Making Social Protection Programs Work for Improved Nutrition in Asia and the Pacific

Richard Morgan, Surabhi Mittal and Manoj Kumar, Nutrition International,
Babken Babajanian and Anand Ramesh Kumar, Asian Development Bank

April 2025

POLICY BRIEF

NUTRITION INTERNATIONAL
Nourish Life

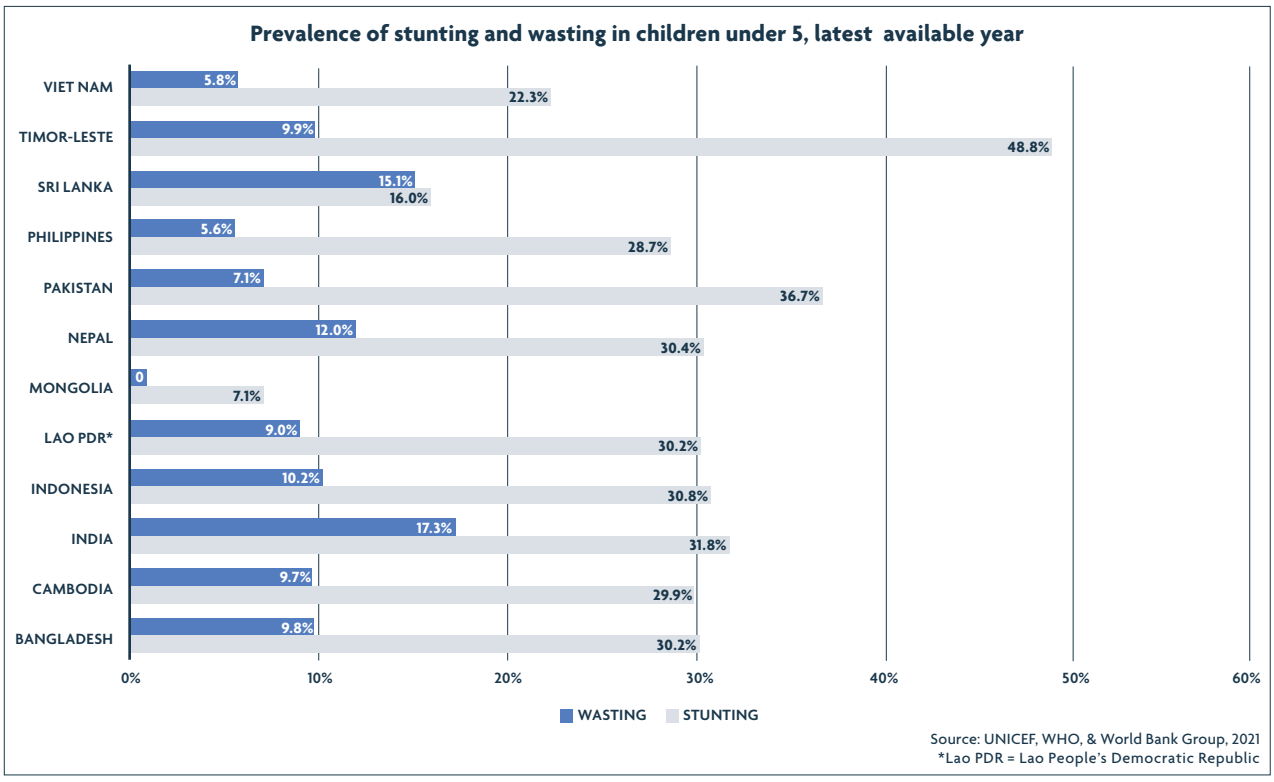
ADB

This policy brief[1] provides an overview of major nutrition challenges in the Asia region and of the evolution and current status of national social protection policies and programs in selected Asian countries. By applying a standard framework of analysis and categorizing nutrition-specific and nutrition-sensitive interventions, the brief identifies opportunities to advance better nutrition and address its underlying drivers among vulnerable groups, integrating both types of interventions with social protection. Focusing on cash and in-kind transfers, as well as school feeding programs, this brief makes recommendations for the design and implementation of social protection in Asia based on the analysis of available evidence and experience, to seize available opportunities through multisector approaches that focus explicitly on nutritional impacts among high-risk groups.

1. Background: The Nutrition Situation and Trends in Asia

Despite considerable progress in many countries, Asia still has the highest number of young children and women affected by malnutrition. This is evident in key indicators of nutritional status for these highly vulnerable groups where data are widely available: elevated rates of *stunting* and *wasting* among children under five; *anaemia* among both adolescent girls and women of reproductive age; and the high prevalence of *low birthweight* in various countries. In particular, South Asia faces major challenges of undernutrition, with 31.8 percent children under five experiencing stunting (low height for age) and 14.7 percent of children under five experiencing wasting (low weight for height). Additionally, half of the women of reproductive age in South Asia continue to suffer from anaemia (FAO et al. 2021). Globally, stunting among young children is significantly more common in the most impoverished segments of society. However, the difference in child stunting rates between wealthier and the most impoverished households is particularly marked in South Asia (UNICEF 2015).

FIGURE 1: Prevalence of Stunting and Wasting in Children Under Five, Selected Asian Countries



Source: UNICEF, WHO, & World Bank Group, 2021
*Lao PDR = Lao People's Democratic Republic

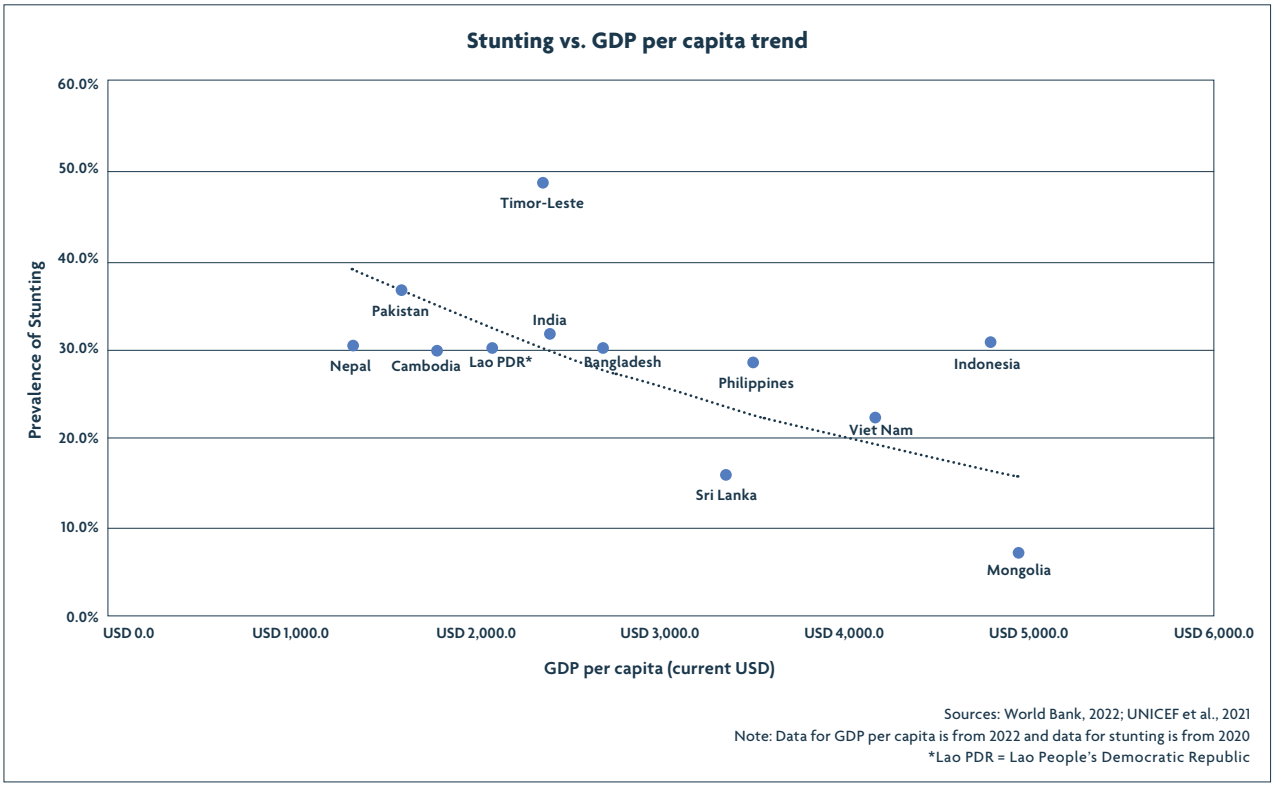
1 This Policy Brief draws extensively on the Asia landscape review- Making Social Protection work for improved nutrition: A scoping review of state and opportunities in the Asia Region. January 2024. Technical report. Krishna Belbase, Richard Morgan, Surabhi Mittal, Reem Masri, Sarah Zahr. (2024). https://www.nutritionintl.org/learning-resource/making-social-protection-work-for-improved-nutrition-asia/. This review took an in-depth look at programs in 12 countries in the region which were selected based on high burdens of undernutrition and Nutrition International's areas of focus.

