).

Properly nourished children can learn, people can lead healthy and productive lives, and societies can prosper. There is more than enough food produced today to feed everyone in the world. However, as the affordability of food largely depends on income, ensuring access to food remains one of the key pillars of food security and the wider anti-poverty agenda (FAO, 2018b). Social protection lies in SDG 1 "End Poverty", specifically in target 1.3 that entails implementing "nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable" (UN, 2015). As poverty and hunger are correlated, social protection also contributes directly to SDG 2, which pledges to "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture" (UN, 2015).

According to the International Labour Organization (ILO, 2017), only 45 percent of the global population is effectively covered by at least one social benefit, while the remaining 55 percent—4 billion people—are left unprotected.

1.1 Food Security Basics

Over the last five decades, the definition and conceptualization of food security and its relationship with nutrition has evolved. In 1996, the World Food Summit proposed a definition of food security that is still in use today:

> Food security, at the individual, household, national, regional and global levels, is achieved when all people, at all times, have physical and economic access to sufficient,

> safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (FAO, 2008).

As reflected in this assessment tool, for food security objectives to be realized, all four dimensions ("pillars") must be fulfilled simultaneously. The pillars that define food security are:

- **Access to food** includes physical and economic access; guaranteed when people have monetary resources to buy food and the means to acquire the food.
- **Food availability** relates to the supply of food; a country's ability to provide enough nutritious food to meet the needs and demands of the population, and is determined by the level of food production or imports, stock levels and access to markets.
- **Food stability** implies that access is not compromised by fluctuations in weather and market prices, by seasonality, and by economic or political shocks.
- **Food utilization** refers to how much food people eat, what they eat and how they eat. At the household level, utilization covers food preparation, intra-household food distribution, an adequately diverse diet, and proper feeding and care practices. At the individual level, utilization refers to how efficiently individuals absorb the nutrients they consume, based on their health status, as well as people's food intake (dietary diversity, meal frequency etc.).

These four dimensions bring a cumulative understanding of the problem of food insecurity, where none of the pillars are individually sufficient to solve the issue. The definition of food insecurity shifted from the early post-war interpretation; which moved from a focus on the lack of availability of food, to emphasizing the lack of access to food—in terms of lack of money to purchase it—thus shedding light on the social and economic determinants of food insecurity. Lastly, the dimensions place importance on nutrition, included in the food utilization pillar. Increased awareness of the impact of micronutrient deficiencies led to a new focus on hidden hunger and the importance of nutrition-focused interventions to break the cycle of poverty that perpetuates food insecurity (Hendriks, 2015). This incremental understanding leads to FSN being part of one concept. The availability, access and utilization of food can be considered hierarchical in nature: food availability is necessary but not sufficient for food access, and access is necessary but not sufficient for food utilization (Webb *et al.*, 2006). However, these three dimensions depend on the stable availability of and access to food supplies and resources to acquire adequate food to meet the nutritional needs of all household members throughout their life cycle (Hendriks, 2015).

1.2 Nutrition Basics

Optimal nutrition is indispensable for well-being and a healthy lifestyle, starting from conception to old age. During pregnancy and infancy—especially in the first 1 000 days from conception to a child's second birthday—nutrition plays an important role in the development of the brain and immune system. Optimal nutrition in childhood prevents death, allows the body to grow to its full potential and maximizes cognitive capabilities, setting the basis for a productive life. Well-nourished and healthy children are more likely to perform better in school and earn higher wages later in life. In addition, in middle and old age, optimal nutrition helps to prevent diseases caused by changes in dietary patterns and lifestyle.

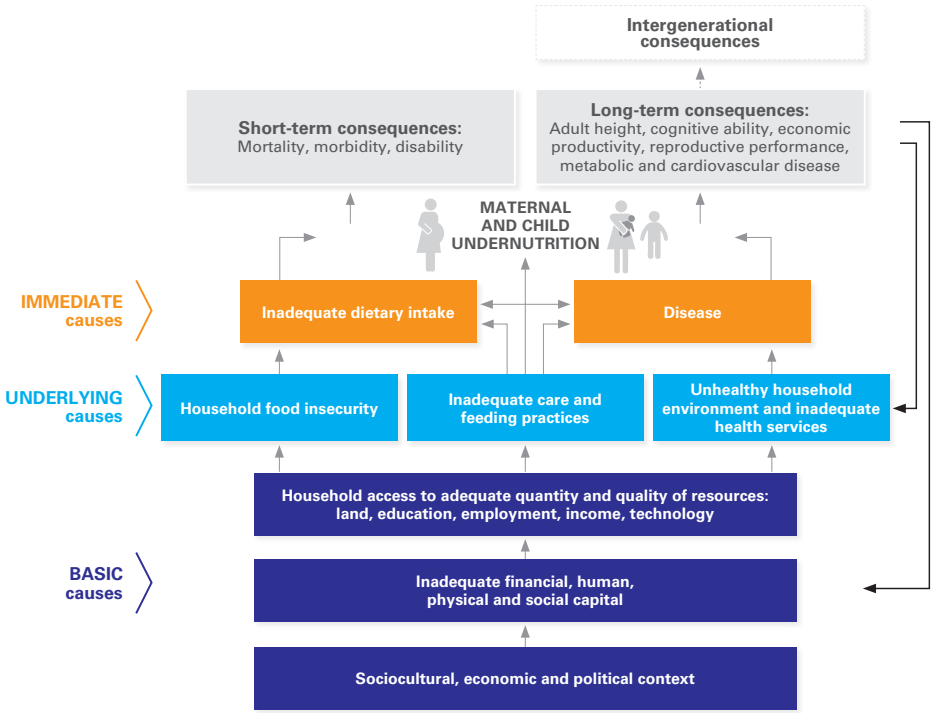
According to the International Food Policy Research Institute (IFPRI, 2016), almost every country today experiences some level of malnutrition associated with a serious public risk. The annual loss in gross domestic product associated with undernutrition can be up to 12 percent in poor countries, primarily as a result of deficits in cognitive development (Horton and Steckel, 2018). Poor nutrition causes serious and costly health problems, from impaired cognitive and physical development, to illness, disease and death—nearly half of all infant deaths are attributable to undernutrition. Undernutrition is the single biggest contributor to infant mortality, and one of the world's most serious health and human development challenges (Black *et al.*, 2013).

Furthermore, about 151 million children under five are stunted and 51 million children are affected by wasting, as reported by the United Nations Children's Fund (UNICEF), World Health Organization (WHO) and World Bank (UNICEF, WHO and World Bank 2017). Undernutrition exists side by side with overnutrition and today more than two billion people are overweight or obese (Global Panel on Agriculture and Food Systems for Nutrition, 2016).

Malnutrition (including undernutrition, micronutrient deficiencies, and overweight and obesity) manifests itself in multiple forms, making it a complex problem. Although the causes of undernutrition are well understood now, they are multifaceted and interact with other drivers, as evident in Figure 1.1 (UNICEF, 2013).

According to the Framework, the **immediate causes** of malnutrition are a result of an individual's poor dietary habits and low dietary intake, which can vary within the household, or can be due to a disease. Therefore, the causes are the result of consuming too few nutrients or an infection, which can increase nutrient requirements and prevent the body from absorbing those nutrients. Thus, it is evident that undernutrition and infections often occur at the same time and one can lead to another.

Figure 1.1 UNICEF Conceptual Framework for Malnutrition



The black arrows show that the consequences of undernutrition can feed back to the underlying and basic causes of undernutrition, perpetuating the cycle of undernutrition, poverty and inequities.

Source: UNICEF, 2013.

Whether or not an individual consumes enough food or is at risk of infection is mainly the result of factors operating at the household and community levels. Within the UNICEF framework these factors are classified as **underlying causes**. They can be grouped into three broad categories:

- household food insecurity (lack of access to or availability of nutritious food);
- inadequate care;
- unhealthy household environment and lack of access to health services. The health of the environment is affected by: access to clean and safe water; sanitation; the presence of malarial breeding sites; the quality of shelter and consequent levels of cold, stress and overcrowding.

Furthermore, malnutrition is affected by the access, availability and intra-household distribution of food at the household level. Understanding gender norms and women's access to and control over resources is key as, globally, women tend to be primarily responsible for "reproductive" work such as procuring and preparing food for the household in addition to feeding infants and young children (Hazel, 2015).

The **basic causes** refer to the resources that are available (human, structural, financial) and how they are used (the political, legal and cultural factors).

Analyses of the challenges tackling all forms of malnutrition of the population, including overweight and obesity, show that individual behaviours have had limited effectiveness on the nutrition of societies as a whole (Holsten, 2008). The food environment—which affects individual behaviour—and the community and consumer environments become important elements to consider.

The food environment comprises the foods available to people in their surroundings on a daily basis and the nutritional quality, safety, price, convenience, labelling and promotion of these foods (FAO, 2016a). The food environment also involves the sources of energy and nutrients, and the circumstances surrounding their procurement and consumption (Holsten, 2008). Environmental variables include the geographic arrangement of food stores or restaurants in communities, and consumer conditions such as food price and availability within each outlet. Additionally, the per capita number and proximity or density of food outlets, among others, can be considered in a broad analysis of nutrition drivers.

Alongside pregnant women and children specifically under two, another group at risk of undernutrition are adolescents. Young girls and boys, particularly from 10 to 19 years of age, undergo a phase of rapid growth and development during which nutrient requirements are relatively high. In developing countries, chronic undernutrition and anaemia in adolescents, mainly girls, is common and can impact their health and development as well as their offspring's, contributing to an intergenerational cycle of malnutrition.

The importance of addressing malnutrition in all its forms has been recognized as a global priority reflected in the 2030 Agenda and the outcome documents of the Second International Conference on Nutrition (FAO and WHO, 2014). The causes of undernutrition, overweight and obesity are intricately linked. Through the prevention of undernutrition, promotion of linear growth, and prevention of overweight and obesity during childhood, the adult risk of overweight and obesity, and non-communicable diseases can be reduced (UNICEF, 2015).

Box 1.1 Food Security and Nutrition Terminology

Hunger is usually understood as an uncomfortable or painful sensation caused by insufficient food energy consumption. Scientifically, hunger is referred to as food deprivation.

Undernourishment refers to the proportion of the population whose dietary energy consumption is less than a pre-determined threshold. This threshold is country-specific and is measured in terms of the number of kilocalories required to conduct sedentary or light activities. The undernourished are also referred to as suffering from food deprivation.

Vulnerability, in the FSN context, is defined as the probability of an acute decline in food access or consumption, often in reference to some critical value that determines minimum levels of human well-being. It involves different drivers and is explained in terms of the following three critical dimensions: (1) vulnerability to an outcome, (2) from a variety of risk factors, (3) because of the inability to manage those risks. Physical vulnerability is related to specific groups with increased nutrient requirements, such as children, adolescents, pregnant and lactating women. Furthermore, groups within the population can be at risk of undernutrition due to geographical vulnerability (displaced and inaccessible populations), social and political vulnerability (minority groups), and economical vulnerability (those with insufficient income to have access to regular food).

Resilience is defined as the household's ability to keep within a certain level of well-being (for example food security), to withstand shocks and stresses (depending on the options available for the household to make a living) and to handle risks.

Malnutrition results from deficiencies, excesses or imbalances in the consumption of macronutrients and/or micronutrients. Malnutrition may be an outcome of food insecurity or it may relate to non-food factors, such as:

- inadequate care practices for children;
- insufficient health services; and
- an unhealthy environment.

There are multiple forms of malnutrition:

- **Undernutrition**, which is typically broken down into three types: **stunting**, **wasting**, and **underweight**. Each of these indicators is defined using the anthropometric measures of height or weight (or both), is specific to the child's age and sex, and results from various types of food deprivation (chronic, acute, or micronutrient-specific). Each type of undernutrition has varying consequences for the health and well-being of the child, some of which pose greater risks for child survival.

- **Stunting** is defined as length- or height-for-age below -2 standard deviations from the median length- or height-for-age of the reference population (children of the same age and sex). Stunting often reflects a chronic deficiency of essential calories and nutrients, or sustained periods of illness that contribute to poor appetite and food consumption over extended periods of time.
- **Wasting** is defined as weight-for-height or -length below -2 standard deviations from the median weight-for-height or -length of the reference population (children of the same age and sex). Wasting is categorized into two forms of severity: severe acute malnutrition (below -3 standard deviations from the median weight-for-height or -length of the reference population), and moderate acute malnutrition (between -3 and -2 standard deviations from the median weight-for-height or -length of the reference population). Wasting often reflects an acute shock or acute absence of calories.
- **Underweight** is defined as weight-for-age below -2 standard deviations from the weight-for-age of the reference population (children of the same age and sex).
- **Micronutrient deficiency** refers to an insufficiency of one or more micronutrients, with vitamin A, iron, iodine, and zinc the most often studied. Depending on the micronutrient, the severity of the deficiency, and the development stage during which the deficiency occurs, consequences range from impaired cognitive and physical development to severe mental retardation and death.

Overweight and **obesity** relate to as an excess of adipose tissue or fatty tissue, which is measured among children and adults using anthropometric measures of height and weight, and summarized as body mass index (BMI) above an age- and sex-specific threshold. Overweight and obesity typically result from shifts in diet and physical activity that accompany national-level changes in economic growth and migration. Overweight and obesity also constitute important risk factors for many non-communicable and chronic diseases, such as diabetes, heart disease and certain cancers. Thus, increases in overweight and obesity at the population level are typically accompanied by shifting patterns in disease epidemiology.

- **Child overweight:** defined as a child with a BMI at or above the 85th percentile and below the 95th percentile for children of the same age and sex.
- **Child obesity:** defined as a child with a BMI at or above the 95th percentile for children of the same age and sex.
- **Maternal overweight:** defined as a woman of childbearing age (aged 15–49 years) with a BMI at or above 25 and below 30.
- **Maternal obesity:** defined as a woman of childbearing age (aged 15–49 years) with a BMI at or above 30.

Double and triple burden of malnutrition are terms used to describe the coexistence of two or three types of malnutrition within individuals, households or populations, throughout life. Typically, the double burden of malnutrition refers to the concurrence of undernutrition and overweight or obesity; the triple burden adds micronutrient deficiencies.

Nutrition-specific interventions address the immediate causes of undernutrition (at the individual level), such as an inadequate dietary intake, and some of the underlying causes including feeding practices and access to food.

Nutrition-sensitive interventions can tackle some of the underlying and basic causes of malnutrition by incorporating nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions.

1.2.1 A Rights-Based Approach to Social Protection for Food Security and Nutrition

The progressive realization of a rights-based approach to social protection systems is an important part of making these systems more effective in reducing food insecurity, malnutrition and rural poverty.

A human rights-based approach is founded on the following main principles:

> Universality of protection; dignity and autonomy; equality and non-discrimination; gender perspective; transparency and access to information; meaningful and effective participation; access to accountability mechanisms and effective remedies; respect of privacy; comprehensive, coherent and coordinated policies; adequate legal and institutional framework and adopt long-term social protection strategies; standards of accessibility, adaptability and acceptability; adequacy of benefits (UNRISD, 2013).

The progressive realization of a human rights-based approach to social protection is based on: (1) the formal recognition of social protection as a human right; (2) the notion that all human rights are interdependent and interrelated (World Conference on Human Rights, 1993); and (3) the particular link between the right to social protection and the right to food. The latter are embedded in the human right to a standard of living that is adequate for the health and well-being of an individual and their family (which includes both food and security in the event of lack of livelihoods, as part of Art. 22 and 25.1 of the Universal Declaration of Human Rights adopted by the General Assembly of the United Nations in 1948), and are mutually reinforcing (OHCHR, 1948).

Both rights are also recognized under the International Covenant on Economic, Social and Cultural Rights of 1966 and legally binding on its 164 State Parties (OHCHR, 1996).

1.2.2 Institutional Features of Food Security and Nutrition

Food security is an issue often tackled by the ministries of agriculture, livestock, fisheries, forestry or rural development, with a strong focus on national-level food production and increasing productivity. On the other hand, nutritional matters are generally dealt with by the ministries of health, although that may not always be the case. However, some of the countries that have been most successful in improving nutrition outcomes have nutrition units anchored in the office of the prime minister or president. The Scaling Up Nutrition (SUN) movement brings many successful examples of cross-sectoral coordination mechanisms led by the higher levels of governments and parliaments, such as in Tanzania, Uganda, Madagascar and Malawi (UNICEF, 2015).[1]

Evidence shows that even if effective, nutrition-specific interventions, aimed at addressing the undernutrition and micronutrient deficiencies in women and children are scaled up to 90 percent of coverage, the result will at the most, lead to a 20 percent decrease in stunting (Bhutta *et al.*, 2013). Accelerating progress on ending all forms of malnutrition requires large-scale, multi-sector approaches and interventions that confront the immediate causes of malnutrition, as well as nutrition-sensitive programmes that address the key underlying causes including poverty and social exclusion.[2] Many countries have now implemented inter-sectoral bodies to address FSN, encompassing a wide range of sectors, such as agriculture, social affairs, women's affairs, health, education, planning, and water and sanitation. These bodies involve non-state actors, such as CSOs, local communities (represented at commune or district level) and the private sector, as relevant participants.

There are many international initiatives promoting synergies between social protection and FSN: (1) the High Level Panel of Experts on Food Security and Nutrition (HLPE) of the Committee on World Food Security calls for the expansion of social protection systems for improved FSN outcomes (HLPE, 2012); (2) the Comprehensive Africa Agriculture Development Programme encourages the development of inclusive agricultural policies with a focus on using synergies with social protection policies to eradicate hunger, and alleviate poverty and food insecurity (Tirivayi *et al.*, 2013); (3) the Global Alliance for Resilience Initiative in the Sahel and West Africa is a framework

1 For more information on the SUN movement visit the website at http://scalingupnutrition.org.

2 For more information, access the Lancet Series on Maternal and Child Nutrition, available at https://www.thelancet.com/series/maternal-and-child-nutrition.

that builds on the "Zero Hunger" goal to foster improved synergy, coherence and effectiveness in support of resilience initiatives in the 17 West African and Sahelian countries (European Commission, 2017); the United Nations Decade of Action on Nutrition 2016–2025 and the SUN Movement aim to prioritize and institutionalize effective actions that contribute to good nutrition, including through sectors such as agriculture, education, social protection, health, and women's empowerment (UN, 2016; UNICEF, 2015).

1.2.3 Coping Strategies and Interventions to Address Food Insecurity

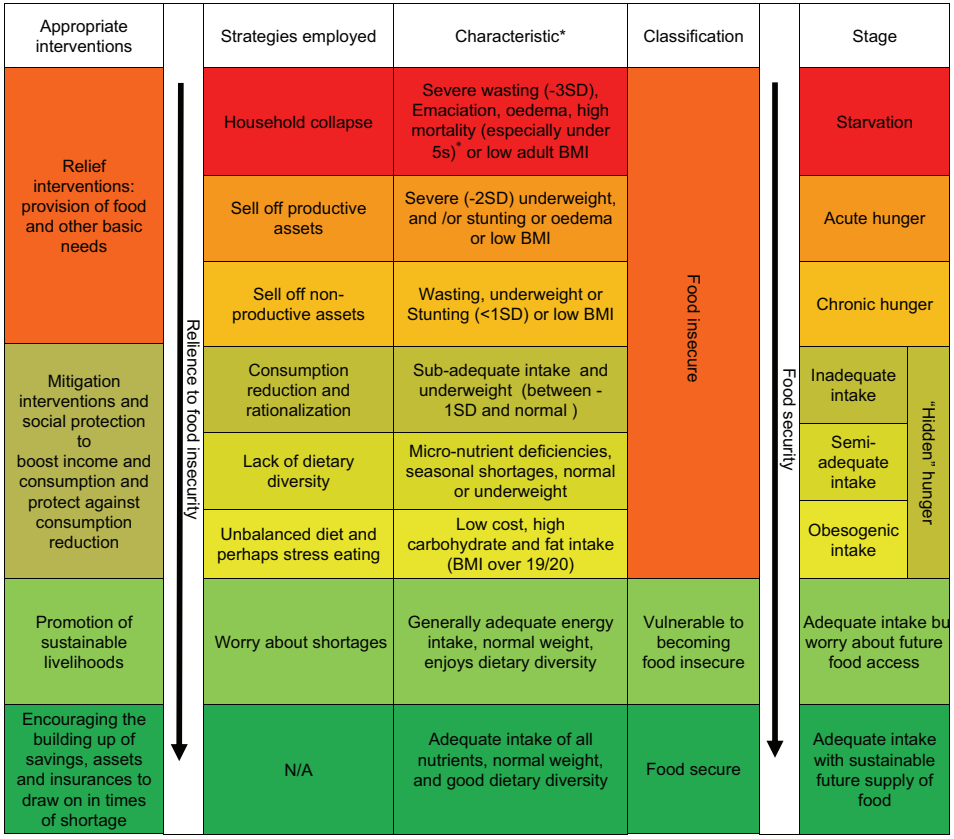
Different strategies—or a combination of them—can be adopted to address food insecurity at different levels. Hendriks (2015) proposes a continuum approach, illustrated in Figure 1.2 (Hendriks, 2015b), for understanding the causalities of food insecurity, ranging from starvation, hunger, hidden hunger to food security.