Major Forms of Undernutrition Affecting Vulnerable Groups in Asia

Young child undernutrition: As shown in Figure 1, the prevalence of stunting among children under five in selected Asian countries varies from an estimated seven percent in Mongolia to 48 percent in Timor-Leste. Wide variations are also seen in the prevalence of young child wasting (low weight for height), ranging from an estimated 18.7 percent in India to 0.9 percent in Mongolia (UNICEF, WHO & World Bank Group, 2021). While some countries such as Nepal, Cambodia and Bangladesh have markedly reduced the level of child stunting over the past 20 years, the current levels remain high among Asian low- and middle-income countries (LMIC), and in most cases the high rate of wasting remains a particular concern.

There exists a two-way association between the prevalence of stunting and income per capita. In general, the higher the rate of young child stunting, the lower a country's per capita gross domestic product (GDP), and vice-versa (see Figure 2). However, there are exceptions, with Nepal, Sri Lanka, Cambodia and Mongolia among those that appear to have performed better than the trend. This highlights the possibility that countries could use their economic resources more effectively in the pursuit of nutritional improvements, including more intentional use of nutritionally targeted economic transfers.

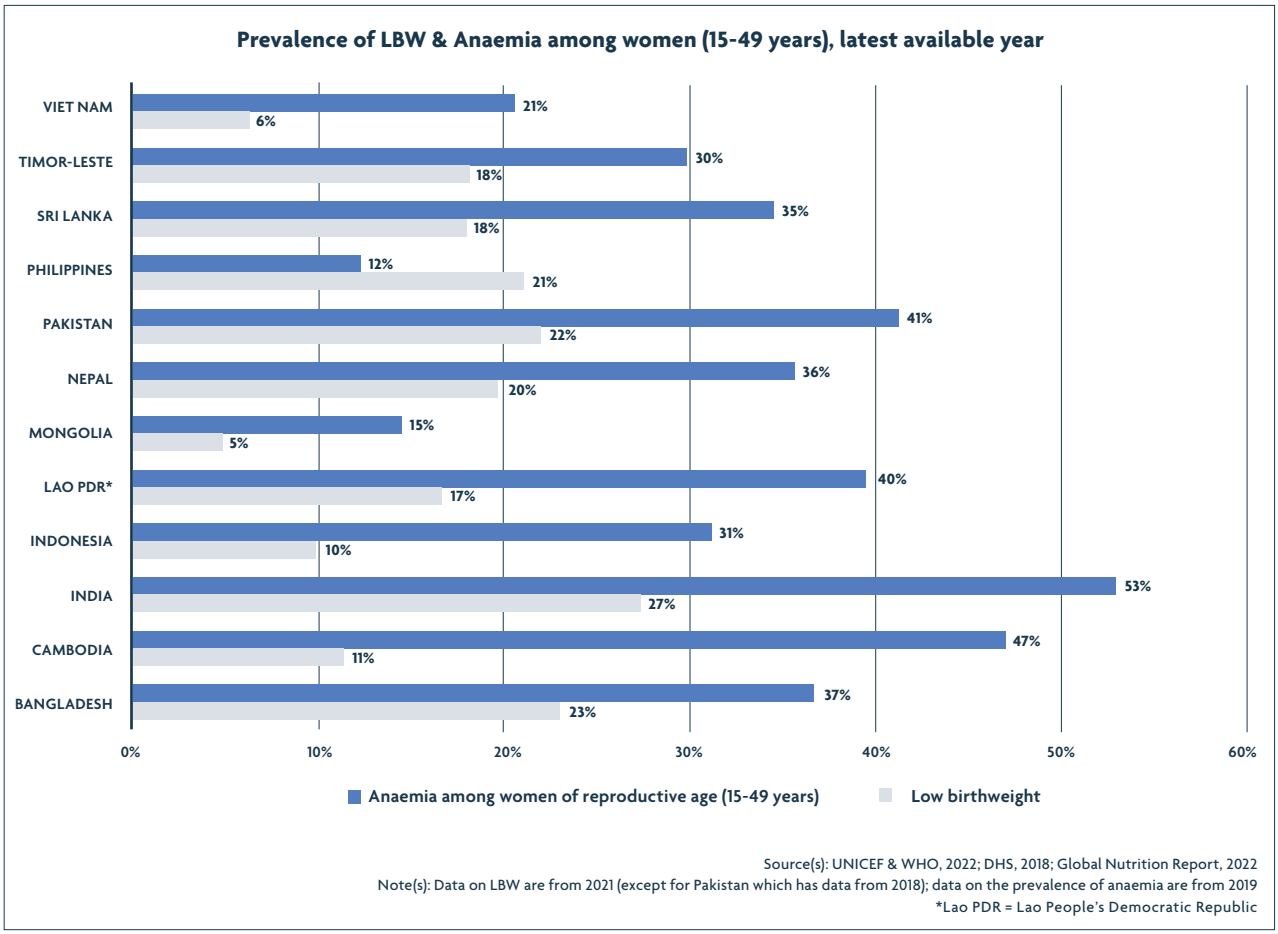
FIGURE 2: Young Child Stunting vs Gross Domestic Product per Capita, Selected Asian countries



Sources: World Bank, 2022; UNICEF et al., 2021
Note: Data for GDP per capita is from 2022 and data for stunting is from 2020
*Lao PDR = Lao People's Democratic Republic

Maternal undernutrition: In this area, the two most commonly used indicators are the prevalence of low birthweight (LBW) in newborn babies and anaemia among women of reproductive age. LBW is a composite indicator which reflects maternal malnutrition, poor maternal health during pregnancy and poor healthcare during pregnancy (WHO, n.d.).

FIGURE 3: Prevalence of Low Birthweight and Anaemia, Selected Asian countries



Source(s): UNICEF & WHO, 2022; DHS, 2018; Global Nutrition Report, 2022
Note(s): Data on LBW are from 2021 (except for Pakistan which has data from 2018); data on the prevalence of anaemia are from 2019
*Lao PDR = Lao People's Democratic Republic

Figure 3 shows data on the prevalence of low birthweight among babies, and anaemia among women between the ages of 15–49 years, in selected Asian countries. A high prevalence of anaemia is evident in all cases with the exceptions of Mongolia and the Philippines. Despite this, the Philippines also stands out with one of the highest prevalence rates of LBW among these countries. Meanwhile, countries in South Asia (India, Pakistan, Nepal and Bangladesh) show elevated levels of both LBW and anaemia, indicating poor maternal health and female nutrition status. The consequences of anaemia can be extensive and may be manifested in poor cognitive function, lowered productivity, premature birth and LBW (WHO, 2023; Mosiño et al., 2020).

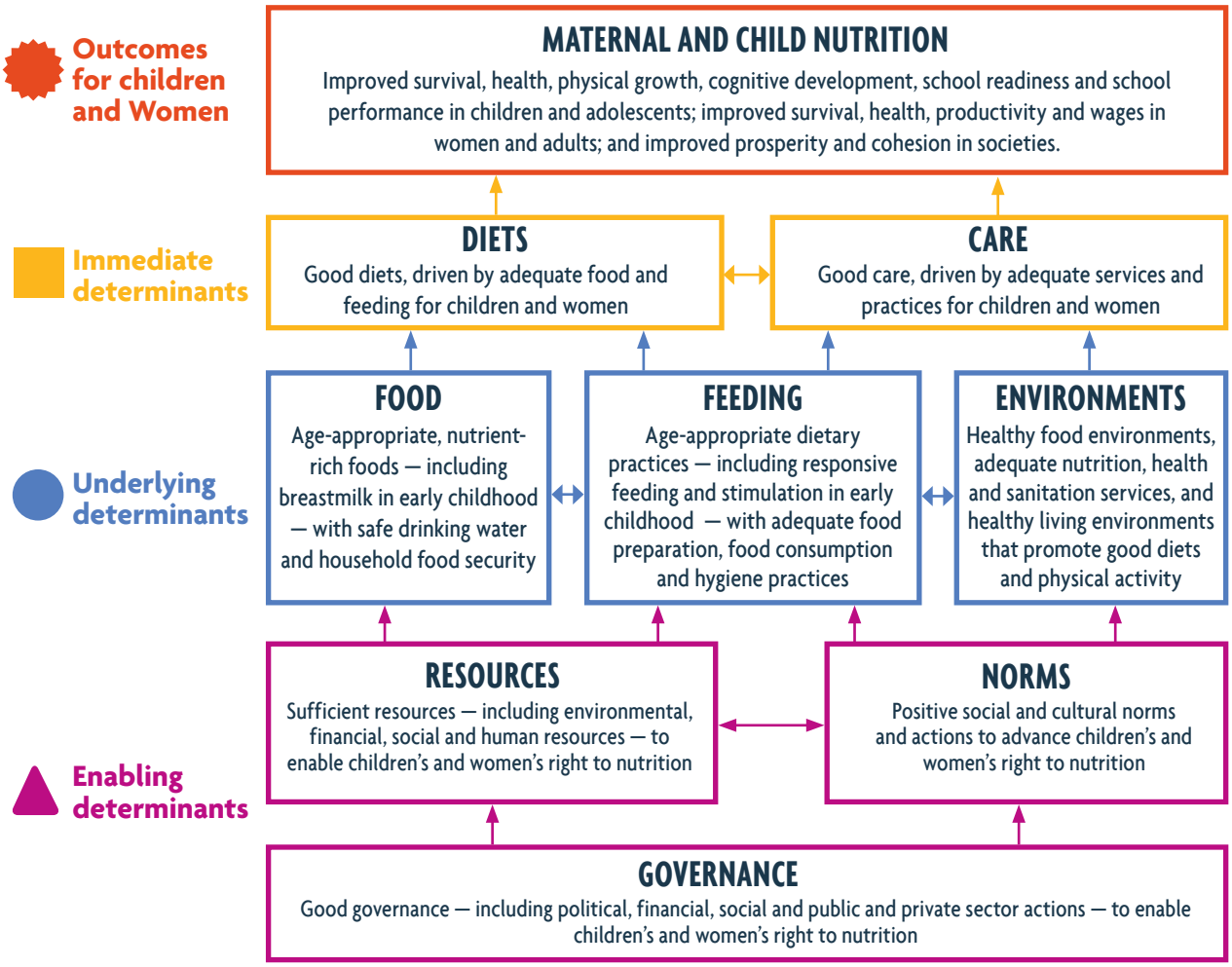
Malnutrition among adolescent girls, indicated by a high rate of anaemia, is a further concern in its own right. This is especially the case in South Asian countries, where some 19 percent of adolescent girls are estimated to be underweight and 49 percent to suffer from anaemia (UNICEF, 2023). In Southeast Asia, countries such as Cambodia and the Lao People's Democratic Republic (Lao PDR) have reported adolescent anaemia rates as high as 49.4 percent and 42.6 percent, respectively (UNICEF, 2021).

2. Major Causes of Poor Nutrition and the Challenge for Development

Key Determinants of Nutritional Outcomes

The causes of poor nutrition have been widely analyzed with the use of a multilevel conceptual framework on the major determinants of maternal and child nutrition (Figure 4 below). Originated by UNICEF, this framework underscores that good nutrition is the result of a range of essential contributing factors across different levels of society – and thus involves many sectors. The framework indicates that access to food and financial resources, for example, are among the many conditions that are *necessary, but not sufficient on their own*, for good nutritional outcomes among children and mothers. *In addition to these resources*, households also need to benefit from healthy environments, have access to good health, water and sanitation services, and to be able to use appropriate feeding and care practices for young children and other family members who are at risk of poor nutrition.

FIGURE 4: Conceptual Framework on the Determinants of Nutrition Status in Women and Children