In the presence of starvation or acute and chronic hunger, the most utilized interventions are related to the provision of food and other basic needs, such as shelter, clothes and medicine. As regards hidden hunger, including both inadequate and excessive food intake leading to obesity, social protection as a way of boosting consumption is the most recommended intervention. In relation to increasing food security, appropriate actions involve sustaining people's livelihoods through building up savings and establishing insurance mechanisms. Naturally, this represents a simplified explanation in which the different stages and interventions do not always match. However, it shows how social protection underlies all the interventions and contributes to FSN, as expanded upon in the following section

1.3 Strengthening Food Security and Nutrition through Social Protection

Social protection, which is integral to the 2030 Agenda for Sustainable Development, is recognized as being instrumental in poverty eradication, inequality reduction, and economic development. Within the context of the ISPA, social protection refers to the set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their lifecycles, with a particular emphasis on vulnerable groups (SPIAC-B, 2012). Social protection can be provided in cash or in-kind, through non-contributory schemes supplying universal, categorical or poverty-targeted benefits such as social assistance, and contributory schemes, as for example social insurance. It can additionally be ensured through labour market

Figure 1.2 The Food Security Continuum



Source: Hendriks, 2015b.

protection that promotes human capital, access to jobs and productive assets. The most common forms of non-contributory social protection provision in developing countries are: unconditional cash transfers (UCTs) and conditional cash transfers (CCTs); food transfers and public distribution schemes; school feeding programmes; and public works programmes which, if designed properly, can lead to building human capital, productive assets, and increasing access to jobs (World Bank, 2018). In terms of contributory provision, the most common mechanism is social insurance, for instance pensions. The focus of this tool is on the interlinkages between FSN and non-contributory social protection schemes.

1.3.1 Conceptual Linkages

Considering that poverty, undernutrition and malnutrition share many of the same structural drivers, social protection provides an effective strategy to simultaneously contribute to both poverty reduction and improved FSN.

A social assistance programme can increase the availability of household resources in the short-term and, consequently, impact household food security. These resources can be used to purchase a greater quantity or better quality of food, or invest in food production or productive assets, improving household food security and diet diversity. However, food availability, food prices, economic shocks, and household priorities, preferences and outlooks could moderate this pathway (Hjelm, 2016).

In addition to improved FSN, social assistance can contribute to the improvement of school attainment and performance, and to strengthening livelihoods and productivity, thus helping to reduce poverty over the longer term.

In extending the four pillars of food security to address all forms of malnutrition, social protection can play a fundamental role in efforts to end undernutrition and poverty (Davis *et al.*, 2016). Examples of how social protection interventions can improve the availability, access, stability and utilization of food, contributing to healthy diets and disease prevention, are included below (see Figure 1.3 and Box 1.2). The following list is illustrative, but not exhaustive.

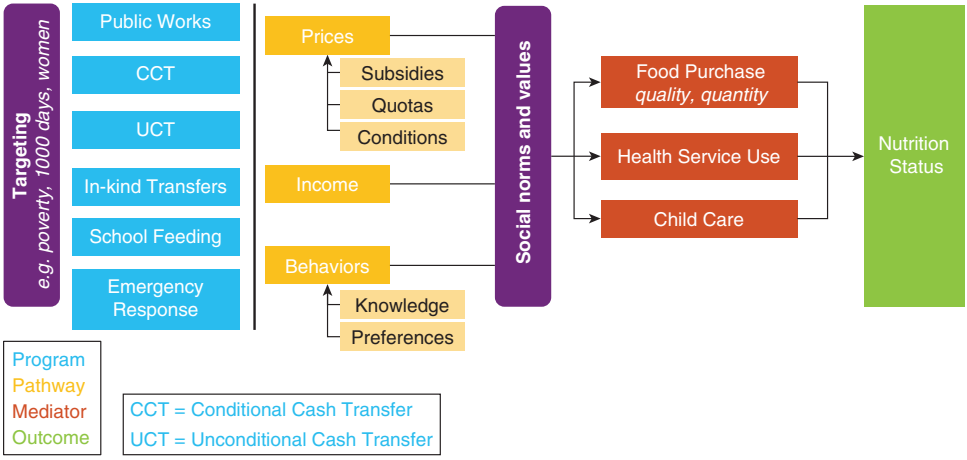
Availability

Social protection interventions can improve the availability of nutritious foods indirectly, within the community, by increasing investment in the agricultural production of nutritious foods at the local level. This may happen through providing regular cash to: (1) reduce credit access constraints faced by farmers; (2) provide greater certainty and security, which enables higher risk and higher return investments; or (3) enhance farmers' access to markets. Similarly, social protection interventions can reinforce the availability of health and nutrition services directly, through incorporating health and nutrition supporting measures, or indirectly, through coordinating and collaborating with existing community platforms. Furthermore, food transfers and school feeding schemes can ensure nutritious food is available regularly.

Access

Social protection interventions can improve access to nutritious foods directly, as in-kind transfers or vouchers, or by providing cash that can be used to purchase

Figure 1.3 Pathways from Social Protection Programmes to Nutrition



Source: Alderman and SecureNutrition, 2016.

nutritious foods from markets. Social protection can also enhance both smallholder farmers' access and availability to nutritious food, through improvements in agricultural production or diversifying livelihoods.

Stability

By preventing the vulnerable from falling below the poverty line in times of shocks and stresses that reduce the frequency, quantity or quality of food consumption, social protection interventions can strengthen stability and resilience, bolstering FSN. They can also positively impact FSN outcomes by helping to avoid negative coping strategies, such as postponing necessary health expenditures, selling off productive assets or pulling children out of school, in times of shocks and stresses.

Utilization

Improved FSN outcomes require addressing practices that drive undernourishment and malnutrition. Social protection interventions can enhance the ability of households to provide quality care for young children and other dependent family members through targeted social transfers. By integrating nutrition education and behaviour change, they can also promote care practices, food consumption and feeding patterns that meet dietary needs (de Groot *et al.*, 2015; Smith and Haddad, 2002).

Box 1.2. Selected Resources for the Conceptual Linkages of Social Protection, and Food Security and Nutrition

The conceptual linkages of social protection and FSN, and the evidence produced are presented in several studies. A list of recommended resources is available in Annex 1. Some examples are the following:

- **The State of Food and Agriculture (SOFA)** 2015 report (FAO, 2015b) presents a compilation of studies confirming the direct contribution of different social protection programmes to poverty reduction and FSN. The studies show a direct impact on caloric intake, food consumption and expenditure. The evidence also demonstrates a contribution to the diversification of diets, increased consumption of meats, fruits, vegetables and other animal products.
- **The impact of cash transfers on food security** (Hjelm, 2016) is an analysis of eight cash transfer programmes by UNICEF in Africa that shows similar results.[1] Evaluations of all programmes confirm an impact on several different dimensions of food security including: increases in food expenditure and the number of meals per day; incremented consumption of nutrient-rich food items; and a greater proportion of food secure households. The weaker results were related to the amount of time between the last transfer and time period captured in the survey, as well as the lack of predictability and value of the transfers.
- **A compendium of case studies prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs** (Spray, 2016a; Alderman, 2016) is a series of 21 case studies from six international organizations that document a range of nutrition-sensitive social protection programmes implemented in all regions of the world. The general findings are that social protection transfers tend to increase the household budget devoted to food—often more than other sources of income. Moreover, the evidence highlights that transfers can change diet composition and quality, and that each type of social protection programme presents different degrees of impact.

1 The programmes in question were implemented in Ethiopia, Ghana, Kenya, Lesotho, Malawi, Zambia and Zimbabwe.

Increasing the demand for nutritious foods, and health and nutrition services through education and behaviour change communication (BCC) can, in turn, trigger a supply response by local producers and providers. Cash can be used to purchase health and nutrition-related services, transportation, or water, sanitation and hygiene (WASH) inputs.

Social protection brings positive effects for undernutrition, but the impact on obesity is variable, as showed in a comparative study of three types of social protection programmes implemented in Ecuador—food, cash and voucher distribution (Hidrobo *et al.*, 2014). While all three programmes considerably improved the quantity and quality of food consumed, the kinds of food consumed varied. The results showed that food transfers led to a significantly larger increase in caloric intake and vouchers led to a substantial improvement in dietary diversity.

Another study (Leroy *et al.*, 2013) analysed the impact of food basket distribution or cash transfer on women's weight in rural Mexico. The analysis revealed that the programme increased women's weight in both the food basket and cash groups, which respectively showed 70 percent and 53 percent increments. The weight gain was more prominent in already overweight and obese women.

This indicates that both the design and practical implementation of the programme are significant and that there is the need to combine social assistance with nutritional education and BCC.

One key element at the base of the coherence between FSN and social protection is the coordination between the social development, agriculture, rural development and health sectors.

As the majority of extreme poor live in rural areas—two-thirds, according to recent data from the World Bank (2016)—coordinated programmes can support those rural households in breaking the cycle of poverty across generations. Evidence shows that combined interventions can be more effective in tackling hunger and poverty rather than stand-alone programmes. Social protection can provide liquidity and certainty for poor family farmers, allowing them to: invest in agriculture; reallocate labour to on-farm activities; invest in human capital development; increase participation in social networks; and manage risks better. Furthermore, agricultural support can lead to a greater income through increased productivity as well as improve and promote access to markets, water, inputs, in addition to financial and advisory services (FAO, 2016c).

Moreover, tackling stunting effectively requires having a more holistic view of the inequities and gaps in the access to adequate levels of the underlying determinants (drivers) of nutrition, that is, care, food security, health, and WASH. This means scaling-up interventions in agriculture, health, care, and WASH that are jointly targeted to geographic areas—or populations within these areas—with a high prevalence of stunting (Skoufias *et al.*, 2018).

However, different sectors may face competing priorities in establishing reciprocal linkages. Based on FAO (2016c), some mechanisms that can help to build high-level support for coherence are described below:

- **building coalitions of stakeholders** to develop a shared vision and call to action through joint events, policy dialogue, field visits;
- **generating and disseminating evidence for policy advocacy** to establish a common understanding of key issues among diverse stakeholders;
- **identifying leaders and policy champions** who can advocate for these issues at the highest levels and facilitate the development of coalitions and strategic alliances;
- **identifying and seizing policy "windows of opportunity"**; and
- **leveraging regional and global commitments**.

In order to promote coordination and collaboration across sectors, the potential areas of enhancement are:

- ensuring representation of the different sectors in relevant coordination mechanisms;
- harmonizing coordination mechanisms, avoiding the proliferation of programme-based mechanisms, and the fragmentation and duplication of actions;
- engaging with institutions at sub-national levels;
- ensuring that mechanisms at national and regional/community levels have the necessary mandates and coordination capacity; and
- developing programming guidance at the level of service/programme delivery.

1.3.2 Pathways by which Social Protection can contribute to enhanced Food Security and Nutrition

Nutritionally vulnerable populations can be targeted through a variety of programmes, as evident in Figure 3 (Alderman, 2016b). Social protection programmes—such as CCTs, public works, in-kind transfers, etc.—affect income, prices, and household behaviours, including the degree to which families choose to invest in health and how they do it. These decisions are also influenced, among other factors by social norms and values (Alderman, 2016).

Regardless of the social protection instrument used, there are some universally recognized levers that can be used to ensure that social protection interventions maximize FSN impact (Spray, 2016b):

- **By increasing income/consumption**, as it has been shown that poor households use cash transfers to buy greater quantities of food. It has also been demonstrated that beneficiary households spend more on food and health from cash transfers than from other sources of income. Often, cash transfer programmes deliver the transfer to the female heads of households, based on evidence suggesting that resources in the hands of women are more likely to be used in ways that benefit their children (Bailey and Hedlund, 2012; FAO, 2015d).
- **Promoting care, food and health practices and/or uptake of services**, since abundant evidence supports the fact that nutrition education and BCC improve infant and young child nutrition. It is believed that, in combination with cash, nutrition education may influence caregivers' preferences towards: more nutrient-rich foods; intra-household allocation of food to benefit pregnant and lactating women, and children; and other practices related to child feeding, caregiving, sanitation and hygiene, as well as the use of health services. Agriculture and social protection programmes are more effective—in some cases only effective—in improving nutrition outcomes when they include tailored nutrition education and BCC components. Although there is immense variability in the operationalization of nutrition education and BCC in nutrition-sensitive social protection programmes globally, the crucial role played by education and BCC must be emphasized (Spray, 2017).
- **Strengthening linkages to health and sanitation services** by incorporating health objectives. Social protection programmes may contribute to enhanced health outcomes by improving the accessibility, quality and conditional uptake of health and sanitation services, and providing education on health-related issues and hygiene (de Groot, 2015).
- **Targeting the nutritionally vulnerable population**, in view of the fact that the first 1 000 days between conception and a child's second birthday represent a critical window of opportunity for locking in good health and physical growth. After two years of age, interventions to improve nutrition are less likely to have long-term cognitive and health impacts. Therefore, the first 1 000 days represent the most cost-effective period for investment in nutrition-sensitive social protection programmes to address the specific nutritional needs of women

and children. Another risk group are school children and adolescents, who are particularly vulnerable to chronic undernutrition and anaemia.[3]

- **Accommodating women's needs**, as evidence shows that there is a link between women's empowerment and improved nutrition, for both themselves and their children. Although cultural norms restricting women's voice and agency are unique to each country, women around the world face gender-based barriers. Interventions that increase women's empowerment consequently improve nutrition. There are many ways in which a social protection programme might promote women's empowerment, including accommodating their needs in the design of the programme. Examples include: providing childcare at public works locations; allowing pregnant and lactating women to attend informational activities in lieu of work; providing cash transfers via mobile money to reduce travel and avoid interrupting childcare duties.
- **Including nutrition indicators for programme monitoring and evaluation (M&E)** for appropriate indicators—pertinent to programme activities—to be used to monitor progress against FSN objectives.[4]
- **Scaling up social protection in times of crises** through expanding and adapting existing social protection systems—in a timely manner—to reduce the acute and long-term negative effects of shocks. A good example is increasing the value of a transfer when faced with a food price crisis or during the lean season, when household food production is known to drop and food insecurity is known to increase. Alternatively, in the face of a shock, assistance may be extended to those who are not typically covered but who are at high risk of becoming food or nutrition insecure.
- **Improving agricultural production and productivity** through encouraging investment in land and natural resources management, as well as agricultural inputs.
- **Incorporating a do-no-harm policy on nutrition outcomes** since social protection instruments and nutrition interventions can impact gender inequalities and cause unintended consequences, such as a possible reduction in dietary diversity and quality. If the food that is subsidized or distributed is rich in carbohydrates and fat, or there is a lack of incentives—including informative—

3 Additional information can be found in Bundy *et al.* (2017, 1–15).

4 Although stunting is now the preferred indicator for measuring global progress against undernutrition, it is notoriously difficult to achieve improvement in stunting over the course of the typical development project timeline. Other proximate indicators, specifically relevant to the nutrition components of the programme, should be used instead, in addition to anthropometrics. For example, if the programme promotes a diversified diet, the indicator that could be utilized is the dietary diversity of the child or the mother.

to diversify the diet by incorporating fresh and healthy food, unhealthy habits can be potentially reinforced. This can have consequences for overweight and obesity, especially when associated with other factors of risk. Therefore, it is important to identify, in the planning phase, potential unintended negative impacts on nutrition, and regularly monitor the effects of the intervention on nutrition and the promotion of a healthy diet (FAO, 2015c).

The above list above is not exhaustive and other viable strategies for improving the impact on nutrition outcomes may exist.

1.3.3 Types of Social Assistance Programmes with linkages to Food Security and Nutrition

Each type of social assistance programme can contribute, to varying degrees, to the different dimensions of FSN. Some of these programmes include: CCTs, UCTs, school feeding programmes, conditional or unconditional in-kind transfers, public works programmes, and fee waivers.

Transfers (in cash or in-kind) can be conditional or unconditional. Conditional transfers require recipients to comply with certain conditions in order to receive the transfer. They usually combine the objectives of increasing the consumption of poor households with promoting the accumulation of human capital (health and education), therefore often focusing on children and their caregivers. The conditions are often related to: children's school enrolment and attendance; the use of health services (e.g. pre-natal care for pregnant women and vaccinations for the newly born); and participation in training sessions, among others (see Lagarde at al., 2009; Forde at al., 2012). In theory, linking cash transfers to soft (recommended) or hard (enforced) conditions can encourage the health and education sectors to provide the appropriate services needed. However, in practice, the evidence of a supply-side response is extremely limited. An essential aspect of conditional transfers is that the services required by the condition must be in place and of satisfactory quality. For this reason, and given the significant costs associated with monitoring and enforcing the conditions, many examples of soft conditions or "labelled" cash transfers have emerged in recent years, with evidence indicating that nudging without sanctions may often be sufficient for promoting behaviour change (Behnassine *et al.*, 2013).

Cash transfers can be provided to the beneficiaries in cash or through links to a bank account, using bank branches, automated teller machines, point of sale terminals and mobile phones, among others. In-kind transfers are provided in the form of food,

supplementary feeding packages or other assets (e.g. school feeding) or can constitute a waiver of an existing fee to access basic goods and services (e.g. health fee waiver).

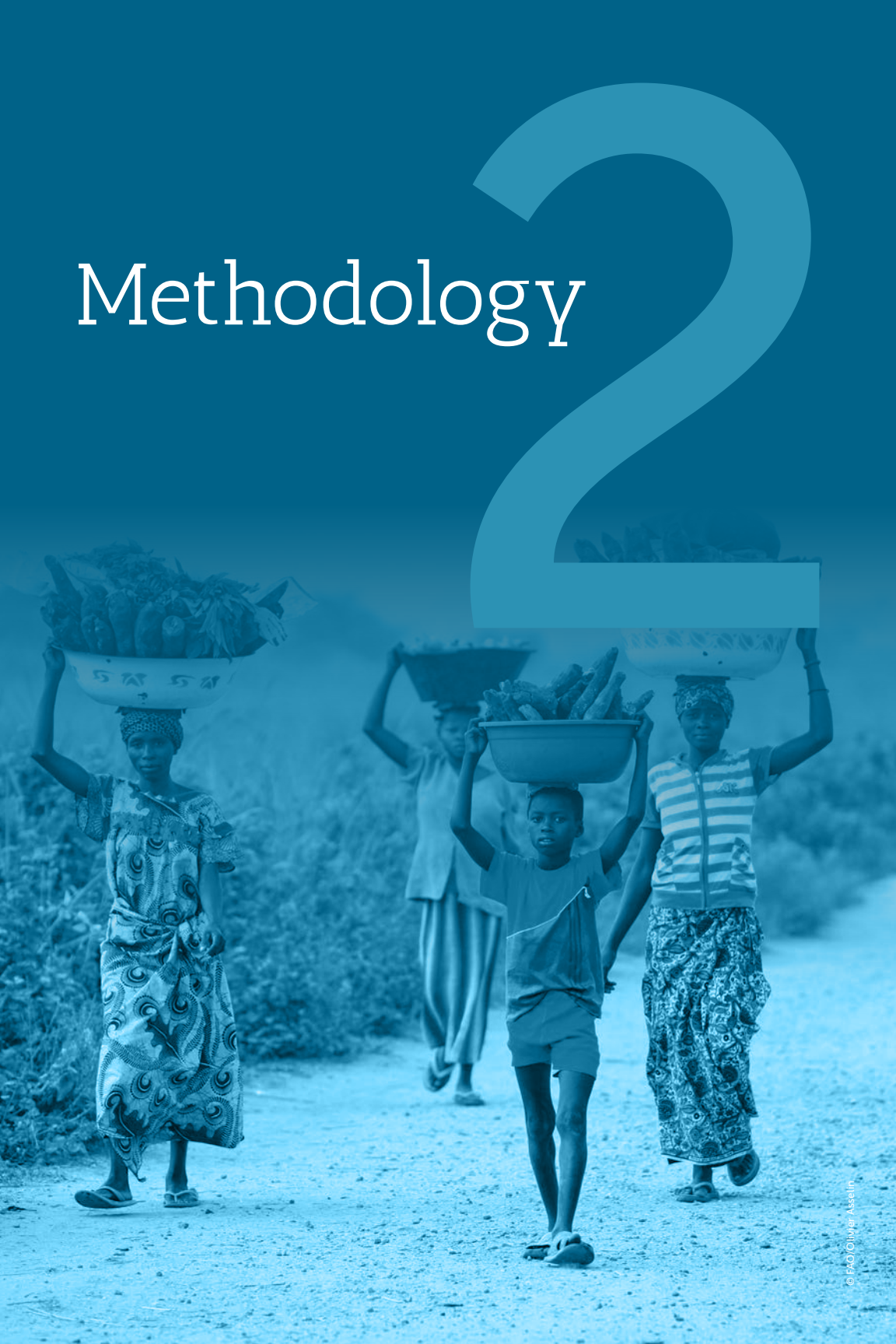
School feeding is a type of in-kind social assistance programme which, when nutritionally adequate, can be instrumental well beyond immediate food consumption. When the food distributed in schools takes into consideration nutrition guidance it can support good nutrition outcomes that have a positive impact on children, and prevent bad feeding habits and poor outcomes, such as overweight and obesity. Additionally, if the food items used for school feeding are sourced from local farmers, they can also provide a market and source of income for farming communities, stimulating the local economy. Both cash and in-kind transfers can influence dietary diversity and improved nutrition outcomes, particularly when integrated with nutrition education and/or BCC. The inclusion of hygiene practices (e.g. handwashing), health-related measures, (e.g. deworming), and nutrition and hygiene education in the curriculum of nutrition-sensitive school feeding programmes can be promoted for improved results relating to nutrition outcomes.