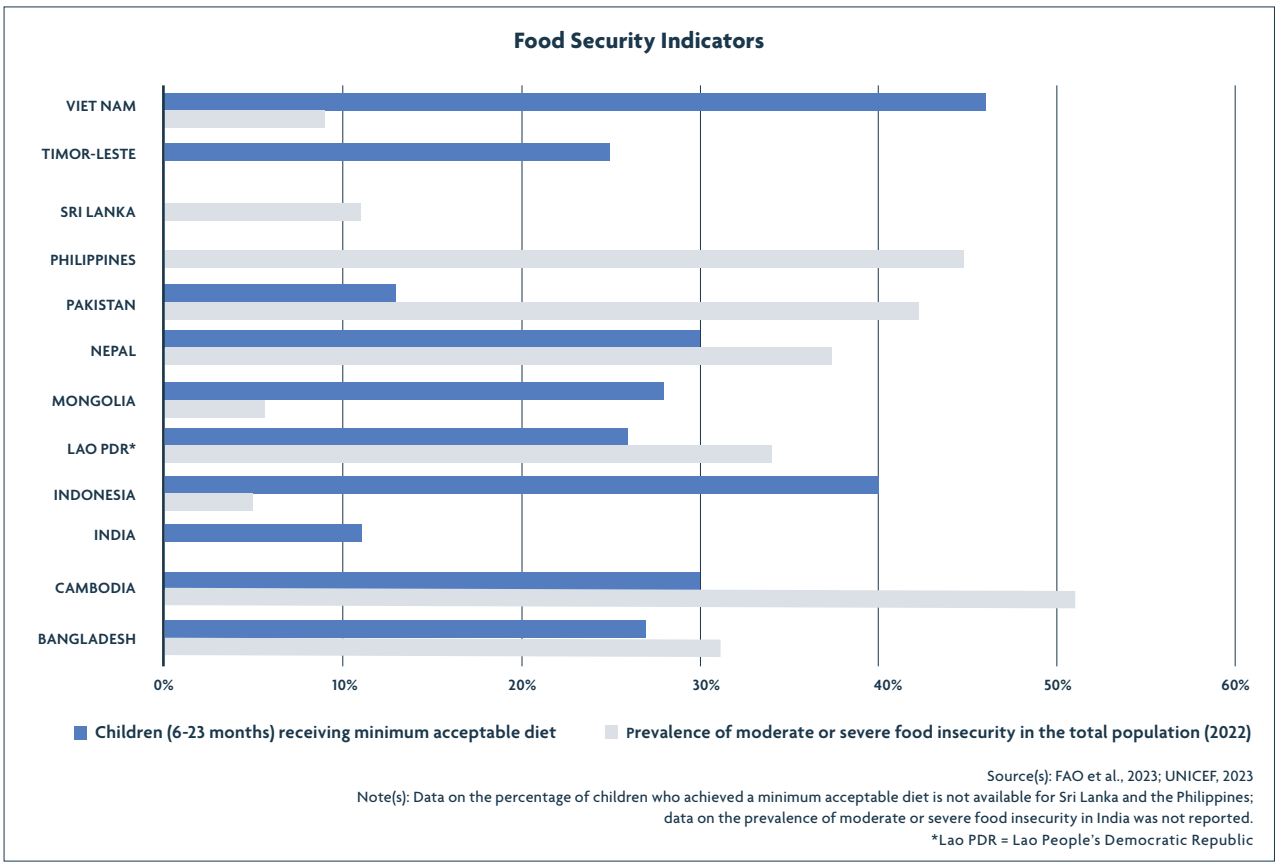


Source: Conceptual Framework on the Determinants of Maternal and Child Nutrition UNICEF, 2020

Generally, inadequate dietary intake and illnesses are immediate factors leading to undernutrition. These are often linked to limited food access at the household level, suboptimal food distribution within households, restricted access to health and nutrition services, inadequate hygiene and sanitation, and poor caregiving practices – including maternal care and child feeding practices. Meanwhile, the root causes of malnutrition may include poverty, insufficient education, a lack of control over resources – particularly among women – as well as specific social norms and cultural practices, such as early marriage.

In terms of infant and young child feeding practices, the prevalence of exclusive breastfeeding[2] in Asia for children zero to five months is around 45 percent, close to the global average of 43.8 percent (Global Nutrition Report, 2022). This ranges from 81 percent in Sri Lanka to 44.4 percent in the Lao PDR (UNICEF, 2023). Access to water, sanitation and hygiene services also varies widely. The percentage of the population who are using safely managed sanitation services ranges from some 36.7 percent in Cambodia to 66 percent in Mongolia (WHO, 2022).

FIGURE 5: Household Food Insecurity and Minimum Acceptable Diet (Children 6–23 Months Old), Selected Asian countries



Source(s): FAO et al., 2023; UNICEF, 2023
Note(s): Data on the percentage of children who achieved a minimum acceptable diet is not available for Sri Lanka and the Philippines; data on the prevalence of moderate or severe food insecurity in India was not reported.
*Lao PDR = Lao People's Democratic Republic

As depicted in Figure 5, some countries in Asia exhibit elevated rates of moderate to severe food insecurity, coupled with a low percentage of children between the ages of 6–23 months meeting the criteria for a minimum acceptable diet.[3] The prevalence of moderate or severe food insecurity, one of the major underlying drivers of poor nutrition, varies from 44 percent in the Philippines to five percent in Indonesia. Similarly, the estimated percentage of children achieving a minimum acceptable diet ranges from 11 percent in India to 46 percent in Viet Nam (FAO, 2022; UNICEF, 2023).

2 Refers to the proportion of infants 0–5 months of age (0 to <6 months) who are fed exclusively with breast milk (WHO). This practice is considered safe; provides antibodies which help protect against common childhood illnesses; and helps protect against overweight, obesity and diabetes in later life.
3 Refers to the percentage of children 6–23 months of age who received foods from ≥ 4 (out of 7) food groups during the previous day.

Gender inequalities, norms and patterns of control over resources are central at the level of enabling factors that affect nutritional outcomes (see Figure 4). In 2021, South Asia was estimated to be the second lowest performing region in terms of gender equality, with the gender gap[4] increasing rather than narrowing (Chakraborty et al., 2022). In terms of nutrition, women in South Asia are more likely to be underweight and food insecure than men (FAO, 2013; Chakraborty et al., 2022). Socio-cultural norms have been shown to hamper access to resources and opportunities, which prevents women and girls from achieving their full potential (FAO, 2013). There are indications that that children with financially autonomous mothers are less likely to be stunted (Cunningham et al., 2014); while higher maternal educational status is widely associated with positive child nutrition outcomes (ibid).

The Impact of Poor Nutrition on Development

Stunting and wasting among young children are closely linked to compromised brain development and have negative implications both for the life courses of individuals and the future prosperity of societies. Both can impede a child's cognitive growth, educational attainments and future productivity, ultimately undermining a nation's developmental potential and progress.

Evidence shows that the long-lasting effects of young child stunting across 95 LMIC result in reduced income earning potential for individuals and costs to the private sector due to lower productivity. Nutrition International estimates that each year in Asia, current levels of stunting, LBW, anaemia and sub-optimal breastfeeding result in USD $377 billion in economic costs due to cognitive (IQ) losses and child mortality – equivalent to 1 percent of regional Gross National Income (GNI) annually.[5]

Nutrition-Sensitive Responses to the Challenge

The high rates of different forms of undernutrition among children and women in Asia call for strong, effective and sustained investments in **both nutrition-specific and nutrition-sensitive interventions** across the region. Nutrition-specific interventions are essential for addressing the immediate determinants of poor diets and care, while well-designed and implemented nutrition-sensitive measures can significantly improve the underlying determinants of (or pathways to) improved nutrition. Table 1 shows examples of each of these types of interventions.

4 The gender gap index "benchmarks the evolution of gender-based gaps among four key dimensions (Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment) and tracks progress towards closing these gaps over time." (World Economic Forum, 2021).

5 From: Jain S., Ahsan S., Walters, D., Bright, R., "The Cost of Inaction on the Global Nutrition Targets for Stunting, Anaemia, Breastfeeding, Low Birthweight: Results from new modelling tools" (Nutrition International, 2024)

Table 1: Nutrition-specific and Nutrition-sensitive Interventions

Nutrition-Specific Intervention	Nutrition-Sensitive Interventions
These tackle the **immediate** factors of diets and care, leading to good nutrition	**When appropriately designed and well implemented,** these can tackle the ***underlying*** factors of food, feeding and healthy environments, leading to good nutrition
Examples of nutrition-specific interventions: • Adolescent, pre-conception, and maternal health and nutrition services • Breastfeeding and complementary feeding • Treatment of severe acute malnutrition • Micronutrient supplementation • Fortification of staple foods • Disease prevention and management • Promotion of dietary diversification • Social behavioural change communication	Examples of potential nutrition-sensitive interventions: • Social protection programs (including social safety nets) • Agriculture development and food security • Early child development • Women's empowerment • Child protection services and practices • Water, sanitation and hygiene services and practices (WASH) • Health and family planning services
	Source: Adapted from Ruel et al., 2013

While nutrition-specific interventions address some of the key causes of malnutrition – mainly at the immediate level – they may only curtail it to a certain degree. Because of the multiple causes of nutritional outcomes, **malnutrition cannot be effectively addressed through single-sector approaches alone.** This complex, multifaceted challenge requires comprehensive strategies and multisector approaches working in combination.

Interventions addressing the underlying factors driving nutritional outcomes are considered "nutrition-sensitive" when they intentionally and significantly *incorporate* goals, components and indicators that relate and respond to malnutrition challenges in a specific context. These interventions can be *built* into programs such as agriculture development, WASH and social protection. They may also include *complementary* measures, such as nutrition education, counselling support and hygiene promotion, which are sometimes referred to as "nutrition-plus" measures.

For programs to be considered "nutrition-sensitive", they must explicitly prioritize highly vulnerable or shock-affected groups, including communities with high rates of malnutrition. They should focus on breaking down barriers to accessing local nutrition services, ensuring the availability of nutrient-dense foods for families (including through production or adequate purchasing power), and designing measures that account for the age-specific vulnerabilities of children and adults.

3. Social Protection and Nutrition-Sensitive Approaches: Key Entry Points and Opportunities

The Asia region has a long history of social protection policies and initiatives that have evolved in response to crises such as SARS and the COVID-19 pandemic. Many countries in the region have adopted policies or strategies that promote multisector collaboration to address malnutrition, with most focusing explicitly on using social protection programs to improve nutrition. However, integrating nutrition into the social protection sector remains much less common. This gap provides opportunities and entry points for coordinated action in both policy and program design, including to enhance co-coverage and cross-referral between health and nutrition services and social protection benefits among highly vulnerable families.

Given their potential to address both economic poverty and malnutrition-related vulnerability, social protection programs (SPPs) are an especially promising component of a potential suite of multisector, nutrition-sensitive interventions. SPPs *can be classified as nutrition-sensitive when they explicitly include goals, components and indicators that address the causes of malnutrition and relevant pathways to improve nutritional results for vulnerable groups.* Intentionally designing social protection policies and programs to be nutrition-sensitive provides a significant opportunity – particularly in geographic areas where higher levels of poverty and undernutrition coexist.

Nutrition-sensitive SPPs that use different forms of transfers to households have been shown to improve dietary intake and selected nutrition outcomes among young children and women who are nutritionally vulnerable (Olney et al, 2022). These can be especially effective when combined with appropriate complementary interventions in other sectoral programs.

This brief focuses on three common types of transfer programs: cash *transfers*, *in-kind transfers* (which may include food or vouchers for food purchases), and *school feeding programs*. Each of these can play a key role in multisector strategies and interventions to address poor nutrition, especially among children and women.

Cash Transfer Programs

Over the past few decades, cash transfers (CTs) have emerged as a widely adopted method of providing social assistance to impoverished and vulnerable households in developing countries. These transfers are provided either unconditionally or conditionally on the fulfilment of certain requirements, usually related to human capital development. Increasingly, they are also linked to complementary interventions such as Social and Behavioural Change Communication (SBCC) to promote improved health, hygiene and nutrition practices in the family environment.

The use of CTs in Asia has grown substantially in recent decades and is firmly embedded at the national scale in the policy landscape of countries such as Indonesia, Pakistan and the Philippines. During the COVID-19 pandemic, several countries extended coverage and increased the value of existing CTs to protect vulnerable households (Gentilini, 2022). Nevertheless, the proportion of cash received by beneficiaries as compared to the median income in the East Asia and Pacific region – estimated at 28 percent – still falls well short of the global average of 46 percent (Gentilini, 2022).

Several recent global systematic reviews and meta-analyses (Manley J. et al., 2022; Olney, D. et al., NI and IFPRI, 2022; Manley, J. et al., 2020) provide new insights and findings regarding the impact of CTs on dietary and nutrition outcomes in LMIC. The reviews show clear evidence of the positive impacts of CTs on the dietary intakes of women and children, even when the CTs are not explicitly designed to focus on nutrition. Some studies also found significant impacts of CTs on stunting and to a lesser extent on wasting in children under five years. A few studies also found a positive impact of CTs on reducing anaemia in children and women.

The expanded evidence base also sheds light on how CT programs can be designed for greater nutrition sensitivity and be linked with complementary interventions for greater impact. The reviews confirm that the likely pathways from CTs to improved nutrition outcomes are through enhanced dietary intake, notably increased diet diversity and an increase in the consumption of animal source foods. Another key factor in fostering better nutrition outcomes is the reduction of morbidity, especially in the incidence of diarrhoea. Improved diet diversity among children is associated with women's empowerment and increased meal frequency; stunting reduction is related to parental knowledge, maternal health practices and morbidity; and decreased wasting is connected to maternal and child health practices and morbidity (Olney et al).

Similarly, Manley J. et al., (2022) examined program characteristics that influence effectiveness on anthropometry and morbidity, highlighting the importance of the content of the SBCC sessions, which are increasingly linked with cash transfers. SBCC is a behaviour-centred approach aimed at helping individuals, families and groups adopt improved health and nutrition practices. It employs various strategies, such as group sessions at clinics, mass media, messaging to CT recipients and community mobilization. These methods are increasingly used alongside economic transfers to promote better nutrition and help to overcome socio-cultural barriers to nutritional progress. Programs providing information on WASH were found to be particularly helpful, while advice on household nutrition was associated with reductions in child stunting and the incidence of diarrhoea. Targeting CT specifically to women and/or children was also associated with positive impacts on diets and nutritional status.

Olney, D. et al. (2022) suggest that CT programs, when coupled with specific conditionalities, show positive effects primarily in mitigating anaemia. Manley J. et al. (2020) indicate that design factors – such as transfer amounts, conditionality and access to health services – as well as participant-specific factors such as the mothers' age, all influence child nutrition outcomes.

The findings from these reviews underscore the importance of tailored CT program design in order to achieve nutrition sensitivity. While directing CTs towards children and women is vital, it is also important to reflect specific health and nutritional situations, as well as family practices, knowledge and behaviours in the local context. While incorporating nutrition-focused goals and components, programs can also collect and assess data on key intermediary (or "pathway") results, such as changes in diets and frequency of visits to health facilities.

When CTs are conditional on the use of local healthcare services – such as attending antenatal care, young child growth monitoring and nutrition promotion sessions – these services must be easily accessible to participating families and meet quality standards. The application of conditionalities should aim to support and encourage families to use such services – rather than penalizing them for not doing so by withholding benefits – as the most vulnerable families may encounter the greatest difficulties in meeting the required conditions. Furthermore, there is significant potential in integrating nutrition-specific interventions with CTs – such as providing micronutrient supplementation alongside the provision of cash – to address specific malnutrition challenges faced by groups such young children, adolescent girls and women.