The receipt of benefits from public works (e.g. food for work, cash for work, or a mix of the two), is conditioned on the participation of the beneficiaries in labour activities. These programmes typically seek to improve household income and the direct beneficiaries' consumption, while using their labour for building assets, such as community infrastructure—e.g. dams, roads, rehabilitation of watersheds (FAO, 2015b).

Fee waivers and payment exceptions for certain groups and/or circumstances may allow the beneficiaries to use and access services (e.g. free health services for pregnant women and education grants for girls).

In many countries, other types of interventions are considered social protection, such as input subsidies for smallholder farmers (e.g. fertilizers and seeds) or food subsidies, either aimed at the general population or targeted to the poorest (HLPE, 2012). These measures also contribute to the improvement of FSN outcomes by increasing agricultural productivity, and thus income and the availability of food.

2 Methodology



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The Data Collection Framework of this tool has three components; these are as follows:

- An overview of the situation of FSN in the country. An analysis of the FSN status of a population, considering the different dimensions involved, is necessary to understand the extent of the problem. For this purpose, a set of indicators related to social assistance are suggested in table 2.1.
- Background information on social assistance programme(s) and their/its link(s) with FSN. The aim is to gather, through desk review and interviews with stakeholders, key contextual features and programme data, available from various sources related to FSN contexts. This information includes data on the socioeconomic context, key actors and main programme design features, as well as on programme coverage, expenditure, incidence and adequacy.
- Detailed information on the selected programme(s). The framework comprises seven key areas, each addressing the different aspects of social assistance programme design, implementation and outcomes on FSN.

Some publications and websites that contain country data related to the indicators in table 2.1 are presented below in box 2.1.

Box 2.1 Selected Resources for Food Security and Nutrition Data

- UNICEF, WHO & World Bank Joint Child Malnutrition Estimates: http://datatopics.worldbank.org/child-malnutrition/
- Analysis of the FSN situation regarding availability, access, stability and utilization: http://www.fao.org/economic/ess/ess-fs/ess-fadata/en
- Food Insecurity Experience Scale: http://www.fao.org/in-action/voices-of-the-hungry/fies/en/
- The Global Nutrition Report: globalnutritionreport.org
- UNICEF Child Nutrition: https://data.unicef.org/topic/nutrition/malnutrition/
- World Bank World Development Indicators: http://data.worldbank.org
- WHO Nutrition databases: www.who.int/nutrition/databases/en/index.html
- Demographic and Health Survey: https://dhsprogram.com/
- Demographic and Health Survey Stat Compiler: https://www.statcompiler.com/en/
- Food balance sheets: http://www.fao.org/economic/ess/fbs/en/
- FAO/WHO GIFT platform: http://www.fao.org/gift-individual-food-consumption/en/

Table 2.1 Possible Indicators for Social Assistance Programmes which Address Food Security and Nutrition

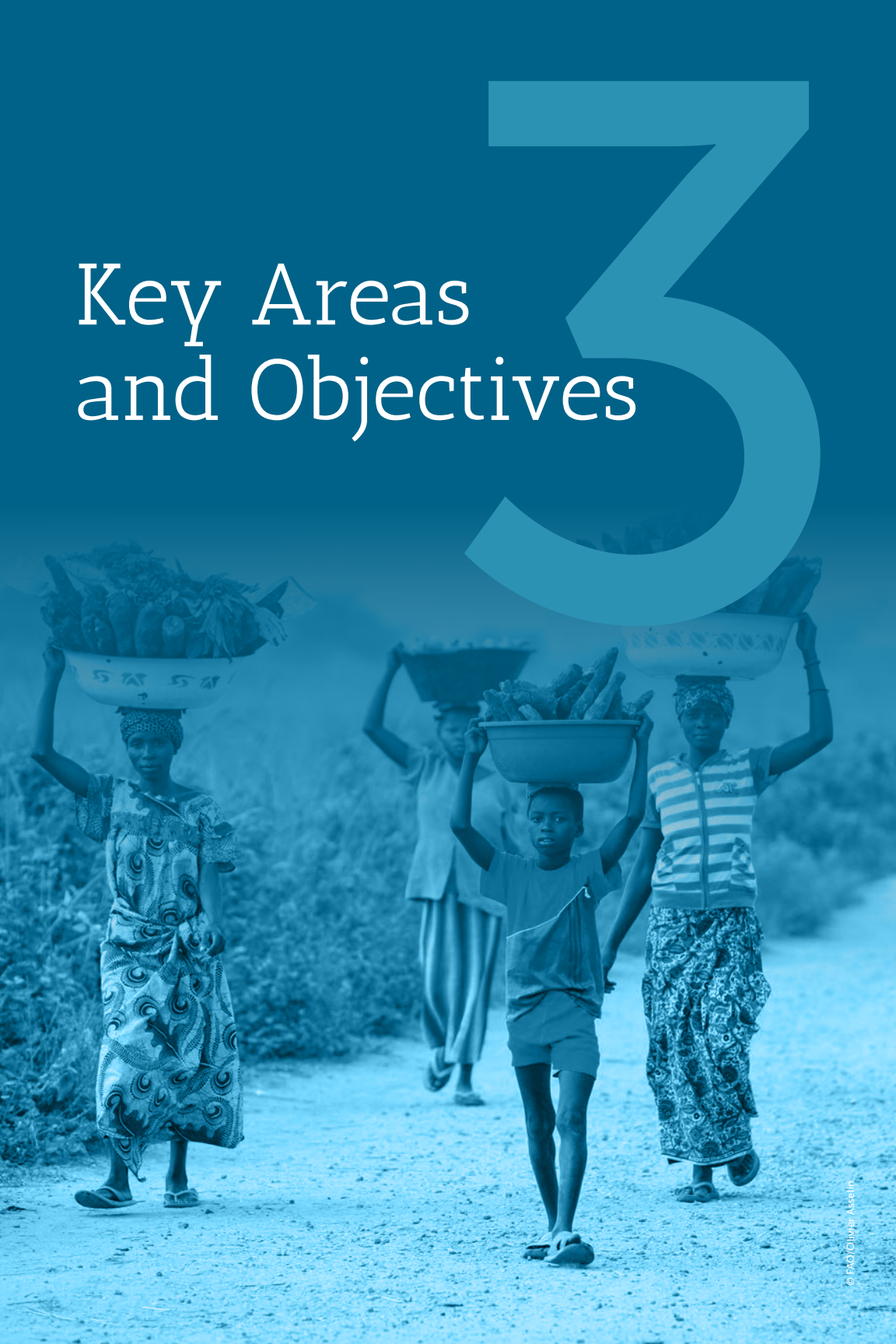
Immediate causes: Individual level	
General nutritional status	• Percentage of children under five affected by stunting • Percentage of children under five affected by wasting • Percentage of children under five who are underweight • Percentage of adults who are underweight (body mass index—BMI) • Prevalence of childhood overweight and obesity (BMI) • Prevalence of adult overweight and obesity (BMI)
Food intake (utilization)	• Minimum acceptable diet for children aged 6–23 months • Minimum dietary diversity for children aged 6–23 months • Minimum meal frequency for children aged 6–23 months • Minimum dietary diversity for women of reproductive age (15–49 years) • Coverage of iron/folic acid supplementation for pregnant women • Percentage of households consuming adequately iodized salt • Prevalence of vitamin A deficiency • Prevalence of anaemia • Prevalence of school-age children (6–12 years) with insufficient iodine intake
Health status (utilization)	• Percentage of children aged 0-59 months with diarrhoea • Prevalence of respiratory infections • Prevalence of malaria • Percentage of infants born with low birth weight • Prevalence of anaemia in pregnant and non-pregnant women of reproductive age (15–49 years) • Prevalence of anaemia among children under five
Underlying causes: Household/community/national level	
Food availability	• Prevalence of undernourishment • Per capita food production variability • Per capita food supply variability • Average dietary energy supply adequacy • Average protein supply • Average supply of protein of animal origin
Food access	• Food Insecurity Experience Scale • Household Dietary Diversity Score • Domestic food price volatility • Cereal import dependency ratio • Share of food expenditure of the poor • Depth of the food deficit

Underlying causes: Household/community/national level (continued)	
Care practices of women and children	• Early initiation of breastfeeding (first hour of life) • Rate of exclusive breastfeeding in the first six months • Percentage of client households with adequate knowledge, attitude and practices of nutrition-related behaviours disaggregated by sex • Infants and young children's feeding practices (complementary feeding for children aged 7-23 months)
Health services	• Number of health centres available • Distance from nearest health centre • Number of medical personnel in centres • Number of midwives per population • Frequency of use of antenatal care
WASH	• Access to improved water sources • Access to improved sanitation facilities • Access to latrines • Hygiene practices

Note: For more information on the indicators please refer to the recommended resources contained in annex 1.

3

Key Areas and Objectives



The key areas to guide the detailed data collection are:

A. Programme objectives and indicators;
B. Inclusiveness;
C. Adequacy;
D. Responsiveness;
E. Coherence, integration and governance;
F. Sustainability;
G. Rights and dignity.

The key areas, described below in detail, are explained according to their purpose and the FSN aspects of social assistance programmes that are addressed. Each section, from A to G, also includes key guiding questions and "good practice tips".

A. Programme objectives and indicators

Purpose: To determine whether the programme explicitly aims to address context-specific FSN needs.

Although many social protection programmes address some of the underlying causes of food insecurity and malnutrition (see Chapter 1), they do not necessarily include FSN objectives and indicators, nor reflect these in their design.

Key area A. Programme objectives and indicators includes: (i) **a FSN situation analysis**; (ii) **explicit objectives**; and (iii) **FSN indicators**.

i. Was a FSN situation analysis conducted and used to inform the design of the programme?

Refers to question 1 in the Data Collection Framework tool.

Assess whether an analysis of the FSN context was undertaken during the design phase (See Chapter 2), the extent to which it accounts for key pathways for improved FSN outcomes (See Chapter 1), and whether there is evidence that the situational analysis informed programme objectives and/or the design. Review the project documents and discuss the question with the project staff in charge of the programme.

ii. Are FSN objectives clearly stated in the design of the programme?

Refers to questions 2–5 in the Data Collection Framework tool.

Verify if the programme explicitly aims to improve FSN outcomes. Determine which FSN aspect(s), pillar(s) of food security (access, availability, stability, utilization), and determinants of nutrition (immediate, underlying, basic) it aims to address. Assess if there is evidence that the objectives are relevant to the country/region context and available services.

iii. Does the programme incorporate FSN indicators?

Refers to questions 6 and 7 in the Data Collection Framework tool.

Examine whether FSN indicators are included in the M&E framework, how they are measured, and whether they are appropriate and relevant for the activities planned. See Annex 1 for additional resources on FSN indicators.

Box 3.1 Case Study of the Chars Livelihoods Programme

The Chars Livelihoods Programme in Bangladesh had indirect components aimed at improving its beneficiaries' health and nutrition, with mixed results in terms of nutritional outcomes. Therefore, in 2013, with the support of the Department of Foreign Affairs and Trade of the Australian Government, the Programme modified its logical framework to introduce explicit nutrition targets, related to: exclusive breastfeeding during the first six months of a child's life; proper complementary feeding practices in children aged 7–23 months; and consumption of iron and folic acid in mothers and adolescent girls (Freeland and Cherrier, 2015). The Programme introduced a range of direct nutrition interventions, specifically targeting the improvement of the nutritional status of core participant households, especially including pregnant women, breastfeeding women, children under two and adolescent girls. Activities comprise: one-on-one counselling on infant and young child feeding, and hygiene promotion; providing iron and folic acid tablets to pregnant and lactating mothers, and adolescent girls; and providing deworming tablets for all the family members (Freeland and Cherrier, 2015).

Box 3.2 Good Practice Tips for Key Area A

- Examine the FSN profile of the area as it is essential to understand this context (including the scale, duration and severity of the food insecurity status in a given geographic area) to define the programme objectives related to FSN.
  - Identify the nutrition indicators and determine the major causes in the area or population group that is targeted by the programme.
  - Recall that these indicators may be related to diets, food intake and consumption, but also to issues relating to infectious diseases or feeding and care practices, as well as women's workload etc. Access alone is not enough since it is important to know what vulnerable people consume.
- Define clear and realistic pathways through which the programme has the potential to improve FSN outcomes, including access to a balanced diet, agricultural production, WASH, health services, and care and feeding practices, in addition to gender roles and responsibilities.
- Define FSN indicators to monitor progress in FSN pathways and measure the achievement of the programme objectives, particularly concerning FSN.

B. Inclusiveness

Purpose: To determine if the programme is designed and implemented to reach food insecure and nutritionally vulnerable groups, taking into account their needs and constraints.

The inclusiveness of a social protection system refers to the extent to which the system guarantees that:

> everyone is protected along the life cycle, including persons in the informal economy. This entails ensuring non-discrimination, gender equality; the availability of and accessibility (e.g., distance, literacy, information awareness, transaction costs) to social protection programmes and benefits, as well as designing schemes and programmes to respond to the special needs of persons with different characteristics, circumstances, and vulnerabilities. The goal is to eliminate coverage gaps and secure the inclusion of the poorest and most vulnerable (ISPA, 2018a).

In this FSN ISPA tool, "inclusiveness" more specifically refers to assessing the extent to which the above is true for food insecure, nutritionally vulnerable and socially excluded groups. It also relates to whether these groups are included in the social assistance

programme eligibility, targeting key area and operations in addition to the extent to which they are able to access their entitlements in practice.

Key area B. Inclusiveness comprises: (i) **inclusive targeting methods**; (ii) **due consideration to the first 1 000 days**; (iii) **accessibility**; and (iv) **gender considerations**.

i. Are the nutritionally vulnerable and food insecure families prioritized in the targeting and eligibility mechanisms?

Refers to questions 1–6 in the Data Collection Framework tool.

Targeting is typically a reflection of the objectives and purpose of the programme. There are a range of approaches built on diverse criteria and implemented by various processes. Examine which targeting methods are used and how they ensure that the food insecure and nutritionally vulnerable are included. Consider that methods that rely on income as the only eligibility criterion (e.g. means testing) may not always be effective in targeting the food insecure and nutritionally vulnerable. In Kenya, for the Cash Transfers for Orphans and Vulnerable Children programme, the eligibility criteria are based on extreme poverty which is defined through a number of characteristics including indicators on WASH and health—i.e. no access to safe drinking water, household members with evident, very weak health, and very poor sanitary conditions—and FSN—i.e. number of meals per day, with one or less equalling poor (Spray, 2016a).

Means testing may fail to reflect the high volatility in poverty status, and the large differences in prices and availability of food baskets in different geographical and administrative areas (e.g. rural vs. urban). In addition, they may not be easily calculated in settings with a large informal sector and in remote areas with subsistence farming or mixed production, that often coincide with food insecurity or nutritional vulnerability. The result is a high risk of targeting errors, in particular for the food insecure and nutritionally vulnerable (Kidd *et al.*, 2017).

Similarly, good nutritional outcomes are not solely dependent on income, or knowledge of feeding and care practices but are also contingent on accessing services, health and sanitation. In these cases, multi-dimensional targeting methods, categorical and geographical, and community participation may be more effective in identifying the food insecure and nutritionally vulnerable. It is important to remember that more complicated targeting methods entail higher administrative costs as well as varying levels of transparency and accountability.

ii. Is there specific consideration of the needs of the first 1 000 days between conception and the child's second birthday, and pregnant and lactating women?

Refers to question 7 in the Data Collection Framework tool.

Review to what extent the critical first 1 000 days of life are included within the targeting and eligibility criteria of the programme. As stated earlier, the first 1 000 days are considered a vital window of opportunity for avoiding permanent physical and cognitive damage through malnutrition, and for locking in good health. In this sense, the programmes should ensure that the specific nutritional needs of women and children within the first 1 000 days are met and, depending on the context, the programme may benefit from targeting this specific group. Evidence indicates that neither income support nor nutrition-specific interventions alone are sufficient to effectively address stunting or wasting, but that impacts can be maximized through a combination of the two. This may therefore include a regular maternal and child grant combined with: the promotion of an adequate and diverse diet, and access to health care; appropriate care and feeding practices; in some cases, supplementation and fortification with essential micronutrients; and the management of moderate and severe acute malnutrition, among others. For example, in the Democratic Republic of Congo, the Nutrition-Sensitive Urban Safety Net programme targets malnourished vulnerable individuals. They are assisted through a supplementary feeding programme and are followed through awareness programmes on balanced diets. The aim is to fight against all forms of malnutrition during pregnancy and to ensure the adequate nutritional status of children in the first 1 000 days (Spray, 2016a).

iii. Are the constraints and needs of the nutritionally vulnerable and food insecure taken into account in the administrative processes of the scheme?

Refers to questions 8–18 in the Data Collection Framework tool.

Assess whether the targeting methods and eligibility criteria take into account transaction costs and social exclusion for the potential beneficiaries, with special attention given to the most food insecure and nutritionally vulnerable. These may include barriers such as: social exclusion; strict documentation requirements; the necessity to travel long distances to attain information, apply to the scheme or collect the benefit; and time constraints of working caretakers. This is especially relevant, in terms of time costs, for women as primary caregivers. Examine whether the programme supports women as primary caregivers and addresses any barriers and constraints that they may have in accessing the programme. Programmes may

facilitate and employ strategies to reduce the time burden associated with outreach and registering for the programme.

Despite the social and economic constraints faced by food insecure and nutritionally vulnerable people, inclusive access to the programmes can be addressed through the identification and design of an appropriate registration process, which involves: ensuring broad communication campaigns for wide outreach; identifying registry areas close to the potential beneficiaries; ensuring simpler documentation requirements, that the most vulnerable can fulfil in a short amount of time; and involving local health and education services in the identification of the beneficiaries, specifically those within the 1 000 days window of opportunity.

iv. Does the programme include gender considerations?

Refers to question 19 in the Data Collection Framework tool.

Assess whether the programme includes gender considerations, such as women's needs and time constraints in relation to participating or meeting the programme's demands. For example, designing the programme so that the beneficiaries can receive transfers through the use of electronic vouchers or mobile payments, rather than having to collect them in person, may save them time in certain contexts. Where electronic delivery is not feasible, other design choices may be considered. In the CCT programme Juntos implemented in Peru, the payment of the transfer was changed from monthly to bimonthly to minimize the costs, borne by the beneficiaries, of travelling to pick up the cash (Spray, 2016a).

Similarly, consider the timing of accompanying measures and public works activities, and whether there is allowance for flexible working hours, including breaks for breastfeeding. For example, in the Productive Safety Net Programme phase 4 (PSNP4), implemented in Ethiopia, women have 50 percent fewer working hours than men, as well as lighter tasks, which are defined jointly and according to context (Spray, 2016a). Including gender sensitivity training for staff and beneficiaries can support gender considerations, which need to be taken into account during the design and implementation of the project.

Box 3.3 Good Practice Tips for Key Area B

- Define eligibility conditions that ensure the food insecure and nutritionally vulnerable are captured.
- Include nutrition-related indicators in the targeting methods used (see examples in Table1).
- Ensure that the targeting method reflects the situation/context faced by the food insecure and nutritionally vulnerable (i.e. that differences in the cost of food baskets, informality, and intra-household discrepancies, among others, are captured).
- Ensure that the targeting method uses Integrated Food Security Phase Classification (IPC) methods to geographically identify the most critical areas/populations affected by acute food insecurity and malnutrition.
- Include the first 1 000 days, from conception to a child's second year, and pregnant and lactating women.
- Ensure women's workloads and caring responsibilities are taken into consideration in terms of accessibility.
- Design mechanisms for reaching and including the most vulnerable in the programme, and guaranteeing that the latter are able to be involved in the programme regularly, as beneficiaries, according to the key area defined.

C. Adequacy

Purpose: To determine whether the programme provides benefits and/or includes complementary interventions that fulfil the FSN needs of the targeted beneficiaries, and takes action to avoid unintended harmful impacts.

Determining the type, size and frequency of the benefit in addition to the particular time period (season) of the assistance can ensure the programme fills the consumption gap and meets the nutritional needs of the beneficiaries. In addition, the duration of the programme can allow for different roles in terms of tackling food security and nutrition. For example, programmes looking to address chronic malnutrition (stunting) would need to focus on longer term support throughout the first 1 000 days of life, while programmes addressing acute malnutrition (wasting) could in theory be shorter in length.