Cash transfer programs across Asia provide opportunities for policymakers to improve nutrition outcomes among vulnerable groups and to increase progress towards national goals in this regard. There has been limited research so far on the contributions of national CT programs in Asia to nutrition outcomes. Nonetheless, in recent years, programs such as the Mother and Early Child Grant in the Lao PDR, the Mother and Child Benefit Programme in Bangladesh, the Child Money Programme in Mongolia and Benazir Nashonuma in Pakistan have explicitly adopted nutritional goals and components. Each of these appears to have strong potential to contribute to better dietary and nutritional outcomes among children and women. And despite fiscal and administrative constraints, Nepal's nutrition-focused Child Grant scheme has long demonstrated positive impacts in reducing wasting and underweight among children, coupled with impacts on women's empowerment in terms of greater control over resources and decision-making (Samson, 2022; ADB, 2016).

In-Kind Food Transfers

Food-based transfer programs are designed to support adequate food consumption and help vulnerable populations or individuals to attain and sustain nutritional wellbeing. These initially involved door-to-door distribution to households identified as being very poor or food insecure but now more commonly use a ration card system or redeemable vouchers ("food stamps") linked to authorized local suppliers. The food baskets covered by these programs typically contain an established quantity of a primary staple food, as well as pulses, edible oils and additional items that contribute to improved diets, such as eggs and iodized salt. South-East and East Asian countries have a particularly long history of these transfers, with India, Indonesia and Bangladesh having implemented large-scale food transfers for several decades (Alderman et al., 2018). Mongolia, Indonesia and, more recently, the Philippines, have implemented food stamp programs with similar objectives.

Recent systematic reviews (Olney et al., 2022a in particular) have analyzed the impact of food transfer programs on the nutrition outcomes of women and children, including intermediary pathways and outcomes. Among women, these efforts have been most successful in improving dietary diversity, Body Mass Index (BMI)[6], and – to a lesser extent – in reducing anaemia. Among children, these programs have been most successful in improving micronutrient intake and show potential for positive impacts on haemoglobin, anaemia, dietary diversity and stunting.

The analysis of these pathways illustrates the scope for increasing the nutrition sensitivity of food transfer programs and the opportunities for achieving greater nutritional impact. The benefits for more varied and nutritious diets among children are likely to stem from enhanced parental knowledge about nutrition, health and WASH practices, as well as increased meal frequency. Reductions in stunting associated with food transfers can be attributed to similar factors: improved parental knowledge, enhanced maternal health practices, an increase in meal frequency and decreased child morbidity. In-kind transfer programs may also play a role in reducing anaemia rates among children by improving maternal health practices and decreasing child morbidity.

In-kind programs may consider the wider provision of fortified and nutrient-rich foods and the complementary use of appropriate SBCC options, as in Pakistan's Benazir Nashonuma program. Where needed, they can also be combined with nutrition-specific interventions such as micronutrient supplementation, lipid-based supplements for young children and promotion of regular use of maternal and childcare services. Where iron deficiency anaemia or micronutrient deficiencies are widely prevalent, the distribution of fortified food products holds potential as a strategy to reduce malnutrition. This has been seen in the supplementary nutrition program within the POSHAN Abhiyan in India and the Vulnerable Women Benefit Programme in Bangladesh. Large scale iron fortification of rice, as in India's Targeted Public Distribution System, is another option.

It should be noted that in comparison to cash transfers, in-kind transfers can prove more costly and their logistics can be more challenging (Alderman, 2015; Alderman et al., 2018). Many governments have shifted toward the use of cash transfers or voucher-based systems. In some cases, however, CT programs can consider incorporating food transfers or supplements in their design with the aim of achieving greater nutritional impact (UNICEF, 2023; Attanasio et al., 2014).

6 BMI is an approximate measure of whether someone is over- or under-weight, calculated by dividing their weight in kilograms by the square of their height in metres.

School Feeding Programs

School feeding is one of the largest and most widespread social protection approaches, benefitting an estimated 418 million children globally in 2022[7]. School feeding programs take different forms, ranging from a morning snack to full hot lunches that provide a relatively large proportion of a student's daily calorie, protein and other nutrient requirements. Parents may be asked to contribute to food preparation and the organization of programs. Coverage can be universal for all those attending school at one or more levels of the education system or be more narrowly targeted, by geography or based on household poverty criteria or student needs. In Asia, coverage among school-going children at primary level varies significantly, with roughly universal coverage in Mongolia, an estimated 55 percent in India, 15 percent in Bangladesh and 12 percent in Cambodia (WFP, 2022; WFP, 2021).

In addition to their well-established roles in promoting enrolment, attendance and learning, school feeding programs can be more intentionally designed to respond to opportunities to improve diets and nutrition among school-age children, thereby promoting future productivity. Where attendance levels among children are high and inclusive, the school system can provide a cost-effective platform through which to deliver an essential package of health and nutrition services alongside school meals, including deworming, iron and folic acid supplementation, vision screening and oral health (WFP 2022). While evidence is mixed – in part because school feeding programs vary greatly in design, duration and quality – studies have found they make a significant impact on height and weight gain among children and, with fortified foods or micronutrient supplementation, a significant reduction in the prevalence of anaemia among adolescent girls (Watkins et al., 2015; Adelman et al., 2019, Olney et al., 2022).

In Asia, most programs are implemented at the primary school level, while some cover multiple levels of the education system. Positive impacts on dietary intake, and in some cases on nutritional status, have been found in evaluations in Bangladesh, Cambodia, Indonesia, Nepal and the Philippines. Elsewhere, as in India, state or district-level evaluations show positive effects on nutrition and school performance.

Bangladesh and Indonesia are among the countries that have now embraced comprehensive school health and nutrition initiatives by complementing school feeding with micronutrient supplementation, deworming, sanitation and hygiene promotion, as well as health and nutrition education. The use of micronutrient food products in school feeding is a further example of a nutrition-sensitive approach. Some countries, including Pakistan, are now including outreach components to benefit children, especially girls who are not attending school. Combined school feeding and nutrition programs offer considerable potential to address nutrient deficiencies in schoolchildren, particularly the high prevalence of anaemia found among adolescent girls in many parts of Asia. Community engagement through self-help groups that prepare and serve school meals may contribute to sustainability and also help to raise nutrition awareness among families.

7 World Food Programme, The State of School Feeding Worldwide, 2022

4. Strengthening Program Design and Implementation for Nutrition Sensitivity

Key Design Features for Nutrition-Sensitive Social Protection Programs

The effectiveness of nutrition-sensitive approaches to social protection, in Asia as elsewhere, will depend largely on the quality of the design and implementation of the SPPs themselves. Persistent gaps and challenges remain in this area, particularly concerning the *efficiency of targeting and the quality of program monitoring and evaluation.*

Recent analyses suggest that schemes targeting economic poverty in Asia and the Pacific frequently miss about half of the intended beneficiaries. Children – especially children with disabilities – are particularly vulnerable to being excluded. Estimates indicate that less than one in five children receive child or family benefits and, in many countries, coverage is below 10 percent (UN ESCAP & ILO, 2021). For instance, the Program Keluarga Harapan (PKH) program in Indonesia and the Child Grant program in Nepal, have been found to have high exclusion errors, which implies that a large proportion of those eligible are unable to benefit (UN ESCAP & ILO, 2021; Bhandary et al., 2021). These will often be children and families at elevated risk of undernutrition.

Many countries in Asia use economic poverty-based indicators to identify households eligible for social protection benefits such as cash transfers. These are often based on proxy means tests or drawn from national registries. Digital information systems are being used to increase the accuracy of targeting. However, few or any of these approaches make use of nutrition-related indicators – whether on their own or in combination with indicators of economic poverty – to identify eligible beneficiaries.

For SPPs to be nutrition-sensitive, their targeting mechanisms and eligibility criteria may also need to consider the specific patterns and causes of malnutrition in the local and national setting and make use of data, formative field research and participatory analysis to guide the identification of nutritionally vulnerable populations (WFP, 2017). Programs can also aim to ensure that people who are nutritionally at-risk or affected are not inadvertently excluded during the delivery of benefits. This would involve increased efforts to strengthen targeting mechanisms by adopting context-specific approaches that respond to local information and beneficiary feedback (UN ESCAP and & ILO, 2021; UNICEF, 2023).

Wider availability of data and broader evidence of effectiveness and impact are needed to guide designs and strengthen the case for investments in nutrition-sensitive social protection. At the same time, country-based operational research and testing of approaches would provide a deeper understanding of how SPPs can influence the drivers of nutrition and help design programs tailored to local contexts and household conditions, including the needs of women and marginalized groups. However, only about half of the 35 national SPPs in Asia consulted in the 2023 Nutrition International review had undertaken evaluations, and only half of these evaluations included an assessment of the program's nutritional impacts. This underscores the need to increase investments in strengthening monitoring systems, program research and use of evaluations to bring a clear focus on nutrition – as well as gender and inclusion – to the design and implementation of SPPs.

Expanding the impact monitoring of programs to include *both* economic poverty- *and* nutrition-focused indicators would also strengthen their potential to address different forms of undernutrition. Making greater use of nutrition-related indicators[8] in the monitoring frameworks of sector-based programs and projects, including and beyond social protection, would enlarge the understanding of impacts – planned and unanticipated alike – among different groups. Mandating and enabling groups of service users, women and other transfer beneficiaries to provide feedback on program delivery and to register complaints, could all help to improve efficiency, responsiveness and accountability.

8 See, for example, nutrition indicators proposed by the UN Standing Committee on Nutrition at Microsoft Word - Post 2015_Nutrition Targets and Indicators_final March 2015.docx (unscn.org)

There are opportunities in many countries to further leverage digital approaches for efficient targeting, inclusive service delivery and field-based monitoring. However, the context-specific nature of digital solutions must be considered to ensure inclusiveness, especially in rural areas or among people with limited access to technology, literacy and connectivity.

Extending Social Protection Coverage with More Coordinated Approaches

Despite impressive progress in social protection, gaps in policies, coverage and investments persist (UNESCAP & ILO, 2020). Some 44 percent of people in Asia and the Pacific region are estimated to have access to at least one social protection benefit, compared to 64 percent in the Americas. In addition, fewer than one in five children or households with children receive child or family benefits in the region. This limited overall coverage can be attributed to the lack of child- or family-focused schemes, inadequate targeting mechanisms in available schemes and insufficient expenditures (UNESCAP & ILO, 2020).

Wider coverage of SPPs can provide a strong foundation for promoting nutrition while also achieving greater equity and poverty reduction. Bridging the social protection gap for children and women in particular is essential for better nutritional outcomes and strengthening this foundation. Various studies and agencies now advocate for investing in progressively more universal grants for children, emphasizing their role in reducing household poverty and promoting positive intergenerational effects. Nutrition policies and plans in the region increasingly recognize key stages of the life course where people are most vulnerable to nutritional setbacks – including early childhood, adolescence and maternity – but this is not yet well reflected in the design of SPPs. For example, country reviews in Bangladesh and Sri Lanka highlight age-related disparities in funding allocations for different groups (UNICEF, 2023; World Bank, 2021).

Given the many possible drivers of undernutrition in each society, using a coordinated approach to policy development is crucial for embedding nutrition in SPPs and promoting the integration of responses across key sectors. At present, there is often considerable fragmentation, with multiple programs co-existing with overlapping mandates and inconsistent approaches. More coherent social protection policies and better coordination among systems would provide a framework for optimizing impact through both nutrition-specific and nutrition-sensitive interventions.

5. Conclusion – Seizing Opportunities for Nutrition Progress

Across the Asia Region, countries are now seeking ways to bolster the nutritional focus within their SPPs, whether at the level of strategic goals, integrated components or through monitoring systems that collect better data on nutrition-related impacts. Rising investments in social protection itself, coupled with a more intentional use of explicitly nutrition-sensitive approaches in design and implementation, will create an expanding array of opportunities for effective linkages between health and nutrition, food systems and economic services within SPPs.

In addition to integrating *nutrition-sensitive* goals, components and indicators of impact that relate to the underlying drivers of nutrition, SPPs can also promote the uptake of nutrition services and practices and co-deliver *nutrition-specific* interventions that address the immediate drivers – for example, through micronutrient supplements for mothers and young children and the in-kind provision of fortified foods. A combination of both types of measures, based on identified needs and well-coordinated across the key sectors, is likely to be the most effective way to "make social protection work for nutrition."

As detailed in this brief, there are various entry points and practical opportunities – based on evidence and experience in Asia and beyond – for countries to capitalize on the synergies between social protection and nutrition.[9] The major opportunities arising from recent evidence reviews, as well as from policy and program experience, are summarized in this concluding section:

- Firstly, it is clear from evidence both in Asia and globally that cash and in-kind transfers are effective in reducing one of the key barriers on the path to improved nutrition – household food insecurity linked to economic poverty. In addition to this effect, the nutrition-sensitive design of transfer programs offers huge potential for advancing nutrition outcomes themselves. This points to the need for *effective design of cash- and food-based transfers to reach nutritionally vulnerable groups such* as pregnant and lactating women, children under five and those affected by climate-related shocks. Such transfers should be regular and large enough to help poorer families in obtaining more nutritious diets as well as facilitating regular visits to health facilities and other critical needs. Nutritional impacts can be further achieved by ensuring a good quality composition of food baskets or that affordable, nutritious foods are available in local markets.[10]

- Secondly, as a key nutrition-sensitive component, the impact of SPPs can be enhanced by *providing nutrition-related advice and information alongside the transfers* to promote recommended dietary and care practices in areas such as breastfeeding, weaning, food safety, hygiene practices, management of common child illnesses and dietary diversity. This approach is most effective when SBCC delivery methods and content are designed and tested with the participation of SPP beneficiaries, including women, and delivered in ways that respond to local culture, household conditions and constraints. They should also be grounded in a thorough understanding of existing knowledge and practices of families and caregivers.

- Thirdly, *a coherent set of policies across key sectors is essential to address both the underlying and immediate drivers* of major nutrition challenges in each country. National nutrition policies or strategies, often led by the health sector, should articulate the role of SPPs and the expected contributions of social protection in combating various forms of malnutrition. These instruments should consider *the roles of both nutrition-specific interventions* (delivered mainly through the health sector) *and nutrition-sensitive interventions* (implemented through social protection and other sectors). Correspondingly, social protection policy frameworks should specify the anticipated impacts of planned SSPs on malnutrition and outline how these outcomes will be achieved in collaboration with sectors such as health, agriculture, livelihoods and water.