Key area C. Adequacy includes: (i) **adequate transfer (cash or in-kind) to meet the FSN needs of the targeted beneficiaries**; (ii) **appropriate delivery modalities of the benefit**; and (iii) **integration of nutrition education and BCC**.

i. Are the level, regularity and duration of the benefits adequate for good nutrition at both family and individual level?

Refers to questions 1–48 in the Data Collection Framework tool.

Assess whether the **type of benefit/transfer** is adequate to address consumption, nutrition needs and priorities in the intervention area. Main modalities can vary between cash to in-kind benefits or a combination of both. Cash allows the beneficiaries to make spending decisions according to their most pressing needs. Beneficiaries of unconditional cash transfers spend a large proportion of the transfer on food (Hjelm, 2015; FAO, 2015) and health. Cash transfers can also strengthen markets for local producers and stimulate the production of certain foods, where such production is feasible. Vouchers, similar to cash transfers, can be a way of prioritizing certain goods to be consumed, promoting dietary diversity.

Distributing in-kind goods, including food transfers, can be necessary when markets do not function and the availability of diverse nutritious foods is restricted. They are also appropriate where there are not enough goods, such as in emergency situations, and when the main objective is an immediate increase in food consumption. The distribution of food generally involves processed food, rich in carbohydrates, rather than vegetables or protein-rich products. This can contribute to overweight and obesity, when associated with unhealthy habits and other drivers, and needs to be taken into account when designing the programme. Micronutrient supplementation or fortification, can also help to ensure that nutrient requirements are met in situations where they would otherwise not be satisfied through locally available food.

Examine whether the **size of the benefits/transfers** is sufficient to help households meet their needs for a nutritious diet,[1] and proportional to the overall consumption expenditure—for instance, estimates from Sub-Saharan Africa rate from 20 to 30 percent of per capita consumption (Davis *et al.*, 2016). In Ethiopia, for example, the PSNP4 moved towards a more diverse transfer, from previously providing 15 kg of cereals per person per month (or its cash equivalent), to supplying 15 kg of cereals plus 4 kg of pulses per person per month (or its cash equivalent), which meet the recommended caloric requirement of 2 100 kcal per day. A better indicator to address the nutritional needs of families could be the cost of meeting a minimally nutritious diet rather than the cost of calories or total consumption.

1 See, for example, Save the Children's Cost of the Diet assessment available at http://www.heawebsite.org/cost-diet-process.

In order to effectively tackle food insecurity and malnutrition within the whole household, the benefit level also needs **to adapt to the household size and composition**. This includes the number of able working household members and dependents, in addition to their gender, age and physiological status.

If the situation analysis identifies access to health services as a key pathway to good nutritional status, assess whether the benefit takes into account the financial barriers to health services access (cost of co-payment, transportation costs, etc.).

Determine if there is a regular review of benefit levels (i.e. temporary or permanent increases to respond to crises, food prices spikes or inflation), as well as periodic reviews of changes in household characteristics (Grosh *et al.*, 2008). This also applies to wages of public works programmes, considering that wage levels need to be fixed carefully, taking into account the overall wage structure and legislation in the country, in alignment with local wage rates.

Verify whether the benefit is delivered in **a predictable and regular manner over an extended duration**—features that are critical to programme impacts. The FSN objective and the chosen pathways determine the intervals between receiving the benefit and the duration of the programme.

For example, a long-standing programme can play a stronger role in consumption smoothing, and in the promotion of long-term nutritional and health outcomes. Regular and predictable benefits/transfers can improve household resilience, reducing the likelihood of negative coping strategies, such as selling assets, pulling children out of school, reducing food consumption and/or food quality.

Long intervals between payments may be more conducive to accumulating funds for productive investment, while shorter intervals can support households in meeting their daily basic consumption needs. However, benefits that entail small intervals require remote beneficiaries to travel potentially long distances at a greater frequency to collect the benefit, which may interfere with caring needs and competing responsibilities.

Regular and predictable payments can support households receiving cash transfers in accessing credit for investment activities (e.g. agricultural production) to improve their livelihoods, income-generating capacity and access to food. Evidence suggests that beneficiary households often secure loans for the first time because, thanks to the cash transfers, they are recognized as receiving regular "streams of income" with which

to repay the credit (FAO, 2015b). Should transfer payments not be regular, beneficiary households could risk going further into debt.

Assess whether the **timing of the benefits/transfers** is aligned with the appropriate agricultural seasons, when beneficiaries include farmers—agricultural inputs have to be delivered during planting season—and whether it takes into consideration hunting, fishing or pastoralists' migration patterns. In some countries, seasons have a significant effect on the FSN status, mainly in rural areas. Seasonal food insecurity occurs when there is a cyclical pattern of inadequate availability and access to food, associated with seasonal fluctuations in the climate, cropping patterns, work opportunities (i.e. labour demand) and disease, often known as "hunger season". Hence, it is important to examine whether the programme considers these fluctuations in predicting different size benefits as well as flexible criteria for including additional beneficiaries. An increasing number of public works programmes are being designed to take into account the seasonality of available work to avoid adverse effects on the local economy. The Bangladesh Cash-for-Work Programme coincides with the yearly flooding season, which is characterized by high levels of food insecurity ahead of the rice harvest (Mascie-Taylor *et al.*, 2010). The National Rural Employment Guarantee Act (NREGA) in India is intended to provide households with up to 100 days of work per year—depending on their needs—thereby ensuring that the programme does not interfere with their other income-generating activities (NREGA, 2005).

ii. Does the programme's benefit delivery mechanism consider FSN constraints and needs, with particular attention to women's needs and empowerment?

Refers to questions 49–56 in the Data Collection Framework tool.

As with inclusiveness, examine whether the programme is accessible in terms of delivery of benefits (e.g. distance, cultural factors). When designing payment systems and complementary nutrition education and/or BCC interventions, attention to the special needs of the food insecure and nutritionally vulnerable in particular (e.g. pregnant or lactating women, single caretakers, orphans, disabled people, or people in remote areas) can impact the outcomes, such as the recognition of cultural norms, (e.g. women travelling alone or being in public spaces).

Identify whether the programme transfer is given to the female heads of households or caregivers. It is important to remember that resources are not always distributed equally within the household. Furthermore, evidence suggests that men and women make different investment decisions. Women have been found to invest a greater

proportion of transfers into food and health, while men direct transfers more into productive investments (FAO, 2015a). For this purpose, often, cash transfer programmes provide the transfer to the female heads of households, based on indications that income in the hands of women is more likely to be spent in ways that benefit her children/the entire family. However, existing intra-household patterns are often rooted in cultural practices, therefore call for accompanying measures empowering women and involving men.

iii. Does the programme include nutrition education and BCC?

Refers to questions 57–64 in the Data Collection Framework tool.

Increasing income or food availability at the household level will not automatically translate into enhanced nutrition outcomes. Improvements in diet and nutrition depend, among other factors, on adequate food practices and behaviours which, in turn, are influenced by many factors (norms, motivations, skills, family habits, etc). The effective incorporation of complementary nutrition education and/or BCC within social protection programmes has been associated with improved nutrition outcomes. These interventions can address factors driving malnutrition, including: infant and young child feeding practices; WASH practices; preventive care; child psychosocial stimulation; schooling; and other parenting practices. In addition, they promote healthy diets, healthy lives and food preparation as a form of preventing overweight and obesity.

Generally, nutrition education and/or BCC are not stand-alone interventions, but rather part of an integrated approach, and are considered successful when there are measurable improvements not only in awareness and knowledge, but also in food practices and behaviours. For example, caregivers participating in social protection programmes are empowered, motivated, knowledgeable and gain the appropriate skills to provide the best possible food, services and care for their children and themselves.

These interventions can be directed to beneficiaries and caregivers but also to the broader community, using multi-level strategies and methodologies that have been proven effective for behavioural impact. For instance, a multi-level nutrition education strategy can target women's groups, households, the broader community and health service professionals, in order to support specific child and maternal food and nutrition practices (Dunneram and Jeevon, 2015).

Box 3.4 Good Practice Tips for Key Area C

- Define the type of benefit according to the needs of the food insecure and nutritionally vulnerable, the context of the local economy and urgency.
- Define the financial constraints/necessities related to fulfilling food consumption needs as well as other financial barriers to health, sanitation, etc. that contribute to the causes of malnutrition.
- Based on the situational analysis, understand the type of food insecurity faced by the beneficiaries (seasonal, temporary, acute, etc.) to determine the modality of the benefit.
- Define the regularity and duration of the benefit according to the purpose/objectives (e.g. investment into productive assets or meeting daily food requirements) to address stunting, wasting or food insecurity, at different levels.
- Monitor the prices of goods and review transfer values to ensure the benefit level is adequate to meet the consumption objectives.
- Integrate nutrition education and/or BCC[1] to address determinants of critical food and nutrition practices, and behaviours that can support or hinder FSN outcomes. Particularly, the intervention/component:[2]
  - is based on a careful assessment of determinants and influences of the beneficiaries' target food and nutrition practices;
  - aims at behavioural impacts, supported by improved knowledge, skills and outlooks, and incorporates adequate indicators;
  - is programmed following internationally recognized best practices, such as: featuring real-life learning-by-doing and skills development; defining the starting point on the basis of the beneficiaries' present situation on the ground; targeting all the factors that influence food practices; empowering people to drive their own change process; fostering bottom-up and sideways communication; promoting community ownerships; supporting feasible changes; ensuring that the duration and intensity are in line with the objectives, etc.;
  - addresses capacity gaps of front-line educators or facilitators;
  - is explicitly linked to other efforts to improve the beneficiaries' food and health environments; and
  - needs the involvement of men, and includes measures to accommodate women's care, responsibilities and needs, in addition to interventions for women's empowerment to support, for example, improved use of health services.
- Empowerment goes beyond women being the designated beneficiaries of the programme, and includes messages and community dialogue on the importance of the involving the male components of households, community members and household child carers.

1 For an explanation of the difference and similarity of both approaches see https://www.sneb.org/past-webinars/homepage-featured/whats-in-a-name/?back=Past_Webinars.

2 For additional information visit http://www.fao.org/nutrition/education/en/.

More specifically, nutrition education combined with cash transfers can: influence caregivers' preferences and choices towards more nutrient-rich foods; foster adequate intra-household allocation of food to benefit pregnant and lactating women, and children; and promote other improved practices related to child feeding, caregiving, sanitation and hygiene, and the use of health services.

The provision of nutrition education and/or BCC, to support other complementary measures such as health and sanitation interventions, in the form of capacity development for health and social workers (i.e. on improved food practices and counselling), can also improve nutrition outcomes.

In Kenya's Cash Transfers for Orphans and Vulnerable Children programme, the transfer is linked to attendance at growth-monitoring appointments as well as to awareness-raising health information activities at the community level. Issues covered can include the importance of a good diet, locally available foodstuffs and the need for child visits and broader health issues such as HIV/AIDS (Spray, 2016a). Evidence from the IFPRI evaluation on cash transfer modalities in Bangladesh showed that cash transfers combined with nutrition BCC had the greatest impact, with a decrease of 7.3 percentage points—almost three times the national average decline—in children suffering from stunting (Ahmed *et al.*, 2019).

D. Responsiveness

Purpose: To determine the extent to which the social protection programme is flexible to respond to sudden changes in FSN and adapt its scale, and includes a regular M&E mechanism that monitors FSN indicators, and reviews and utilizes results of impact evaluations for the programme's adaptation.

Key area. D Responsiveness includes the: (i) **existence of a M&E system that is able to capture changes in the FSN situation**; and (ii) **ability of the programme to respond to different types of shocks**.

i. Is the M&E system designed to capture changes or bottlenecks that might impact FSN outcomes?

Refers to questions 1–8 in the Data Collection Framework tool.

The FSN situation of the beneficiaries can be affected by factors that are external and internal to the programme during the course of its implementation. Price fluctuations of food, national inflation, droughts, changes in the nutrition situation of

beneficiaries, particularly in long-term programmes, may all impact the results of the programme, if they are not captured. Similarly, discrepancies between the design and implementation of the programme can affect FSN results. These may include other previously mentioned factors that can have an impact on the final outcomes, such as delays in payments that hinder household consumption smoothing, or loss of medical personnel in health services.

Assess whether the programme has a M&E system in place. The existence of a good monitoring process provides information to enable a quick response to correct implementation hurdles as well as respond to external shocks. The monitoring system allows to assess if the programme is benefitting the target population and propose solutions to make adjustments (Veras Soares, 2015).

Explore with the programme design and implementation team whether factors and risks that could potentially have an impact on the FSN situation have been integrated within the M&E system.

Evaluation mechanisms delve into greater depth to determine whether the social protection programme is moving towards the expected FSN objectives. Identify whether the M&E mechanisms have been designed upfront to reflect the identified FSN pathways and to ensure FSN information is collected from the start.

ii. Is the programme flexible to scale up, adapt and evolve according to changes due to shocks or other socioeconomic, natural or political developments, or results from M&E processes?

Refers to questions 9 and 10 in the Data Collection Framework tool.

Examine whether the programme can respond to changes in household income and/or FSN due to crises, food price changes, demographic developments, economic restructuring. A flexible system can support adaptation to such changes in the medium term but also in the shorter term.

Government emergency or crisis interventions are more likely to be efficient if response structures are set up before a sudden change or shock occurs. Information and coordination problems arising during and immediately following a shock or crisis make adequate and timely responses more difficult. In addition, institutional capacities and financial resources, if in place, can ensure a quick response (Skoufias, 2018). For instance, in preparation for large scale emergencies, the PSNP4 in Ethiopia

Box 3.5 Good Practice Tips for Key Area D

- Include FSN framework indicators (e.g. price of food basket) that capture changes that may impact the FSN status of beneficiary households throughout programme implementation in the M&E:
  - monitor both external factors (covariate shocks, as natural disasters, conflicts, war, price shocks) as well as internal factors (proper implementation).
- Include features that will enable the programme to adapt to covariate shocks (i.e. a shock responsive social protection programme) in the design of the programme. This implies:
  - an adequate preparation for responding to different types of shocks which may comprise assessments, mappings, contingency planning, public information channels, etc.;
  - integrating disaster risk management systems and social protection, for example, by: connecting early warning systems to social assistance (since disaster risk reduction plans can delineate the specific roles and mechanisms of social assistance programmes); combining systems for conducting and updating risk assessments, and vulnerability assessments; integrating social assistance into contingency planning, public information, emergency communication systems and the distribution process of relief supplies.
  - designing predictable financing arrangements that enable responsiveness (e.g. ex-ante agreements). Risk financing strategies need to be established and linked to social protection interventions (e.g. disaster funds, insurance payments, development cooperation etc.).
- Define the mechanisms by which the programme can rapidly increase the support to existing beneficiaries and/or expand coverage to new beneficiaries during crises, and subsequently scale back. These may include: (1) the extension or revision of coverage (demographic and/or geographic); (2) the extension of the duration; (3) the adjustment of the benefit/transfer value; (4) the modification of programme rules and relaxation of requirements to facilitate programme participation; (5) the introduction of new interventions (e.g. additional transfers) using existing programme infrastructure.
- Design flexible delivery systems to support the response in a crisis, such as registries for targeting and verification, and disbursement mechanisms.

has developed a federal contingency budget, which is coordinated with the broader humanitarian response systems, in order to respond promptly. This is triggered by early warning information and coordinated through a joint response plan (Spray, 2016a).

Assess whether the programme already has a defined mechanism to scale up (as well as scale down), in terms of both adding new beneficiaries that are affected by shocks, through widening the eligibility criteria, and raising the level of the benefit to respond to a price shock. The ability to scale up can ensure that households keep the minimum level of nutritional intake across the period of shock. For example, the Hunger Safety Net Programme in Kenya is designed to scale up and down, in response to weather-related shocks (e.g. drought /"El Niño"), by preregistering the wider population (in 2011 approximately 95 percent of all households—374 000—in four counties were voluntarily registered and nearly all have a bank account). This allows the programme to expand in response to emergency situations. It can also support other households, beyond the beneficiaries, in stabilizing their FSN status, if and when the expansion of the programme contemplates the temporary inclusion of other households.

E. Coherence, Integration and Governance

Purpose: The programme has established clear linkages across sectors, such as health, sanitation, agriculture, to respond to the multidimensional causes of malnutrition.

The different sectors are also aligned to ensure that the set of existing programmes complement each other (internal coherence). Institutional arrangements promote coordination across the institutions responsible for the design, administration, and delivery of social protection programmes. Determinants of good nutrition include factors affecting healthy diets and good health, which encompass a variety of interventions, calling for a multi-sectoral approach. This key area seeks to identify linkages between the social assistance programme with other sectoral interventions.

Key area E. Coherence, integration and governance includes the: (i) **existence of complementary services**; (ii) **intersectoral functions that are operational**; (iii) **cross-sectoral information sharing**; (iv) **coordination mechanisms that are in place**; (v) **clarity on roles and responsibilities**; and (vi) **harmonization of social protection and FSN strategies**.

i. Does the programme actively promote access to good quality complementary services across sectors, such as sanitation, health, nutrition, education, agriculture, labour market and insurance programmes?

Refers to questions 1–6 in the Data Collection Framework tool.

The creation of linkages and integration across sectors can address the multidimensional nature of FSN. When food-based interventions aimed at improving dietary intake are paired with health-side efforts to prevent and control disease, stronger results in terms of nutrition are observed. Similarly, integrating linkages with productive sectors supports households in diversifying production systems and livelihoods, increasing incomes, and strengthening access to nutritious food. Assess whether these linkages with other sectors, such as health, sanitation, and agriculture, have been established with the programme.

ii. Are there operational modalities in place to ensure functional intersectoral linkages?

Refers to question 7 in the Data Collection Framework tool.

Examine which modalities the programme uses to operationalize the linkages. There are three main design modalities that can be used for developing coherent "intersectoral packages" of social protection: (1) stand-alone programmes; (2) joint programmes; (3) aligned programmes (FAO, 2016c). The intersectoral linkages are addressed in different ways in each of these modalities, but in general the synergies are stronger in the first and weaker in the third modality. **Stand-alone programmes** can be designed to maximize synergies between objectives bearing in mind that, as outlined above, social assistance programmes can include specific FSN objectives. At the same time, other sectoral programmes can also incorporate food security objectives into their design, for example: (1) agricultural programmes offering complementary training on how to use cash for agricultural investments and avoid harmful financial, health and environmental effects, or input subsidies to poor and vulnerable farmers; (2) health and/or WASH programmes offering bonuses/vouchers for nutritious produce and other products to poor households, or promoting community investment, savings or insurance plans; (3) employment promotion programmes, specifically targeting the poor and nutritionally vulnerable.

Joint programmes use layering of instruments, a type of programme design that offers various kinds of support simultaneously (Slater *et al.*, 2016). Options for the

integration of specific sectors depend on the objectives, target groups, financial resources, availability of programmes and administrational capacities.

Different intervention packages delivered to the same households can also be sequenced over a particular time period (Slater *et al.*, 2016). As the well-being of the household gradually improves, the package can expand, for example, from micronutrient supplements, to include other complementary interventions, such as training to improve cooking, farming, investment or other skills.

Aligned programmes are based on cooperation and alignment at policy level. They also aim to avoid potentially negative interactions between policy instruments and programmes, across both vertical and horizontal levels. They exploit interactions between instruments, even in the presence of different objectives (e.g. by using the increase in local consumer demand created by cash transfers), different target groups (e.g. by creating a continuum of services in the same location to cater to different income groups, and improve equity of coverage and scale), and at different levels (i.e. household, local community). An example is represented by programmes linking school feeding with public procurement programmes in Brazil (Spray, 2016a).

iii. Are there mechanisms in place that allow for sharing delivery/implementation systems among programmes?

Refers to questions 8–12 in the Data Collection Framework tool.

Identify the mechanisms that the programme uses to share information. To achieve alignment between social assistance programmes and other sectoral interventions, a variety of mechanisms can be used such as: social and farmer/fisher registries; common targeting systems/tools; common delivery systems; shared, interconnected beneficiary information systems; and joint M&E frameworks – key to incorporating feedback into the programme design. Assess whether these mechanisms are in place and are sufficient to allow for the functioning of the intended linkages between the different sectors.

iv. Are there multi-stakeholder governance mechanisms to promote coordination/cooperation facilitating social protection and FSN linkages among programmes and interventions—at national and decentralized levels?

Refers to questions 13–15 in the Data Collection Framework tool.

Greater coordination between social assistance and FSN bodies (e.g. agencies, ministry departments, country interministerial SUN coordination structures etc.) can increase the impact of single, complementary, joint or ideally aligned programmes on FSN. There are a number of institutional structures and mechanisms that can facilitate coordination, such as: (1) high-level institutional mechanisms (boards, committees etc.) with high-level political buy-in; or (2) coordinating bodies and intersectoral committees at different levels and sectors of the government, notably at local and community level. Determine if these bodies exist and whether they are fulfilling their functions.

v. Are the roles and responsibilities of the social protection, and FSN bodies and actors involved in the programme defined?

Refers to questions 16–24 in the Data Collection Framework tool.

Multisectoral action requires the definition of clear roles and responsibilities, as well as coordination/interaction mechanisms to support effective implementation. Determine whether these roles and responsibilities are well defined and operational in practice. Assess if these features are being supported by internal rules, regulations, reporting mechanisms and operating procedures (e.g. programme manuals) that delineate the specific roles and responsibilities of both the social protection, and FSN bodies and actors engaged in the programme, their relationships and expectations. In Cabo Verde, this is done through a school feeding and health law, enacted by the government in May 2015. This law defines the objectives and principles of school feeding and school health, in addition to establishing the responsibilities of the actors involved and the mechanisms for intersectoral coordination (Spray, 2016a). These institutional arrangements require clear oversight mechanisms for the different roles and structures to be embedded as much as possible in existing systems, including at decentralized levels, in order to strengthen the impact and sustainability of the programmes.

vi. Is there a social protection strategy/policy with explicit FSN objectives? Is there a FSN strategy/policy that includes social protection as a pathway to FSN?

Refers to questions 25–29 in the Data Collection Framework tool.

Harmonization between these two sectors can be promoted by integrating common objectives across each—FSN priorities in social assistance policies and programmes, and in turn, social assistance priorities in FSN policies/strategies. For example, a national social protection strategy/policy can include explicit FSN objectives with

Box 3.6 Good Practice Tips for Key Area E

- Define the complementary interventions needed to improve nutrition outcomes, in accordance with the defined impact pathways.
- Define clear operational linkages with cross-sectoral complementary interventions, by:
  - identifying the roles and responsibilities of each body clearly;
  - defining and institutionalizing a coordination mechanism to facilitate cooperation between social protection, and FSN bodies and actors involved in the implementation of the programme;
  - setting up mechanisms that will facilitate operations, such as joint or inter-operable management information systems, single/unified registration systems or referral mechanisms, to identify beneficiaries and share information across sectors;
- Put into place a policy framework that promotes coherence and coordination, and reflects the potential role of social protection programmes in improving FSN outcomes, in addition to supporting operational linkages at programme level.

specific measurable, realistic and time-bound targets for their achievement. In the same country, a national food security/nutrition strategy/policy can include a social assistance approach to enable households to diversify their diets and livelihoods by improving access to and availability of nutritious food, and guaranteeing the stability and nutritional adequacy of the food intake. For example, Lesotho's National Social Protection Strategy, ensures that social protection beneficiaries are reached through interventions, led by the Ministry of Agriculture, that promote smallholder agriculture, and increase the impact on poverty reduction, food security and nutrition outcomes (FAO, 2016c).

Meanwhile, in Mexico, Prospera was integrated within the framework of The Integrated Strategy for Attention to Nutrition (EsIAN), with the objective to promote good nutrition habits throughout life, starting from pregnancy, during lactation, and for children under five. There were three fundamental components: (1) the distribution of supplements to improve the health and nutrition status of priority groups; (2) the provision of specific equipment to health centres for the evaluation of the nutrition status and diagnosis of anaemia; (3) awareness raising, capacity building and training of PROSPERA health and community personnel to carry out the basic interventions and elements of the EsIAN programme. The latter included counselling for mothers using

best practices, and generally improving the attitudes and habits of the personnel, at all levels, as well as of the female beneficiaries of the programme (Spray, 2016a).

Review the different sector policy documents to assess whether a policy framework exists and how social protection and FSN issues are linked.

F. Sustainability

Purpose: To determine if the programme: supports communities and beneficiaries in developing sustainable processes and structures to address both current and future FSN needs and practices; and promotes a sustainable supply of nutritious food, and sustainable resources management, where applicable.

Sustainability is a multidimensional concept encompassing environmental management (environmental sustainability), social well-being (social sustainability), economic resilience and security (economic sustainability), and sufficient available funds from national resources to meet long-term goals (financial sustainability).[2] The key aspect of sustainability for FSN is to transmit practices and knowledge, as well as ensure the means for a continuous access to a sustainable supply of nutritious food that meets daily requirements.

Key area F. Sustainability includes: (i) **environmental sustainability**; (ii) **social sustainability**; (iii) **economic sustainability**; and (iv) **financial sustainability**.

i. Environmental sustainability: are sustainable natural resources management approaches considered to promote FSN?

Refers to questions 1–3 in the Data Collection Framework tool.

When and where programmes include agriculture and natural resources management-related activities, social protection programmes can contribute to environmental sustainability by: minimizing the reliance on livelihoods and coping strategies that have harmful consequences on the environment, such as the overexploitation of lands and forests; and providing an opportunity to enhance household capacity to invest in sustainable, climate-smart interventions that progressively promote environmental and social well-being. In Ethiopia, for example, the PSNP4 includes a focus on the development of sustainable community assets and on improving livelihoods through:

2 For FAO's definition of sustainability visit the Sustainability Pathways website at http://www.fao.org/nr/sustainability/home/en/.

watershed development planning, such as soil and water conservation; reforestation; gully control; construction of check dams; small-scale irrigation; and the construction and maintenance of social services (Spray, 2016a). While the promotion of sustainable natural resources management can ensure a sustainable food supply and promote diversity in food resources for a nutritious diet in the long run, it risks limiting the food supply in the short term. Some examples of these restrictions are harvest or catch limits and quotas for the optimum/ maximum sustainable yield. More short-term or seasonal social assistance interventions may provide an option to address such shortages. The focus of any given programme will have to be based on the FSN priorities identified (short-term food consumption vs. long-term diversification of diets), balanced with relevant environmental risk mitigating strategies. Determine if the environmental implications of the programme have been incorporated within the design and review how these trade-offs been dealt with.

ii. Social sustainability: are there incentives for households/ communities to develop practices/structures that promote social cohesion for FSN in the long run?

Refers to questions 4–7 in the Data Collection Framework tool.

Social sustainability refers to programmes designed and implemented in a way that supports individuals, households and communities in developing and strengthening practices and habits to address both current and future FSN needs. Programmes can achieve social sustainability by promoting sustainable change towards improved food choices, as well as developing and improving structures to promote care and feeding practices, following programme completion, and over the longer term. This implies that the programme operates in close collaboration with existing structures, mechanisms and long-term programmes that focus on FSN issues. For example, Targeting the Ultra-poor programme in Bangladesh, through close mentoring to encourage positive behavioural change, led to positive nutrition outcomes not only for the participating households but also for poor non-participating households (Raza and Van de Poel, 2016). It is equally important to ensure that the programme does not generate any unintentional impacts. Examine whether the social protection programmes have any unintended negative social impacts, such as: increasing child labour practices; unequal consequences on the gendered division of responsibilities in the household; or undermining pre-existing traditional support structures in the household.

Social networks, traditional or newly-formed organizations and associations can play an important role, both informally and formally, in addressing FSN needs at household

and community levels. There is, therefore, great potential for these networks to contribute to positive impacts on FSN. In particular, in many African country contexts, informal social protection mechanisms may be the first line of defence in crisis situations (Davis, 2016). Community networks often serve as informal risk-sharing and resilience mechanisms, providing the much-needed social support—food assistance or other basic needs—to vulnerable households, during crises. Benefits that target uniquely a few members of a community or different benefit levels in neighbouring communities may undermine these informal community systems and capacities. Assess whether the programme recognizes the existence of these types of associations and informal mechanisms of social assistance, and has shaped their interventions in order to minimize tensions, and contribute to greater social capital and social cohesion. Identify the ways in which the programme has attempted to avoid negative impacts on existing social capital and networks. The design of social protection interventions, such as school feeding programmes that require voluntary work from parents or conditional cash transfers, often increase women's unpaid work duties. It is important, therefore, to assess the gender implications of the implementation design.

iii. Economic sustainability: does the programme adequately address its contribution to build the resilience of households and strengthen the local economy?

Refers to question 8 in the Data Collection Framework tool.

Economic sustainability can be promoted in two main ways, through building the economic resilience of households and strengthening the local economy. Resilience is the ability of people, communities or systems that are confronted by disasters or crises to withstand damage and recover rapidly. This involves strengthening the household economic base and diversifying livelihoods, and thus economic sustainability is also a concept that refers to the community/household level. Social assistance programmes can promote the local economy through strengthening local food markets, investments and the diversification of products in the local economy. Impact evaluations on cash transfer programmes in several African countries have found significant positive impacts on local economies (Thome *et al.*, 2016).

For programmes with a productive inclusion component, assess whether the interventions have supported the development of a resilient economic base and diversification of livelihoods. Identify local economic impacts of the programme and their sustainability. The cash spent by families promotes impacts on others inside the community, setting in motion income multipliers. If the purchases are carried out outside the village/community, the income effects shift beyond the community,

potentially unleashing income multipliers in external communities. Implementing mechanisms to generate market linkages within the community, in order to respond to the demand created by the programme, will incentivize income generation in the community. Other opportunities are the promotion of productive assets through public works programmes, which have important economic impacts in the longer term, such as: fish ponds; irrigation systems; natural resources management activities, with different effects on improving the availability of water (for irrigation); honey production; reforestation with fruit trees; construction of infrastructure including roads, market places, among others.

iv. Financial sustainability: are the financial resources aligned with the actual and expected programme outcomes?

Refers to questions 9–18 in the Data Collection Framework tool.

In order to develop and maintain national social assistance programmes at scale, financial sustainability is key—notably through the allocation of domestic resources. Determine whether funds have been allocated within the national budget and what factors/arguments are impeding this process. This is an important facet contributing to the institutionalization of social protection programmes. In the face of budget constraints and competing priorities, it is important to recognize that social protection

Box 3.7 Good Practice Tips for Key Area F

- Review the existing livelihood practices related to the design and implementation of the programme.
- Consider the impacts of programme interventions on the local economy.
- Ensure that the feeding and care practices promoted within the programme are sustainable and can be carried out following programme implementation.
- Include, when possible, income-generating and diversification practices to support the stability of food consumption.
- Articulate the programme with existing community social safety nets to better address the FSN needs at the household and community levels.
- Elaborate a long-term sustainable financing framework in line with the government budget.
- Review the practices of the programme, including its possible negative environmental or social/gender effects, unsustainable resource management practices and incorporate mitigation measures.

programmes can be affordable even in low-income contexts (Ortiz *et al.*, 2017) and that social protection needs to be considered as an investment that does not only have a cost, but also a return.

G. Rights and Dignity

Purpose: To assess whether the programme and benefits design and implementation mechanisms are in line with human rights standards and principles (specifically the right to an adequate standard of living, including adequate food).

Key area G. Rights and dignity comprises three sub-key areas: (i) **commitment to the realization of the right to food**; (ii) **use of a rights-based approach**; and (iii) **existence of accountability and grievance mechanisms**.

i. Is there commitment for the progressive realization of the right to food (including legal, national policy/strategies, or other) in the country, including social protection as a mechanism for that realization?

Refers to questions 1–5 in the Data Collection Framework tool.

Social assistance programmes can contribute to the progressive realization of the right to food by including measures that result in people accessing adequate food. In addition to the right to food, social assistance programmes have the potential to contribute to the realization of a number of economic, social and cultural rights. These include the right to an adequate standard of living—comprising the right to adequate food, clothing, and housing—as well as the rights to education and health, which allow individuals to live a dignified and productive life. Determine whether there exists a commitment in the country to move towards the progressive realization of the right to food, that the programme can piggyback on.

ii. Are there entitlements of social assistance programmes prescribed by law, and embedded in national policy and strategic frameworks, including benefits, eligibility and levels of assistance?

Refers to questions 6–10 in the Data Collection Framework tool.

A rights-based approach to social protection ensures entitlements for citizens and legal obligations for the state to implement social protection systems and establish

standards for the design, implementation and evaluation of such systems. Accordingly, the citizen-state relationship is established and obligations are given to states to guarantee social protection to its citizens. This is enshrined in law and, in many cases, written in the national constitution. Assess whether the programme is established within the local legal and policy framework.

iii. Are there mechanisms for appeals/recourse and complaints, that are accessible, responsive, transparent and fair?

Refers to questions 11–19 in the Data Collection Framework tool.

Likewise, appropriate communication strategies, capacity building and rights-based measures—such as grievance, appeals and accountability mechanisms—should be included in the programme and results framework (objectives, results, activities, indicators), with sufficient resources and time allocated to realize these objectives. Identify the mechanisms established within the programme and capture the beneficiaries' perceptions in terms of their rights. Human rights and dignity approaches, relating to the access to food and nutrition, should be shaped to avoid humiliation, prejudice against or risks to the persons covered, by protecting the private information contained in administrative data systems. Sensitization towards changing people's attitude concerning exercising these rights, without fear of stigmatization, should also be included.

iv. Is there awareness among beneficiaries and communities of their rights and duties?

Refers to question 20 in the Data Collection Framework tool.

It is fundamental that the identification of key rights holders and duty bearers in social protection programmes are clarified, and that the parties are aware and understand their rights and duties. A regular and effective communication and advocacy mechanism is necessary to reinforce the rights-based approach of the social protection programme, including measures for grievance and appellation for inclusion.

Box 3.8 Good Practice Tips for Key Area G

Take into consideration the following:

- Utilize a rights-based approach in the design, communication and implementation of the programme, that includes: universality; dignity and autonomy; equality and non-discrimination; gender perspective; transparency and accountability mechanisms; and indications of the progressive realization of the right to food with social protection as a key element.
- Establish a relevant national/ legal framework and policies to underpin the programme, and facilitate the progressive realization of the right to adequate food.
- Establish a transparent, non-discriminatory eligibility key area in order to ensure the effective targeting of assistance, so that no one who is in need is excluded. Efficient accountability and administrative systems are essential to prevent leakages and corruption.
- Put into place a communication strategy that allows people to understand the concepts of human rights and the fact that they all are rights bearers.
- Set up accessible mechanisms for appeals and complaints, for people and communities, including administrative, quasi-judicial and judicial mechanisms, to provide adequate, effective and prompt remedies for guaranteeing the right to food.

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ISPA
INTER AGENCY
SOCIAL PROTECTION ASSESSMENTS

FOOD SECURITY AND NUTRITION

DATA COLLECTION FRAMEWORK

PROGRAM

This section is a simplified version of the full FSN ISPA Data Collection Framework, available at ISPATools.org. The full Data Collection Framework is available for download in Word format and includes all fields necessary to complete the assessment.

Key Area A. Programme Objectives and Indicators DC-3
Key Area B. Inclusiveness DC-4
Key Area C. Adequacy DC-6
Key Area D. Responsiveness DC-13
Key Area E. Coherence, Integration and Governance DC-15
Key Area F. Sustainability DC-19
Key Area G. Rights and Dignity DC-22

Food Security and Nutrition in Programme Objectives and Indicators

Key Area A. Programme Objectives and Indicators

Objective: food security and nutrition (FSN) concerns are reflected in both the objectives and indicators of the social protection programme, which are based on existing situational FSN assessments.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers. The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. FSN Situation Analysis

1. Was a FSN situation analysis conducted and used to inform the design of the programme? If so, please provide detailed information regarding the source, the year of implementation and the scale (national/regional etc.) of the situation analysis.

ii. Explicit Objectives

2. What are the main programme objectives?

3. What are the secondary objectives?

4. What are the explicit objectives related to FSN?

5. What are the core components of the programme?

iii. FSN Indicators

6. Have FSN indicators been included in the monitoring and evaluation (M&E) of the programme? If so, please answer the following question.

7. Which specific FSN indicators have been included in the M&E?

Programme Design, Implementation, and Monitoring and Evaluation

Key Area B. Inclusiveness

Objective: the programme is designed and implemented to reach food insecure and nutritionally vulnerable groups, taking into account their needs and constraints.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers. The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. Inclusive Targeting Methods

1. Does the programme have an explicitly defined target population and eligibility criteria in its objectives and programme targeting approach?

2. Which targeting methods are used? Please select one or more of the following options:

    a. Demographic/categorical (e.g. children, elderly, youth, pregnant women)
    b. Community-based (e.g. specific communities, pastoralists, landless people, homeless people)
    c. Geographic (e.g. specific communities, areas prone to natural disasters, etc.)
    d. Means test (e.g. based on the medium income of the household)
    e. Proxy means test (e.g. approximation of one or more indicators e.g. food security level)
    f. Self-selection
    g. Administrative (e.g. schools)
    h. Other (e.g. teacher assessments)

3. Is the targeting mechanism based on the food security and nutrition (FSN) population profile/needs? Are FSN indicators used in any way during targeting? If so, please expand upon the above.

4. Are the food insecure and nutritionally vulnerable groups of the population being covered by the programme?

5. How often is the eligibility/targeting exercise conducted?

6. How often is the enrollment conducted?

ii. Due Consideration to the First 1000 Days

7. Does the programme target the first 1 000 days?

iii. Accessibility

8. Are potential beneficiaries aware of the programme, how to apply or register for it and what the qualifying conditions are?

9. Are there any other costs involved in applying and registering for/receiving the benefits?

10. Is there an outreach strategy on the eligibility and availability of benefits to reach the most food insecure and nutritionally vulnerable (e.g. children, youth, women, elderly)? If so, please describe which strategies are utilized to reach each group.

11. Can the beneficiaries easily obtain relevant information about the programme?

12. Please describe the application and registration/enrolment process in place to access the benefits?

13. Is there a system in place for individuals to contest the eligibility determination? If so, please describe the system.

14. What means of verification (e.g. identity document, birth certification) are needed as proof of eligibility?

15. Can the beneficiaries easily receive their benefits, without having to face barriers to actually access them?

16. Do the beneficiaries receive the benefits in a timely and regular manner?

17. Are there risks for the beneficiaries tied to claiming or losing their benefits?

18. How long after eligibility has been determined are the benefits paid?

iv. Gender Considerations

19. Are women's needs and constraints in accessing and participating in the programmes taken into consideration?

Exit Strategy

20. Are the exit rules for ending the programme benefits clearly described? If so, please elaborate upon the above.

21. When do the beneficiaries stop receiving the programme benefits? Please select one or more of the following options:

    a. Individual/household no longer meets the eligibility criteria
    b. Automatic ending (e.g. beneficiaries' death or old age)
    c. Fixed programme duration
    d. Achievement of specific benchmarks associated with programme goals
    e. Reception of other social protection benefits
    f. Failure to reapply/show up
    g. Other

Discrepancies between Programme Design and Implementation

22. Have there been any major discrepancies between the design of the programme and its actual implementation. If so, please describe the specific areas in which the above discrepancies can be found?

Plans for Design Changes/Adjustments

23. Are there any design changes or adjustments planned? If so, please describe these changes.

Key Area C. Adequacy

Objective: the programme provides benefits that fulfil the food security and nutrition (FSN) needs of the targeted beneficiaries, and takes action to avoid unintended harmful impacts.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers.

The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. Adequate Transfer (Cash or In-Kind) to Meet the FSN Needs of the Targeted Beneficiaries

1. Which type of benefit/transfer is provided and what volume? Please select one or more of the following options:

    a. Cash. If so, please specify the amount per household per month/quarter/semester.
    b. Food. If so, please specify the: type of food; unit or amount of meals per person per month; nutritional value; quality of the food; and the estimated monetary value.
    c. Other, including combination of benefits. If so, please specify which types and the estimated monetary value.

2. At what interval are the benefits (food/or cash) transferred?

3. Does the programme take into account the beneficiaries' preferences in terms of the type of benefit (e.g. cash/food/meals/vouchers/inputs etc.)? If so, please explain how.

4. Has a recent assessment of the cost of a nutritious diet been conducted? (e.g. Save the Children Cost of the Diet assessment etc.)

5. Is the size of the benefit defined in proportion to the overall household consumption (at least 20-30%) or does it cover the cost of the food basket for a nutritious diet (per week/month)? Please indicate how the size was calculated.

6. Does the size of the benefit/transfer adapt to any of the options below? Please select one or more of the following options.

    a. Number of household dependants. If so, please specify if there is a cap (e.g. 5+ children).
    b. Gender (e.g. bonuses for pregnant women)
    c. Age of household members (e.g. infants, working age or elderly)
    d. Behaviour (e.g. use of bonuses or conditionalities)
    e. Seasonality (e.g. linked to agricultural calendar or seeding period)

f. External circumstances (e.g. inflation, food prices, crises). If so, please specify which circumstances.

7. Does the size of the programme benefit/transfer differ between programme locations? If so, please specify the amount(s) and reason(s).

8. Does the interval between/level of benefits reflect FSN objectives? If so, please specify if it addresses: immediate needs or long-term needs, agricultural production, resilience, diversification of livelihoods, etc.

9. Are the benefits/transfers delivered on time? If not, please specify the typical delay and indicate details in the section dedicated to discrepancies below.

10. Does the duration of the benefits reflect the actual FSN needs and conditions? If not, please answer the following question.

11. What are the criteria to continue to receive the benefits?

12. Is the programme calendar aligned with the respective seasonal agriculture calendar to avoid competing demands on the households' FSN priorities?

13. Are there any mechanisms to adjust benefit levels? If so, please answer the following question.

14. How do the mechanisms to adjust benefit levels work? Please select one or more of the following options:

    a. Discretionary. If so, please specify the rules
    b. Automatic. If so, please specify the indexation reference value
    c. According to inflation
    d. According to wages. If so, please specify whether relevant to the public sector, private sector or minimum wages
    e. According to the availability of resources

15. What is the frequency of indexation?

16. When was the last benefit increase and by how much? Please specify the percentage.

17. Are the indexation arrangements determined by international laws and regulations?

18. Are the benefit levels reviewed through a consultation process with relevant stakeholders?

Complementing Questions for Public Works Programmes (if applicable)

19. How are decisions taken regarding the selection of public infrastructure or services to be invested in through public works programmes?

20. What is the prevailing market wage for casual unskilled labour? Please specify the rates by area, type of activity, seasonal variations (if any).

21. Does the country enforce a minimum wage for casual unskilled labor? If so, please specify the rate and type of activity.

22. What is the relationship between the programme rate and the prevailing wage for casual unskilled labor? Please expand upon the above.

23. Does the programme collect information on prevailing market wages regularly? If so, how often?

24. Do programme rates adjust accordingly? If so, please explain how.

25. Has the programme caused changes in local wages? If so, please describe how.

26. Does the programme include training and skills development activities? If so, please specify which ones.

Complementing Questions for School Feeding/Food Transfers (if applicable)

27. How was the food content and quality determined? Please explain the type of assessment utilized.

28. What are the main objectives underlying the provision of food? Please select one or more of the following options:

    a. Increase healthy food consumption
    b. Specific micronutrient intervention(s)
    c. High or volatile food prices

d. Poorly functioning food markets
e. Improve educational outcomes
f. Others. If so, please describe which objectives.

29. How are cooks and/or caterers identified/contracted/paid and how are meals being served (e.g. by whom and where)?

30. Is the food procured locally? If so, from small or large farmers? If not, please answer the following question.

31. Is the food procured nationally, regionally or globally?

32. Are there mechanisms in place to encourage the procurement of food from small farmers? If so, please describe the above mechanisms.

33. Is the food fortified? If so, please specify if this is mandatory by law.

34. Does the food distribution take place locally including, for example, an option for school children to take the food home? If so, please specify where (e.g. community centers, etc.) and describe the process.

35. Are there mechanisms in place to ensure food quality? If so, please describe the above mechanisms.

36. What is the total amount spent/volume of food transfers (i.e. tonnes distributed per annum)?

Complementing Questions for Cash Transfers or Food Transfers (if applicable)

37. Are there conditionalities or co-responsibilities to receive the benefits? If so, please explain which of the above and specify if they directly promote FSN objectives.

38. Are there mechanisms in place to monitor the compliance of the conditionalities, if any? If so, please describe the sanctions that are applied in case of non-compliance.

39. Are there mechanisms in place to monitor the quality and coverage of the service provided by the conditionalities? If so, please describe the above mechanisms.

40. Does the programme utilize a single delivery mechanism or, depending on the location, different methods for the delivery of the transfers?

41. Is there an impact on the local food and agricultural markets, production, and prices? If so, please describe the impact.

Complementing Questions for Food or Inputs Subsidies (if applicable)

42. What type of subsidy is provided (food or inputs)?

43. What percentage is subsidized compared to the total cost?

44. What type of products are subsidised?

45. What mechanisms are in place to provide the subsidy (e.g. accredited markets, vouchers etc.)?

46. When is the subsidy given (e.g. once a year, every three months, according to food prices hikes etc.)?

47. For how long are the subsidies provided (e.g. number of years)?

48. Is the subsidy targeted to the most vulnerable populations?

ii. Appropriate Delivery Modalities of the Benefit

49. How is the benefit delivered (e.g. electronic vouchers, mobile payments, local banks, cash etc.)?

50. Is the delivery of the benefits processed or verified electronically?

51. What information is captured at the point of delivery? Please provide a description.

52. Is the delivery mechanism implemented as planned? If not, please indicate details in the section dedicated to discrepancies below.

53. Are the distances of the beneficiaries' residence and the requirements of the programme being taken into consideration for payments, services, and programme modalities (e.g. work assignments, flexible hours, creche etc.)? If so, please specify how.

54. Who receives the benefits, women or men?

55. Are women's constraints and care responsibilities taken into consideration?

56. Are there measures in place to facilitate female and/or working, underage or elderly caretakers' access to the transfer and to the services (e.g. easy access to the application documentation, flexible delivery dates, service proximity etc.)? If so, please describe the above measures.

iii. Integration of Nutrition Education and Behaviour Change Communication (BCC)

57. Has there been an assessment of the participants' key practices and outlooks that hinder or support improved FSN?

58. Is there a nutrition education and/or BCC component/intervention for the participants included in the programme? If so, please describe the above component and answer the remaining following questions.

59. Does this component/intervention aim at improving practices and behaviours? If so, please describe which of the above.

60. Does this component/intervention incorporate specific behaviour change indicators? If so, please specify which ones.

61. Who is targeted through the nutrition education and/or BCC component (e.g. beneficiaries, communities, etc. and how are they involved?

62. Who are the front-line educators or facilitators? Have they received specific training in nutrition education and/or BCC?

63. What are the methods and strategies used to operationalize the component/ intervention? Are they compatible with behaviour change?

64. How frequent are education/BCC activities and how long do they last?

Discrepancies between Programme Design and Implementation

65. Have there been any major discrepancies regarding benefits between the design of the programme and its actual implementation. If so, please describe the specific areas in which the above discrepancies can be found?

Plans for Design Changes/Adjustments

66. Are there any design changes or adjustments planned? If so, please describe these changes.

Key Area D. Responsiveness

Objective: the programme includes a monitoring and evaluation (M&E) mechanism that monitors food security and nutrition (FSN) indicators for changes. The programme is flexible to respond to sudden changes detected and adapt its scale.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers. The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. Existence of a M&E System That Is Able to Capture Changes in the FSN Situation

1. Was a M&E plan built into the programme? If so, is it being implemented?

2. Are any forms of qualitative inquiry included?

3. What key indicators are used by the programme's M&E framework?

4. Is the data compiled disaggregated? If so, please specify according to which characteristics (e.g. gender, age, geographic areas, income, etc.).

5. Does the programme monitor FSN indicators? If so, please specify if they are monitored and evaluated periodically, and indicate the regularity.

6. Is the data required to measure FSN indicators and the baseline data that includes FSN information easily available? If so, please specify which data and from what year.

7. Which of the following tools (if any) are used in the programme? Please select one or more of the following options:

    a. Management information system. If so, please specify whether it includes information on the FSN status and, if the case, which type of information.
    b. Process reports and evaluations. If so, please specify: their periodicity; if they include FSN indicators; whether they are produced in a timely manner and made publicly available; and indicate the date of the latest report available.
    c. Impact Evaluation(s) (using mixed methods). If so, please specify whether the impact of the benefit is on food consumption or nutrition.
    d. Cost-Benefit-Analysis. If so, please describe it.

e. Community/stakeholder feedback. If so, please specify which type (e.g. social audits, score cards, teacher/parent observations).

f. Other (e.g. impact of FSN on school performance)

8. Is there a mechanism to review and utilize the results of the M&E and impact evaluations to improve the effectiveness of the programme's performance? If so, please specify if the programme implementation manual is being updated regularly (e.g. bi-annually, annually) taking into consideration lessons learnt?

ii. Ability of the Programme to Respond to Different Types of Shocks

9. Do the targeting and/or implementation modalities include a mechanism to adapt to changes and shocks, in both income and/or FSN (e.g. crises, shocks food price changes, etc.), that adjusts the options listed below? Please select one or more of the following:

   a. Number of recipients/demographic coverage

   b. Geographic coverage

   c. Benefit/transfer level

   d. Benefit/transfer type

   e. Time (i.e. timing, duration of the benefit and/or interventions)

   f. Scale up resources (financial and human). If so, please explain how (e.g. contingency fund).

   g. Linkages to other services (e.g. health, sanitation, medicine, emergency relief, etc.).

   h. Other (e.g. first come, first serve; ranking and prioritization; lottery etc.) If so, please elaborate upon it.

10. If the programme has previously been scaled up in response to changing needs or circumstances has it been possible to scale back down to the previous coverage, if intended?

Evaluations

Please list evaluations and main findings:

Discrepancies between Programme Design and Implementation

11. Have there been any major discrepancies between the design of the programme and its actual implementation. If so, please describe the specific areas in which the above discrepancies can be found?

Plans for Design Changes/Adjustments

12. Are there any design changes or adjustments planned? If so, please describe these changes.

Enabling Environment

Key Area E. Coherence, Integration and Governance

Objective: the programme has established clear linkages across sectors, such as health, sanitation and agriculture, to respond to the multidimensional causes of malnutrition.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers. The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. Existence of Complementary Services

1. Which types of services are provided directly by the programme to the beneficiaries to improve their food security and nutrition (FSN)?

    a. Clean water and sanitation
    b. Health and community services (e.g. home-based care workers, assistants to primary health care providers, growth monitoring etc.)
    c. Food and nutrition education/promotion (e.g. early breastfeeding and childhood care, training for development workers etc.)
    d. Agricultural extension services/livelihood support (e.g. farmer field schools, seed/tool distribution, home/kitchen gardening etc.)
    e. Social services (e.g. insurance, labour market protection etc.)
    f. Infrastructure to facilitate access to quality food and water (e.g. food banks, community gardens, local cafeterias, etc.)
    g. Micro-finance access

h. Other. If, so please specify the type of service.

2. Which types of services are provided by other programmes (linkages) to the beneficiaries to improve their FSN?

   a. Clean water and sanitation
   b. Health and community services (e.g. home-based care workers, assistants to primary health care providers, growth monitoring etc.)
   c. Food and nutrition education/promotion (e.g. early breastfeeding and childhood care, training for development workers etc.)
   d. Agricultural extension services/livelihood support (e.g. farmer field schools, seed/tool distribution, home/kitchen gardening etc.)
   e. Social services (e.g. insurance, labour market protection etc.)
   f. Infrastructure to facilitate access to quality food and water (e.g. food banks, community gardens, local cafeterias, etc.)
   g. Micro-finance access
   h. Other. If, so please specify the type of service.

3. Is there an institutionalized system of referrals (relating to both social protection and non-social protection programmes/schemes)? If so, please select one of the following:

   a. Among different social protection schemes and programmes
   b. Between services or programmes from other sectors and the social protection system.

4. Are the benefits of the linked programmes coordinated in the timing of their delivery?

5. Are any complementary services being provided/linked as part of/in connection with the programme? If so, please answer the following question.

6. Is there a mechanism to ensure that the quality and access of the above services are monitored?

ii. Intersectoral Functions That Are Operational

7. Are there mechanisms in place to ensure functional inter-sectoral linkages? If so, please describe these mechanisms and include, if possible, the: number of staff

dedicated to inter-sectoral functions, budget, specific procedures, and regularity of intersectoral meetings.

iii. Cross-Sectoral Information Sharing

8. Is the programme complemented/linked with other programmes?

9. If so, please describe how the targeting between the linked programmes is being conducted.

10. Is there a single registry available? If so, please answer the following question.

11. Is this programme utilizing the registry? If so, please describe how the programme is using it.

12. Do the programmes share delivery mechanisms? If so, please describe which mechanisms they are utilizing.

13. Is there a common management information system?

iv. Coordination Mechanisms That Are in Place

14. Are there formal cooperation mechanisms in place (e.g. a joint committee, working group etc.) that include both social protection and FSN-relevant sector bodies (i.e. ministries/agencies)?

15. Are there coordination mechanisms in place between the government and other stakeholders (e.g. the community, interest groups etc.), from both the social protection and FSN sectors (including health, education, sanitation, agriculture etc.), that are involved in the implementation and/or monitoring and evaluation of the programme, at national and local levels?

16. If so, please elaborate on their role, responsibilities and functioning of the above mechanisms and include, if possible: a list of areas that are covered by the coordination mechanism; the number of staff dedicated to intersectoral functions; the estimated time dedicated to intersectoral functions, per month; the budget; overall procedures; and the regularity of coordination meetings.

17. Is there a government/coordinating body and/or donors to harmonize the different social protection programmes, relevant to FSN, that are involved in the implementation and/or monitoring and evaluation of the programme?

v. Clarity on Roles and Responsibilities

18. Are the roles and responsibilities of the actors involved in the social protection and FSN sectors (including health, education, sanitation and agriculture etc.) defined? If so, please answer the following question.

19. Are the mandates of the different actors involved linked in any way?

20. Are the roles and responsibilities of the social protection and FSN bodies/ actors specified and coordinated to some degree in this programme's operating procedures (e.g. is there a manual)?

21. Do the social protection and FSN bodies/actors involved operate accordingly, in practice?

22. Are implicated staff/officers aware of the "multiple" functions of the programme (i.e social protection and FSN)?

23. Are the functions of the programme clearly specified in all the other existing internal rules, and regulating and reporting mechanisms (e.g. is there an operation manual)?

24. Is the programme inserted/integrated into existing institutional bodies promoting both social protection and FSN?

25. Are there institutional mechanims in place to manage the programme at the local level, with geographical coverage of the beneficiaries?

26. Does the national coordination mechanism for this programme include the government and stakeholders that also represent FSN? If so, please describe the different members and their mandate?

vi. Harmonization of Social Protection and FSN Strategies

27. Is there a national social protection policy/strategy that guides the harmonization of social protection programmes?

28. If so, please answer the following questions.

29. Is this programme included in the above harmonization of social protection programmes?

30. Is there a national food security and/or nutrition policy/strategy?

31. If so, please answer the following question.

32. Does the above national food security and/or nutrition policy include social protection as a strategy, enabling households to diversify their diets and livelihoods?

33. Are there mechanisms in place to encourage small farmers to produce healthy and diversified food?

Discrepancies between Programme Design and Implementation

34. Have there been any major discrepancies between the national legal frameworks, the design of the programme and its actual implementation. If so, please describe the specific areas in which the above discrepancies can be found?

Plans for Design Changes/Adjustments

35. Are there any design changes or adjustments planned? If so, please describe these changes.

Programme Design, Implementation, and Monitoring and Evaluation

Key Area F. Sustainability

Objective: the programme supports communities in developing processes and structures to address both current and future food security and nutrition (FSN) needs; promotes a sustainable supply of nutritious food and sustainable resource management, where applicable; and is based on sustainable funding mechanisms allowing for full implementation.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers. The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. Environmental Sustainability

36. Does the programme include social and behavioural change communication (BCC) linked to environmental education, including incentives for fair trade, water, energy and food waste prevention, and the importance of recycling? If so, please specify which of the above it includes.

37. In the case of agricultural production, does the programme include any measures that promote the uptake of sustainable resource management and/or to avoid, minimize or remedy adverse environmental impacts to ensure the sustainable availability of food? If so, please specify which of the above it includes.

38. Does the programme promote incentives to avoid negative impacts on forests, water and soil quality and climate? If so, please specify which of the above it promotes.

ii. Social Sustainability

39. Does the programme promote the empowerment of communities in understanding and acting on challenges to address and contribute to their FSN needs in the longer term? If so, please describe how.

40. Does the programme incorporate approaches that promote equity, inclusion, gender equality, and particularly concerning the FSN of the most vulnerable? If so, please describe the above.

41. Do beneficiary households practice improved FSN habits in a consistent, regular manner and are there indications of long-term continuation of these practices (i.e. following programme intervention support)? If so, please elaborate upon the above.

42. Does the programme directly or indirectly build social capital that would contribute in some form to FSN? If so, please elaborate upon the above?

iii. Economic Sustainability

43. Does the programme in some form support rural livelihood(s) that lead to the beneficiaries maintaining a secure reliable economic base? If so, please elaborate upon the above.

iv. Financial Sustainability

44. Do the financial resources raised and allocated currently allow for the full implementation as well as monitoring of FSN indicators?

45. What share of the programme expenditure is financed by external sources?

46. To what extent are the procedures put into practice reliably for the execution of allocations dedicated to social protection? Has the programme experienced difficulties regarding the release of funds from the Ministry of Finance?

47. Are there long-term funding commitments to cover future cost projections? Or is this programme envisioned as a short-term intervention?

48. Is there a legal obligation to ensure the adequate financing of the social protection scheme?

49. What enforcement mechanisms are in place to ensure compliance and prevent fraud, tax evasion or the non-payment of contributions?

50. To what extent are there clear procedures and timelines for budget execution, monitoring and reporting?

51. Are commitments and budget planning adequate for supporting the projected costs of social protection and complementary programmes?

52. Do a strategy/framework and/or respective laws ensure sufficient prioritization to secure adequate future budget allocation for the programme, including for FSN priorities? If so, please elaborate upon the above.

53. What are the key constraints (excluding financial) that hinder the sustainability of the programme in the longer run?

Unanticipated Outcomes of the Programme

54. Are there positive or negative outcomes that were not originally anticipated (e.g. social cohesion/tension, environmental impacts, economic impacts, improved productivity, etc.)?

Plans for Design Changes/Adjustments

55. Are there any design changes or adjustments planned? If so, please describe these changes.

Rights and Dignity

Key Area G. Rights and Dignity

Objective: the programme's design and implementation mechanisms pursue human rights principles, specifically the right to an adequate standard of living, including the right to food.

Please answer the following questions with "Yes/No/Partially", when relevant, and provide an explanation in the following "Please explain" box to support your answers. The information you supply should be as detailed as possible to allow for someone who is not familiar with the programme to assess it.

i. Commitment to the Realization of the Right to Food

1. Is the right to basic social protection recognized in the country's legal, juridical, normative/policy and regulatory framework? If so, please elaborate upon the above.

2. Is the right to food included in the country's constitution? If not, please answer the following question.

3. Is the progressive realization of the right to food part of the food security and nutrition (FSN) strategy/policy and/or respective programme documents? If so, please elaborate upon the above.

4. Is there a legal instrument (law, decree, regulation, policy) that highlights complementarity between social protection and FSN, particularly regarding eligibility and targeting? If so, please describe the above.

5. Is there a monitoring and evaluation (M&E) mechanism relating to the realization of human rights or is the M&E framework of the programme based on international standards such as the Universal Declaration of Human Rights? Please expand upon the above.

ii. Use of a Rights-Based Approach

6. Is the programme embedded in a national legal framework and/or mentioned in a clear and official decree? Is there a governance mechanism to ensure the implementation of the regulatory framework?

7. Is there an overall regulatory framework that minimizes inefficiencies, mismanagement, fraud and misuse, and holds persons responsible for financial management as well as for their acts and decisions? If so, does this mechanism refer to the programme?

8. How does the programme address the aspects of dignity and avoid the risk of stigmatization of beneficiaries?

9. Are adequate measures foreseen in social protection policies/legislation/ operational manuals/strategy to ensure the options listed below? Please select one or more of the following:

    a. Non-discrimination
    b. Gender-equality
    c. Responsiveness to special needs

10. To what extent are the measures from the above answer put into practice?

iii. Existence of Accountability and Grievance Mechanisms

11. Is information regarding the programme (e.g. on entitlements, conditions, administrative procedures, complaints and appeals mechanisms) provided in an accessible, timely and comprehensive manner (e.g. accessible in remote areas, adequate for different levels of literacy, etc.)?

12. What means does the programme use to inform about the eligibility criteria, access to programme participation and programme performance (e.g. the media, civil society, etc.)? Please expand upon the above.

13. Does the programme disclose information (e.g. on the budget, work plan, benefit level, participants) publicly to promote accountability? If so, please describe how.

14. Are the formalities for filing a complaint easy to follow and adapted to different levels of literacy and education? If so, please elaborate upon the above.

15. Are people informed and aware about the complaints and appeals mechanisms, and how to submit such a claim?

16. Is there a complaints and appeals mechanism enshrined in law?

17. Does the programme have mechanisms to receive and manage grievances that are functioning? (e.g. complaints/appeal for selection). If so, please specify if these mechanisms are free of charge?

18. Do you have the record of the complaints? If so, please specify how many complaints were received in the current year?

19. How are complaints addressed? Are clients/users of this mechanism generally satisfied? Please expand upon the above.

Awareness of Rights

20. Are the beneficiaries and communities aware of the rights and responsibilities within the programme?

Confidentiality of Private Information

21. What mechanisms are in place to ensure the confidentiality of private information and the security of the data collected?

Discrepancies between Programme Design and Implementation

22. Have there been any major discrepancies between the design of the programme and its actual implementation. If so, please describe the specific areas in which the above discrepancies can be found?

Plans for Design Changes/Adjustments

23. Are there any design changes or adjustments planned? If so, please describe these changes.

ISPA
INTER AGENCY
SOCIAL PROTECTION ASSESSMENTS

FOOD SECURITY AND NUTRITION

OVERVIEW OF **FINDINGS**

PROGRAM

The Overview of Findings (OoF) provides guidance on how to determine the level of performance of each key area. This allows the government or partners to assign a level—latent, emergent, moderate and advanced or full implementation—on the four-point scale, that may or may not be used to support the process (see Module 5—Implementation Guidelines).

Once the information and data collection are finalized, they will represent the basis for the completion of the Performance Journal (PJ). The PJ is a tool that helps to prioritize the areas of the social assistance programme that need strengthening. The PJ is complemented by the OoF.

Table 1 Overview of Findings (OoF)

Latent	Emerging	Moderate	Advanced
As defined in CODI			
Attention is needed to include FSN	Elements are present in the design; however, they are not yet reflected in practice	Programme design/ implementation is satisfactory, but the performance is in need of strengthening	Programme design/ implementation is highly satisfactory with broad-based success in implementation and results
General definition for the FSN tool			
There is a lack of or some awareness/ knowledge of concepts. No FSN outcomes are achieved.	FSN considerations are integrated in the design. There is a degree of institutionalization (e.g. laws exist). No FSN outcomes are observed.	FSN considerations are institutionalized and implemented with initial results.	FSN considerations are institutionalized and enforced with observable outcomes.
A. FSN objectives			
There is a lack of consideration for FSN objectives within the programme. FSN objectives might be mentioned but not as a specific output of the programme.	Design documents incorporate FSN, at least partially. Piloting exercises might be underway.	Programme design and implementation arrangements directly address FSN objectives. Some limitations to fully achieving the targets remain.[1]	The programme is designed with specific FSN objectives. The operations/ budget/ implementation/M&E of the programme reflect these goals. The outcomes show full achievement.
• Was an analysis of the FSN situation conducted for the design of the programme? • Are FSN objectives clearly stated in the design of the programme? • Does the programme have specific FSN indicators?			
None of the sub-criteria are met.	At least the implementation of one sub-criterion is under planning.	At least one sub-criterion is implemented and the remaining criteria are under planning.	All three sub-criteria are fully implemented.

Latent	Emerging	Moderate	Advanced
B. Inclusiveness			
No direct targeting or consideration is given to the food insecure and nutritionally vulnerable. Coverage of the food insecure and nutritionally vulnerable is low.	The design includes targeting the food insecure and nutritionally vulnerable groups through diverse modalities. However, the targeting is not yet effective. The design includes mechanisms to enable programmes to access the most vulnerable. Piloting may be underway with FSN-sensitive targeting.	The programme includes targeting the food insecure and vulnerable, but with challenges. Coverage is still limited. Efforts are being made to be more inclusive of the food insecure and nutritionally vulnerable.	The food insecure and nutritionally vulnerable are intentionally targeted and reached. Specific challenges of this target group are integrated into both programme design and implementation. M&E includes the baseline for targeting food insecure/ nutritionally vulnerable participants and measures over time. Outcomes show progress in reaching the malnourished.
• Are the nutritionally vulnerable and food insecure families prioritized in the targeting and eligibility mechanisms? • Is there specific consideration for the needs of first 1 000 days between conception and the child's second year, and pregnant and lactating women? • Are the constraints and needs of the nutritionally vulnerable and food insecure taken into account in the targeting and eligibility key area? • Are the specific constraints faced by women being considered?			
None of the sub-criteria are met.	At least the implementation of one sub-criterion is under planning.	At least two sub-criteria are implemented and the remaining criteria are under planning.	All four sub-criteria are fully implemented.
C. Adequacy			
Programme benefits, duration and timing do not reflect the FSN necessities of those most in need.[2]	Benefits, duration and timing are taken into account in the design of the programme to meet the needs of the most vulnerable. Some efforts are underway to align the benefits, duration, and timing of those most in need, but are not yet fully implemented.	The design of the programme includes benefits, duration and timing, adequately addressing FSN needs. In practice, benefit levels broadly meet the requirements of the most nutritionally vulnerable, but benefits are often irregular and do not always reflect the duration required.	Benefits are sufficient to meet FSN needs, are predictable and regular, and reflect the timing (seasonality) and the duration required by the most vulnerable. Positive programme impacts on FSN outcomes are observed.

Latent	Emerging	Moderate	Advanced
• Is the benefit design adequate for good nutrition and food security at family level and at individual level? Please assess for each: – level; – regularity; – duration; and – timing. • Does the delivery of the programme consider FSN constraints and needs, with particular attention to women's needs and empowerment? • Does the programme integrate well-designed nutrition education and/or BCC?			
None of the sub-criteria are met.	At least the implementation of one sub-criterion is under planning.	At least one sub-criterion is implemented and the remaining criteria are under planning.	All three sub-criteria are fully implemented.
D. Responsiveness			
There is no recognition to address responsiveness to changes and shocks. There is no link to early warning, disaster risk reduction systems or humanitarian interventions. The M&E system lacks FSN indicators or FSN tracking.	FSN responsiveness during shocks or transitions has been integrated into the design. However, resources and mechanisms are not yet in place. The programme is not yet able to respond effectively to shocks. The M&E system is not yet effective to inform adjustments to respond to changes in the FSN context.	The issue of FSN during shocks or transitions has been integrated into the design. In the implementation there are still bottlenecks that do not allow for adequate response times, funds available, etc.	The programme includes flexibility, incorporating features for timely responses to shocks and stresses. The M&E system includes FSN indicators enabling for results to be fed back into operations. Impacts are observed through improved coping mechanisms, resilience and expanded coverage, as needed.
• Is there a M&E system designed to capture adjustments due to changes, shocks or other socioeconomic, demographic, natural or political developments, or results that might impact FSN outcomes? • Is the programme flexible to scale up, adapt and evolve according to • adjustments due to changes, shocks or other socioeconomic, demographic, natural or political developments, or results from M&E processes?			
None of the sub-criteria are met.	At least the implementation of one sub-criterion is under planning.	At least one sub-criterion is implemented and the remaining criteria are under planning.	All two sub-criteria are fully implemented.

Latent	Emerging	Moderate	Advanced
E. Coherence, integration and governance			
Policy frameworks for FSN and social protection incorporate no cross-sectoral reference.[3] No institutional mechanisms and coordination exist for and between FSN and social protection. There is no capacity within the programme to address FSN issues. No explicit linkages or coordination are in place to support FSN in the programme.	FSN-social protection policies exist with linkages. Cross-sectoral institutional bodies are being established and are initiating work. Information systems are being created to reflect FSN-social protection linkage. The capacity to effectively operationalize the structure is limited. Training has not yet been provided for programme staff on FSN issues.	Social protection programmes implemented cross-sectoral linkages. In practice, strengthening of the coherence is required.[4] The design of the programme has articulated roles and responsibilities, coordination mechanisms and the capacity needed for multisectoral approach. However, from a practical point of view, understanding and participation in the coordination of the bodies are limited.	FSN-social protection policies exist with explicit cross-sectoral reference. Multi-sectoral institutional bodies are operating effectively. Programmes are implemented with full cross-sectoral linkages. Accordingly, information systems reflect the cross-sectoral dimensions of the programme. Outcomes indicate benefits of the FSN-social protection linkages.
• Does the programme actively promote access to good quality complementary services as sanitation, health, nutrition, education, agriculture, labour market and insurance programmes? • Are there operational modalities in place to ensure functional intersectoral linkages? • Are there mechanisms in place that allow for the sharing of information systems among programmes? • Is there a multi-stakeholder governance mechanism to promote coordination/cooperation facilitating social protection and FSN linkages among programmes and interventions, at national and decentralized levels? • Are the roles and responsibilities defined for both the social protection, and FSN bodies and actors involved in the programme? • Is there a social protection strategy/policy with explicit FSN objectives? • Is there a FSN strategy/policy that includes social protection as a pathway to FSN?			
None of the sub-criteria are met.	At least the implementation of three sub-criteria is under planning.	At least three sub-criteria are implemented and the remaining criteria are under planning.	All six sub-criteria are fully implemented.

Latent	Emerging	Moderate	Advanced
F. Sustainability			
The sustainability of FSN is not reflected in the design.	Sustainability is recognized and concrete measures are included in the programme. However, the promoted practices are limited and national commitment is uncertain.	Sustainability is incorporated in the design and implementation. However, the environmental, social, economic, and financial attributes of sustainability are not implemented with equal results.	The programme includes explicit measures to address all four dimensions of sustainability. Evaluations show continued good practice. There is national commitment to continue resource allocation.
• Environmental sustainability: are sustainable natural resources management approaches considered to promote FSN? • Social sustainability: are there incentives for households/communities to develop practices/ structures that promote social cohesion for FSN in the long run? • Economic sustainability: does the programme adequately address its contribution to build the resilience of households and strengthen the local economy? • Financial sustainability: is there adequate financial support for the sustainability of programme objectives, and intended coverage?			
None of the sub-criteria are met.	At least the implementation of two sub-criteria is under planning.	At least two sub-criteria are implemented and the remaining criteria are under planning.	All four sub-criteria are fully implemented.
G. Rights and dignity			
Rights and dignity considerations are absent in the programme. Entitlements are absent from national legal or strategic policies and frameworks.	The design of the programme includes principles of rights concerning FSN with some degree of programme operational features. There is minimal implementation of a rights-based approach (e.g. awareness, grievance mechanisms).	The design of the programme comprises a rights-based approach and the implementation of this is ongoing (e.g. public communication for awareness of the programme), notably among the food insecure and nutritionally vulnerable. A complaint and appeal/recourse mechanism that is accessible, responsive, transparent and fair is marginally communicated and underused.	Rights-based approaches to FSN and social protection are prescribed by law and policies, and integrated explicitly into the programme. The design and implementation of the programme ensure that rights and responsibilities of all parties are known and protected, and effective grievance mechanisms are in place. Complaints have been fed back into operations.

Latent	Emerging	Moderate	Advanced
• Is there commitment for the progressive realization of the right to food (e.g. legal, national policy/strategies, other) in the country, including social protection as a mechanism for that realization? • Are the entitlements of social assistance programmes prescribed by law and embedded in national policy and strategic frameworks (e.g. benefits, eligibility and levels of assistance)? • Are there mechanisms for appeals/recourse and • complaints, that are accessible, responsive, transparent and fair? • Do the design and implementation of the programme overall ensure the respect for the right and dignity of the recipients, in particular as regards: • non-discrimination; • gender-equality; and • responsiveness to special needs?			
None of the sub-criteria are met.	At least the implementation of two sub-criteria is under planning.	At least two sub-criteria are implemented and the remaining criteria are under planning.	All four sub-criteria are fully implemented.

Note: This OoF is an indicative instrument to guide the pre-filling of the PJ. The matrix cells describe what needs to be considered for each key area to reach a certain performance level. Each level considers the extent to which FSN has been taken into account within the design and implementation.

[1] For example, when and if benefit levels are determined without linkages to FSN issues.

[2] For example, the benefits might be too reduced to ensure an adequate diet for the whole family or the timing might not respect the seasonal requirements for agricultural labour force.

[3] Such as references to WASH, health services, nutrition education and promotion, agricultural extension and credit—livelihood support, labour market programmes, etc.

[4] Such as a coordinated distribution of benefits and the possibility for beneficiaries to access multiple services.

Table 2 Performance Journal (PJ)

Key area	Status[1]	Arguments/ explanation provided by participants	Ways forward
A. FSN objectives and indicators			
• Was an analysis of the FSN situation conducted for the design of the programme? • Are FSN objectives clearly stated in the design of the programme? • Does the programme have specific FSN indicators?			
B. Inclusiveness			
• Are the nutritionally vulnerable and food insecure families prioritized in the targeting and eligibility mechanisms? • Is there specific consideration of the needs of the first 1 000 days between conception and a child's second year, and pregnant and lactating women? • Are the constraints and needs of the food and nutritionally insecure taken into account in the targeting and eligibility key area? • Are the specific constraints faced by women being considered?			
C. Adequacy			
• Is the benefit design adequate for good nutrition and FSN at family level and at individual level? Please assess for each level: – regularity; – duration; and – timing. • Does the delivery of the programme consider FSN constraints and needs, with particular attention to women's needs and empowerment? • Does the programme integrate well-designed nutrition education and/or BCC?			

Key area	Status[1]	Arguments/ explanation provided by participants	Ways forward
D. Responsiveness			
• Is there a M&E system designed to capture alterations due to changes, shocks or other socioeconomic, demographic, natural or political developments or results that might impact the FSN outcomes? • Is the programme flexible to scale up, adapt and evolve according to adjustments due to changes, shocks or other socioeconomic, demographic, natural or political developments or results from M&E processes?			
E. Coherence, integration and governance			
• Does the programme actively promote access to good quality complementary services as sanitation, health, nutrition, education, agriculture, labour market and insurance programmes? • Are there operational modalities in place to ensure functional intersectoral linkages? • Are there mechanisms in place that allow for the sharing of information systems among programmes? • Is there a multi-stakeholder governance mechanism to promote coordination/ cooperation facilitating social protection and FSN linkages among programmes and interventions—at national and decentralized levels? • Are the roles and responsibilities defined for both the social protection, and FSN bodies and actors involved with the programme? • Is there a social protection strategy/policy with explicit FSN objectives? Is there a FSN strategy/policy that includes social protection as a pathway to FSN?			

Key area	Status[1]	Arguments/ explanation provided by participants	Ways forward
F. Sustainability			
• Environmental sustainability: are sustainable natural resources management approaches considered to promote FSN? • Social sustainability: are there incentives for households/communities to develop practices/structures that promote social cohesion for FSN in the long run? • Economic sustainability: does the programme adequately address its contribution to building the resilience of households and strengthening the local economy? • Financial Sustainability: is there adequate financial support for the sustainability of programme objectives, and intended coverage?			
G. Rights and dignity			
• Is there commitment for the progressive realization of the right to food (comprising legal, national policy/strategies, other) in the country, including social protection as a mechanism for that realization? • Are the entitlements of social assistance programmes prescribed by law and embedded in national policy and strategic frameworks (including benefits, eligibility and levels of assistance)? • Are there mechanisms for appeals/recourse and complaints, that are accessible, responsive, transparent and fair? • Do the design and implementation of the programme overall ensure respect for the rights and dignity of recipients, in particular as regards: – non-discrimination; – gender-equality; and – responsiveness to special needs?			

[1] Please refer to the OoF to determine the level of progress of each key area.

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COUNTRY REPORT OUTLINE

PROGRAM

Abbreviations

Acknowledgements

Introduction

- Introduction of the global ISPA process and FSN ISPA tool
- Main objectives of this report

Methodology

- Brief description of the assessment main steps and methodology:
  - preparation stage: awareness raising, establishment of the Task Force committee and Assessment Team (AT);
  - development and finalization of assessment tools;
  - desk review;
  - national interview;
  - field interviews and focus group discussions;
  - assessment workshop; and
  - drafting, finalization and presentation of country report
- Brief description of the country—socioeconomic indicators: including FSN
- Description of the social protection system/landscape: main programmes in the country
- Key area, rationale and description of the social programme(s) selected

Main Findings from the Assessment

- Main findings from the desk review
- Summary highlights from the data collection:
  - each key area should include a description of how the programme currently functions with regards to the specific key area, followed by the assessment findings; and
  - main results from the assessment workshop.
- Priorities identified for strengthening

Potential Ways Forward

- Feedback of the FSN ISPA process and main documents and suggestions for improvements

References

Annexes

A List of Task Force Members/Agencies
B List of AT Members/Agencies
C List of Stakeholders Interviewed
D Field Work Agenda
E Workshop Agenda and Participants List
F Final Completed Performance Journal from the Assessment Workshop
G Learnings from Each Stage of the Assessment Process

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IMPLEMENTATION GUIDELINES

PROGRAM

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Introduction

These Implementation Guidelines, outlined in the CODI (ISPA, 2018b), provide information on the process of conducting the assessment of a social protection programme (or more than one) using the FSN ISPA tool. They constitute an indicative outline of the steps and activities that should be undertaken to apply the tool in country. They are not intended to be prescriptive nor restrictive. Countries may adapt this guide to their priorities, depending on their needs, to the given context, as well as according to the availability of data and resources.

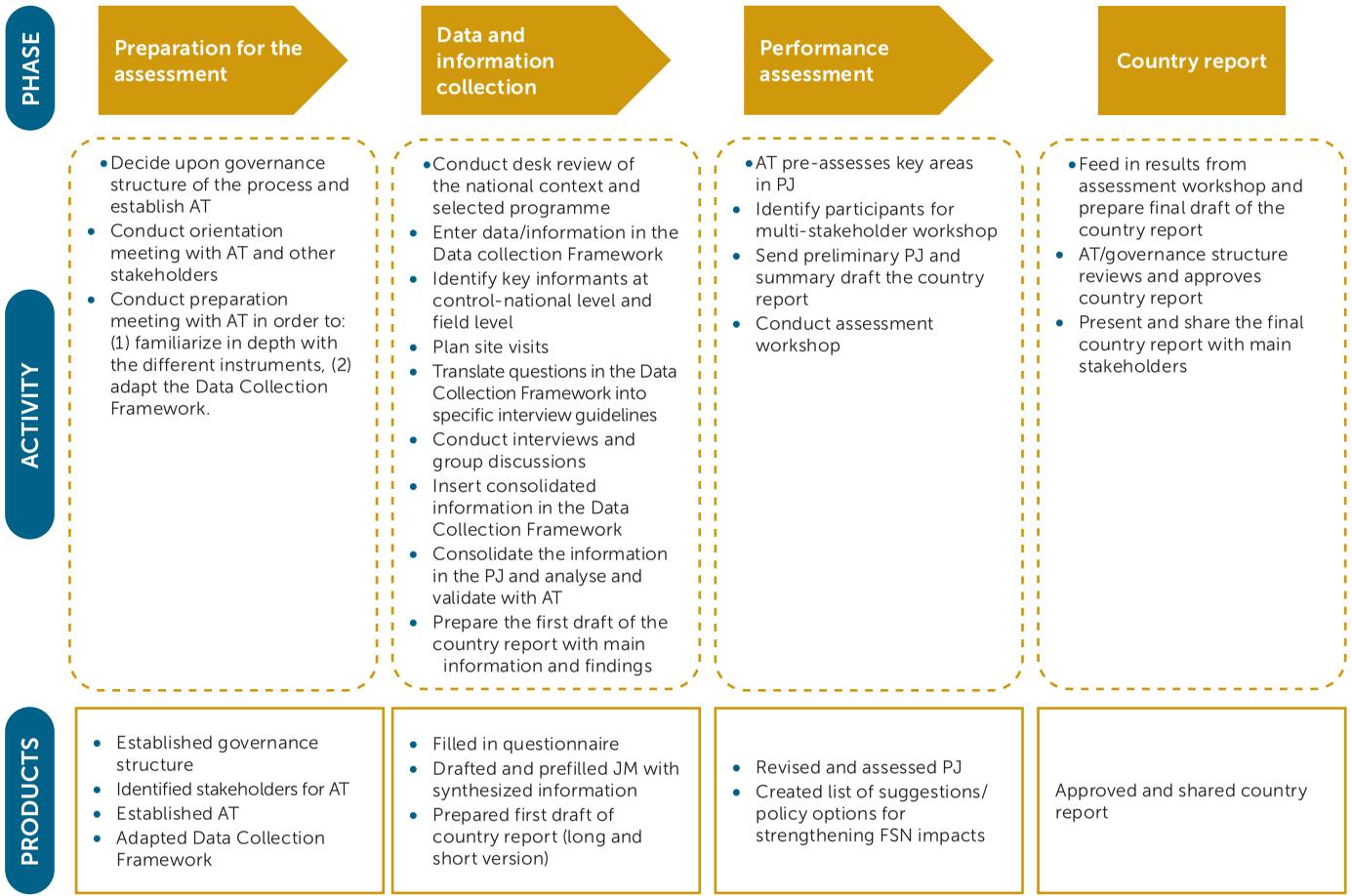
Generally, ISPA tools follow a similar structure and logic of: (1) taking stock of the existing situation in a given country, including legal/policy frameworks, and existing structures and practices; (2) analysing the performance of these structures against national objectives and a standardized set of performance criteria; (3) providing an evidence base for country dialogue on how to strengthen performance, taking into account local conditions; and (4) promoting exchange and coordination between national and international partners.

ISPA tools should be led by the country's government and involve related national stakeholders, including: relevant government ministries and agencies; social partners and civil society organizations (CSOs); national social protection practitioners and experts; international development partners (DPs); and the private sector—as stated in Annex A of the CODI Implementation Guidelines (ISPA, 2018b). Countries can also request technical assistance from international DPs for the implementation of ISPA tools.

Phases of the Food Security and Nutrition Inter-Agency Social Protection Assessments Tool Process

The FSN ISPA tool implementation process is completed through both: (1) desk research/review of documentation and data compilation; and (2) in-country direct information/data collection through interviews and exchanges with key stakeholders (at central and field levels). It is estimated that about four months are required to conduct the full process of applying the FSN ISPA tool. However, this timeframe may vary depending on the complexity and the number of programmes being assessed, in addition to the availability of relevant data. Countries may adapt these guidelines to fit particular circumstances. It is advised that adequate time, resources and planning should be considered when preparing for the start-up of the assessment tool process. As regards quantitative data, the ISPA tools make use of existing data and do not

Figure 1 Main Steps/Phases for the Application of the FSN ISPA Tool



require the collection of new primary data. The main steps of the FSN ISPA tool process are organized in four phases and described in the following paragraphs.

- **Phase 1. Preparation for the food security and nutrition Inter-Agency Social Protection Assessment** (e.g. including: inception meetings; scoping mission; the identification of the general country context on the existing social protection system and programmes in place; main actors and roles to undertake the process; the Assessment Team – AT – and a steering committee; and stakeholder training as needed).
- **Phase 2. Data and information collection** (e.g. involving: the adaptation of the Data Collection Framework; the development of interview guides; national data compilation; expert interviews, focus group discussions (FGDs) and site visits.
- **Phase 3. Performance assessment** (e.g. entailing: summary documents of the data collected; an overview of findings based on the assessment criteria; a national assessment workshop; and working sessions with conclusions and options for a way forward).
- **Phase 4. Country report** (e.g. comprising all summary data, FSN analysis and recommendations, validated nationally).

The sections below, in Table 1, briefly describe the main activities proposed to carry out each step. Specifically, the first section, identifies the main actors, and role and responsibilities.

Phase 1. Preparation for the Food Security and Nutrition Inter-Agency Social Protection Assessment

Inception Meeting

Before the implementation, an inception meeting between the government, relevant ministries and DPs, supporting tool applications, is suggested to introduce the overall objective of the ISPA tools. It is also useful to highlight the potential value of the tools in improving the linkages between the social protection agenda and different dimensions, including FSN in the country. More specifically, it is important to: (1) attain an understanding of the main ideas behind the FSN tool, with national counterparts and DPs; (2) clarify the tool's relevance and timeliness for actual political processes at country level—and its limitations; (3) identify the potential challenges and opportunities of handling a practical application of the tool at country level, in particular as regards data collection; (4) understand the country context, government needs and priorities, and identify a strategic policy process linked to social protection,

to which the application of the tool can contribute; (5) define the FSN objectives that are of concern/priority for the government and can be addressed by social protection programmes; and, (6) identify possible programmes to be assessed under the FSN ISPA tool and/or other tools, and their potential in advancing national FSN objectives.

In order to select one or more programmes to be considered for the application of the tool, the following elements should be taken into account: (1) the relevance of the programme in terms of coverage of the vulnerable population vis-à-vis the needed population; (2) the interest in upscaling in the future and the application of the national budget; (3) a possible or evident link or contribution to FSN; (4) the potential to promote cross-sectoral coordination with different ministries and agencies.

Ideally the ISPA process should be guided by a higher-level steering committee. It is essential to identify strong government institutions with the convening power to bring all the stakeholders on board. ISPA partners, if involved, can support the convening power by calling upon their respective national counterparts.

Establishing the Assessment Team

Once the government is clear about the objectives and value of the assessment process, and expresses interest in undertaking the assessment as well as identifying programmes to be applied in connection with existing national processes, the core AT needs to be established.

The AT comprises the main stakeholders in the country, who will serve as the central body responsible for orienting and participating in the assessment process. The composition of the AT can vary depending on the country context. In general, it is suggested that the focal points/representatives should be selected from the following:

- the main programme under assessment (preferably the coordinator or programme manager);
- the institution housing the social protection programme under assessment;
- the main FSN body(ies) in the country;
- the nutrition area, if separated from the FSN body;
- any other central institution/s with a strong focus on social protection and FSN;
- key relevant DPs, if any, following/supporting social protection and/or FSN;
- the DPs offering technical backstopping for the FSN ISPA assessment process, such as: the German Agency for International Cooperation (GIZ); FAO; the International Labour Organization (ILO); World Bank; the European Union;

UNICEF; the United Nations World Food Programme (WFP); and Save the Children, among others.

- any other notable national social protection and/or FSN organization/experts in the country, including from research institutions/academia.

The fact that the AT may include staff from the programme that is under assessed has both its advantages and challenges. The advantage is that the staff has a solid understanding of the objectives, functioning and challenges of the programme. Therefore, the buy-in is greater, as is the ability to complete the Data Collection Framework with the information of the programme. The challenges are that the data collection and its process could be biased if the independence of the assessment is not well addressed. Additionally, there is the risk that the pace of the implementation is slowed down due to the having the entire the team participating in the required activities. Responsible heads of division should be aware that the assessment requires a considerable length of time and the staff designated to participate in the AT should, as a consequence, plan their schedule accordingly. A possible suggestion to avoid the above-mentioned challenges is for independent researchers to be involved in the data collection exercise, in close consultation with the government.

It is envisaged that the AT should identify a core group of experts tasked with carrying out the technical work, assisted through the inputs provided by the larger group of focal points. This may likely require additional technical support to closely implement and aid the process. In this case, a consultant or consulting firm may be needed for one or all of the phases of the process, particularly the collection and consolidation of data as well as facilitating the assessment workshop and reporting. Details relating to the Terms of Reference are provided in Annex B of the CODI Implementation Guidelines (ISPA, 2018b).

In addition, ensuring that social protection and FSN can be called upon to assist in the process has proven to be necessary. This is particularly true during the initial stages, when the AT is being introduced to concepts, and in the assessment phase. It is highly recommended to carry out a training workshop with AT members to ensure a common understanding of the objectives of the exercise, key concepts and terminology, the ISPA tool and the process to be followed.

Another element to consider, in order to make the process smooth, is the definition of a higher-level steering committee, called the Task Force, to guide the overall process. This would relieve higher level officials of their involvement in the operationalization of the tool but engage them in the guidance of the key steps of the process. In this case,

the identification of a strong government institution, with the convening power to bring all the stakeholders on the board, is recommended.

Furthermore, it is advised that the developing agencies that are part of the ISPA process should support the application of the tool.

Orientation Meeting

To begin the work of the AT, an orientation meeting with national (and if relevant, international) leading social protection and FSN agencies and representatives should be organized, and include the following objectives:

- present the FSN ISPA tool, explain the value, principles, content and process, and outline the proposed timing;
- ensure a common understanding, and attain the participants' endorsement and inputs/recommendations for the implementation of the programme;
- discuss and agree upon the basic Terms of Reference for the assessment, comprising the timing (work plan), nature of support (including from DPs), and the expected roles and responsibilities of all parties involved;
- agree upon the main milestones of the process (to be presented in the form of a work plan), notably the reviews, validation mechanisms, the assessment workshop, and the role of the AT and consultant, if applicable;
- promote a training session on the basic concepts of FSN and social protection linkages to leverage the participants' understanding on the main potential issues to be addressed with the assessment; and
- sensitize stakeholders to the information and data needs, and the inputs/collaboration required from each of them during the tool application process.

It is desirable that the orientation meeting should entail the participation of the assessment leader and consultant, all the key members of the AT (either in person or by audio/videoconference), and be extended to other essential stakeholders as appropriate.

The orientation meeting, in addition to the AT, should possibly gather representatives from:

- any other relevant line ministries and agencies in charge of social protection and FSN issues;
- social partners;

- CSOs and actors; and
- other pertinent stakeholders, according to the national context (e.g. academics).

To the extent possible, the AT should build on existing social protection and/or FSN-related structures, such as sector working groups or governmental coordination bodies, to convene meetings and mobilize stakeholders. Before delving into the methodology, it is recommended that all participants be familiar with FSN concepts and frameworks, as should be addressed in this workshop (Box 1).

Phase 2. Data and Information Collection

The AT enters into the phase of collecting information and data to base the assessment of the social assistance programme in question. In order to do so, the tool comprises of a Data Collection Framework which identifies the main key areas to investigate as well as a supporting the collection and organization of data regarding FSN-related components and the outcomes of social assistance programmes. The questions themselves will have to be adapted to the type of programme being assessed, the country context, the methodology used and the agreed objectives of the analysis. The Data Collection Framework is a reference to ensure all important aspects are included

Box 1 Different Forms to Implement the FSN ISPA Tool

The FSN ISPA may be implemented in three different forms (ISPA, 2018b):

- **Self-assessment:** a government may decide to complete an assessment on its own. In this case the assessment tool is free and publicly available, and can be fully country-led without the engagement of any DPs.
- **Demand-driven:** a government may request the support of DPs, which include in country and international agencies, the UN Resident Coordinator or the ISPA coordination team, to carry out a social protection system assessment. The coordination team channels the request and helps to coordinate DP participation for an interagency application of the FSN ISPA.
- **Supply-driven:** a DP may propose a FSN ISPA to a government and engineer its implementation. In this case, the application of the FSN ISPA is encouraged and supported by an agency, with the technical assistance of the ISPA coordination team. The agency initiating this process should invite other partners to participate for an interagency application of the tool. In the event that the FSN ISPA application is initiated by the agency itself, government interest, endorsement, support and commitment should be assured before carrying out the assessment.

in the analysis. This step also implies, if necessary, the translation of the developed Data Collection Framework or interview guidelines into local languages.

There are essentially two main steps concerning data collection: (1) desk review and basic data gathering, and (2) conducting interviews and FGDs with key stakeholders at the national and local level, in addition to site visits.

Desk Review and Basic Data Gathering

Initially, the FSN ISPA AT will conduct a desk review of documentary evidence including: (1) background information on social protection in the country (i.e. policies, programmes, institutional arrangements, relevant legislation and frameworks/ strategies); (2) the social protection programme(s) that are being assessed (through administrative data, operational manuals, annual reports, M&E frameworks, evaluation reports, administrative data, etc.); (3) the context of FSN in the country (by reviewing strategies, legislation, main programmes, national data, reports, etc.); and (4) relevant social, economic, demographic and political information, and the evolution of socioeconomic, FSN and poverty data (through rural-urban indicators, key gender data, etc.). The review will also include a mapping of the key FSN stakeholder and bodies as well as social protection bodies and agencies within the country, and comprise an overview of main roles. This process will support the identification of information gaps (in both the national context and selected programmes) and guide follow-up action with relevant stakeholders to access documentation/information.

Information and data should be collected at the macro-national level from a range of sources, including websites relating to the government, national statistical offices, development banks, UN agencies portals, non-governmental organizations and academic sources, among others. To the extent possible, national sources should be given priority. The governmental focal point within the AT should facilitate access to the information required.

This information will be entered in the initial sections/tables of the adapted Data Collection Framework. When collecting this information, the AT should also take into account the country report outline, in order to guarantee that the team collects all the necessary information. It is recommended that the Data Collection Framework should be pre-filled through with the information from the desk review prior to starting with the key informant interviews (KIIs). This will allow the AT to understand which areas are in need of more information and raise additional questions to be further enquired upon.

To begin, the context and state of FSN in the country should be summarized (using available data) to identify the immediate underlying causes and basic state of food insecurity and malnutrition, as well as the priorities that can be addressed by social assistance. This information encompasses key indicators, such as: energy and protein supply; depth of food deficit; domestic food price volatility; household and individual food consumption patterns; prevalence of micronutrient deficiencies in children and adults; prevalence of undernourishment, underweight, stunting, wasting, overweight and obesity in children under five or women of reproductive age; low birth weight; extreme poverty; and income inequality.

A review of existing national food security and/or nutrition strategies, policies, legal frameworks, data, programmes and other interventions can assess if this national backdrop has underpinned the programme objectives and design, and to what extent. Moreover, it can determine how the programme may be filling gaps and/or complementing ongoing initiatives.

Key Informants

Stakeholders at Central-National Level

After having reviewed the information of the programme(s), it will be necessary to identify the potential key stakeholders and experts to be interviewed (possibly on a bilateral basis) and determine an appropriate number of rural sites to visit for these discussions. Following the identification of the stakeholders, the AT will determine the relevant questions and the methodology to be used (e.g. KIIs, FGDs, etc.). Some stakeholders may have more in-depth knowledge about the implementation of the programme (e.g. programme managers), while others may have more information on the policy environment or the linkages. The lack of information or linkages is in itself a finding, hence the different stakeholders will have different amounts of relevant questions.

The Data Collection Framework will be applied mostly at national level through bilateral interviews (or focus groups with two or three people as appropriate) with the key stakeholders identified. To complete the Data Collection Framework and obtain the information required it may take from up to 10 to 15 stakeholders from different agencies and programmes, depending on the country context, and the number and type of programmes being assessed. It is important to consider carefully which departments or units should be contacted for interviews from each agency.

The Data Collection Framework is divided into seven thematic areas and is meant as a reference document. In order to conduct the interviews, the AT will have to prepare, adapt and add the relevant questions for each of the key informants, depending on their respective expertise and area of work. Each application of the tool will require different adjustments to the country context and stakeholders.

The information collected through the interviews is qualitative and complements the quantitative data gathered, in order to attain a complete picture of the programme. Unlike qualitative information, quantitative data requires to go beyond a simple yes or no answer and obtain as much detailed information as possible related to the issues in question. Therefore, it is important to explaining the "how" and "why" or "why not" for each answer in the "Please explain" box. When compiling the answers from the different interviews, it is essential to capture the various perspectives that have been provided, highlighting areas of contention.

For some question areas or questions there may be insufficient information. This is a finding in itself, that may result in prioritizing the need for additional collection of data or evaluations to obtain the relevant answers.

It will be necessary to use the data collected from multiple informant interviews (more than one stakeholder needs to be interviewed to complete the Data Collection Framework tool). Furthermore, a key important aspect of the data collection process, essential for completing the Data collection Framework, is "triangulation". This consists in collecting and cross-checking information from different sources/informants in order to internally validate and strengthen the credibility of the information. It is also necessary to identify points and views of difference, clarify uncertainties and capture additional information, if relevant. In light of the fact that the FSN ISPA tool requires information from a range of stakeholders and triangulation of data to strengthen its reliability, the AT also needs to envisage and agree upon how to treat any contradictions in information. One way of addressing inconsistencies would be to present these for discussion at the AT workshop, as described in Box 2.

Site Visits

Given the importance of programme implementation, linkages and impacts on the beneficiaries and communities, it is advised that some interviews are conducted in the field, if possible, in rural locations with varying socioeconomic, livelihood and agroecological contexts (to capture differences). This exercise should entail carrying out both KIIs and structured FGDs—with programme implementers, beneficiaries, non-beneficiaries, relevant service providers, local leaders and others—to complete relevant

Box 2 Illustrative Actors That Can Be Interviewed Using the Data Collection Framework

Some of the actors that can be interviewed include:

- the project management team of the social protection programme under review;
- staff from certain departments or units within social protection programmes (e.g. M&E and communication officers, claims department, registration officers, staff working on the delivery of benefits, case managers etc.);
- the ministries of social affairs, or equivalent;
- the ministries of economy and finance;
- the institutions responsible for food security (e.g. ministries of agriculture, or equivalent);
- the institutions responsible for nutrition, if different from the previous (e.g. ministry of health);
- other relevant ministries (e.g. the ministry of education, youth and sports, ministry of labour and vocational training, ministry of gender, etc.);
- local authorities and public service officers;
- local leaders;
- the beneficiaries; and
- DPs with key roles in the country.ot all questions will be applied to each actor. The choice of actors to be interviewed will be based on each national context.

questions of the Data Collection Framework and ensure the attainment of examples from the field.

A few key issues that should be addressed in planning the field visits include:

- Which sites should be selected to visit—based on what criteria, and key area?
- Who/what actors should be interviewed? How will the informant selection be conducted?
- Which methods (KIIs or FGDs) should be used with which informants?
- How should the interviews be structured/conducted? This should be defined appropriately beforehand as, for example, FGDs can last up to about one and a half hours.
- Who will organize and facilitate the visits? How much time should be spent on each site? An appropriate amount of time could be up to about two days.

Consolidation of Information

Once national-level data is collected and the Data Collection Framework is completed, the AT should consolidate the information in the Performance Journal (PJ) and draft a brief summary (or a long version and a summary) of the main findings. The Data Collection Framework will contain detailed information from different stakeholders and the desk review. When consolidating the information, it is important to highlight the main findings, including the agreements and contradictions encountered.

The PJ is organized according to the seven key areas proposed by the FSN ISPA tool and each area is composed of key guiding questions to support the exercise. The consolidated information should be very briefly synthesized into the PJ.

Phase 3. Overview of Findings

Preliminary Assessment of the Key Areas

With the Data Collection Framework complete and the synthesized information, the AT can proceed to assess the performance of each key area. For this reason, the Overview of Findings (OoF) also proposes a four-point scale, which includes the following levels:

- latent;
- emerging;
- moderate; and
- advanced or full implementation.

It is good practice to begin by ranking the answer of the guiding questions as this will support the ranking of the overall performance of the key area. To assess the level of each key area and its guiding questions the tool includes a PJ to facilitate reporting the findings—see Module 4 of the CODI "What Matters" Guidance Note (ISPA, 2018a). Additionally, the Guidance Note includes how to utilize the OoF to facilitate the classification of the result in the point scale presented above (see previously mentioned Module 4). The matrix should be reviewed and discussed within the AT before its utilization, to agree upon how each key area will be analysed. During this activity it is strongly advised to have a FSN expert present—from the government, academia or an independent consultant. Should the four-point scale be judged as inadequate for the task, the AT may propose an alternative scale adapted to the national context.

The AT proceeds to pre-assess the key areas and give a rating reflecting the data to support the initial discussions. This will subsequently be discussed, reviewed and, if needed, changed or validated at the assessment workshop.

Prior to the workshop, the preliminary findings should be presented to the steering committee to attain feedback and provide further orientation in order to enable an in-depth discussion at the workshop.

Multi-Stakeholder Assessment Workshop

A pivotal and main step in the FSN ISPA assessment process is the multi-stakeholder assessment workshop, a two- (or two and a half) day working session that serves as a platform for deepening dialogue among diverse stakeholders and policymakers to assess the existing situation, and strengthen social protection programmes. The AT should invite government representatives, social partners, CSOs, and other relevant stakeholders to review all preliminary results, and identify policy implications and options for enhancing FSN in social protection programme/s.

An example of an assessment workshop agenda is as follows:

1. **Presentation of the methodology:** at the beginning of the workshop, the AT should briefly present the overall methodology used to conduct the process of collection of information and the Data Collection Framework.
2. **Presentation of preliminary findings:** the presentation of the methodology is subsequently followed by the presentation of the preliminary results for each of the key area. Of note, prior to the workshop, stakeholders should be sent the preliminary PJ and a summary report.
3. **Division of the session into groups:** in order to examine the findings and identify policy options the AT should separate the participants into smaller working groups of mixed profiles, with at least one representative from the national government in each of them. A hard copy of the PJ and a brief summary of results should be distributed to all the groups. The latter should then be asked to assign a level/score to each key area, based on the findings and also their own information, and provide an explanation for their results. The groups are instructed to use the OoF as a reference, to additionally rely on their knowledge to add to the findings and identify a level for each key area. In sum, supporting explanations should be provided by the groups, for each level, and be based on the findings supplied as well as information from actual evidence (e.g. contained in official documents, programme reports and personal experiences).

4. **Plenary discussion of group findings:** at the end of the workshop each group should present their results in a plenary discussion. The overall level for each key area should be obtained through averaging group scores.

- **Identification of a way forward:** the final key activity of the workshop should provide space for the participants to brainstorm, in plenary or smaller group work, on potential programme options to strengthen certain areas, particularly related to FSN impacts. The score results should be integral to determining priority areas for policy option focus. Lastly, following the completion of this activity, a summary/proposed list of policy options should be developed.

Once the workshop is concluded, it should be evaluated through a participatory process involving the participants completing a form, with several open-ended questions/qualitative assessments and possible suggestions for improvement.

The AT should capture all the workshop highlights and final conclusions in a workshop final report. This report should additionally include an annexed complete policy option matrix and, upon approval, should be disseminated among all the participants.

Phase 4. Country Report

Drafting the Country Report

One of the most important deliverables of the AT is the preparation of a country report that: summarizes the assessment process; provides a detailed narrative of the analysis carried out; contains highlights of the workshop; and the concluding policy and programme options to strengthen FSN in social protection programmes. In order to support the drafting of the report useful feedback such as comments, lessons and suggestions relating to possible improvements in addition to the overall process and development of the FSN ISPA tool, should be shared.

Depending on the context, there might be the need to prepare a report for wider circulation and a more comprehensive version for the small group of main/internal stakeholders.

The draft country report should be reviewed and agreed upon by the full AT, government-led agencies and any key stakeholders prior to its finalization. An adequate amount of time needs to be contemplated and allotted for this process of exchanges and validations. The report should annex the PJ, workshop policy option matrix, summary of the workshop evaluation and any other essential items.

Presenting the Final Country Report

To complete this phase of the FSN ISPA assessment, a final national presentation of the FSN ISPA assessment process results (i.e. the final report) should be held for the main national stakeholders.

The report should be about 30 pages long and should cover: 1) the methodology adopted for the implementation of the tool; 2) a description of the country context in terms of the FSN situation, existing social protection systems/programmes and, particularly, the selected social protection programme; c) a description of the main findings of the data collection, by key area, including information recorded during the field visit to enrich the findings; d) the main results from the assessment workshop, including priorities to strengthen the areas identified as weak or latent; e) potential ways forward; f) an annex with a list of important information to document the implementation process, ideally including feedback from the implementation process (i.e. main strengths and challenges to improve the tool).

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