9 UNICEF (2024). Building synergies between child nutrition and social protection to address malnutrition and poverty.
10 D.K. Olney, A. Gelli, N. Kumar et al. (2021). Nutrition-Sensitive Social Protection Programmes within Food Systems. (FAO and IFPRI: Washington DC). Available online: https://doi.org/10.2499/p15738coll2.134593.

- Action plans and budgets arising from policy frameworks should further articulate these cross-sectoral linkages – for example, how social protection delivery systems and staff can help beneficiaries, such as pregnant women, to *register with health services that support child nutrition* and make regular use of them, as well as providing cash, subsidies or fee waivers to *ease and promote the access of poor families to other critical services* such as water, sanitation, vital registration, early childhood and basic education. Unified registration systems are increasingly used to improve service coordination; however, keeping these systems up to date can be challenging without automated or self-enrolment processes.

- *School feeding programs*, although primarily addressing educational and food security objectives, also have strong potential to work for improved nutrition as they continue to expand in coverage.[11] As with cash and in-kind transfers, there are practical entry points to enhance the nutritional sensitivity of these programs. They can be designed to prioritize the most nutritionally vulnerable students, providing them with meals that are both nutritionally dense and diverse. The nutritional quality of meals can be improved by incorporating fortified foods and by using school gardens to increase dietary diversity. Additionally, school feeding itself can be *complemented by nutrition-specific and nutrition-sensitive components*. These may include nutrition education sessions for both pupils and parents, as well as access to nutrition and health services through schools, where needed, including screening, immunization, iron-folic acid and vitamin A supplementation, and deworming. Further, school feeding programs can often be adapted when responses to nutritional shocks and crises are required, for example by providing take-home rations or acting as community support platforms for expanded services.[12]

- Lastly, SPPs are also likely to be more effective in addressing the enabling determinants of improved nutrition *when they are gender-responsive* (Chakraborti, 2022; Cunningham, 2015). This means explicitly addressing the specific needs and circumstances of girls and women, aiming to tackle the causes of gender inequalities and finding practical opportunities to promote female empowerment.[13] This may involve delivering social transfers directly to women, supporting their access to livelihood development opportunities, or removing barriers to employment, while also safeguarding their health and nutrition during pregnancy and considering their childcare roles and responsibilities.[14] Enhancing the status, knowledge and decision-making power of women and girls – along with sensitizing men and boys – can be a pathway to increased household spending on healthy foods, healthcare and nutrition.[15] Supportive labour laws and policies, particularly for women in their roles as parents, can promote positive practices such as breastfeeding in the workplace and improve provisions for parental leave.

As noted, there are serious gaps in nutrition data availability and a lack of impact results from evaluations of SPPs in individual countries across much of Asia. However, considering both Asian experience and international evidence, the region now has a solid base for developing nutrition-sensitive social protection policies and programs to better protect people living in poverty while contributing to improved nutrition among high-risk groups. As demonstrated in this brief, a range of powerful opportunities exist for national decision-makers and stakeholders to make social protection work for nutrition.

UNESCO. (2020). Stepping up effective school health and nutrition. A partnership for healthy learners and brighter futures. Available at: https://www.unicef.org/media/94001/file/Partnership-for-Stepping-up-effective-SHN.pdf.pdf Accessed: 02/02/2024

Economic Policy Research Institute (2021). The role of food security and nutrition-sensitive social protection in bridging the humanitarian-development divide in the South African Region. Available online: https://executiveboard.wfp.org/document_download/WFP-0000129017. Accessed: 04/02/2024

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

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

D.A. Amugsi, A. Lartey, E. Kimani-Murage, et al. (2016). 'Women's participation in household decision-making and higher dietary diversity: findings from nationally representative data from Ghana', Journal of Health, Population and Nutrition, 35 (16). | S. Durao, M.E Visser, V. Ramokolo, et al. (2020). 'Community-level interventions for improving access to food in low- and middle-income countries', Cochrane Database Systematic Reviews, 7(7). | J. Yoong, L. Rabinovich, & S. Diepeveen (2012). The impact of economic resource transfers to women versus men: A systematic review. Available online: https://eppi.ioe.ac.uk/cms/Portals/0/PDF%20reviews%20and%20summaries/Economic%20transfers%202012Yoong.pdf?ver=2012-01-13-101615-493. Accessed: 21/02/2024

References Cited and Further Reading

Aayog, N. (2020). *Mechanisms to avoid inclusion and exclusion errors in cash transfer interventions.* https://dmeo.gov.in/sites/default/files/2021-08/Package5_Rural%20Development_CaseStudy40.pdf

Adelman, S., Gilligan, D. O., Konde-Lule, J., & Alderman, H. (2019). School feeding reduces anemia prevalence in adolescent girls and other vulnerable household members in a cluster randomized controlled trial in Uganda. *The Journal of Nutrition*, 149(4), 659-666. http://dx.doi.org/10.1093/jn/nxy305

Alderman, H. (2015). *Leveraging social protection programmes for improved nutrition summary of evidence prepared for the global forum on nutrition-sensitive social protection programs, 2015.* https://documents1.worldbank.org/curated/en/462981467040874717/pdf/106265-PUB-REPLACEMENT-FILE-PUBLIC-K8701.pdf

Alderman, H., Gentilini, U., & Yemtsov, R. (2018). *The 1.5 billion people question: Food, vouchers, or cash transfers?* https://openknowledge.worldbank.org/server/api/core/bitstreams/4d3f7eab-e058-5bda-b8be-0ead6820c270/content

Asian Development Bank (ADB). (2016). *Social welfare support programme in Mongolia* (ADB Briefs No. 59). https://www.adb.org/sites/default/files/publication/185618/social-welfare-mongolia.pdf

Asian Development Bank. (2016). *Child nutrition and social protection measures: A case in Nepal.* https://www.adb.org/sites/default/files/publication/184598/child-nutrition-social-protection-nepal.pdf

Asian Development Bank. (2022). *The social protection indicator for Asia: Tracking developments in social protection.* https://www.adb.org/sites/default/files/publication/849591/social-protection-indicator-asia-tracking-developments.pdf

Attanasio, O. P., Fernández, C., Fitzsimons, E. O., Grantham-McGregor, S. M., Meghir, C., & Rubio-Codina, M. (2014). Using the infrastructure of a conditional cash transfer programme to deliver a scalable integrated early child development programme in Colombia: Cluster randomized controlled trial. BMJ (*Clinical research ed.*), 349, g5785. https://doi.org/10.1136/bmj.g5785

Ara, G., Khanam, M., Rahman, A. S., Islam, Z., Farhad, S., Sanin, K. I., Khan, S.S., Rahman, M.M., Majoor, H. & Ahmed, T. (2019). Effectiveness of micronutrient-fortified rice consumption on anaemia and zinc status among vulnerable women in Bangladesh. PloS one, 14(1), e0210501. https://doi.org/10.1371%2Fjournal.pone.0210501

Bundy, D. A. P., N. de Silva, S. Horton, D. T. Jamison, & G. C. Patton. (2018). Re-Imagining School Feeding: A High-Return Investment in Human Capital and Local Economies. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO. https://docs.wfp.org/api/documents/WFP-0000116138/download/

Burattini, B., Perin, G., Alvarenga, K., Valiyaparambil, V., & International Policy Centre for Inclusive Growth. (2022). *Digital innovations in delivering social protection in rural areas: Lessons for public provisioning during the post-pandemic recovery and beyond.* https://ipcig.org/sites/default/files/pub/en/RR85_Digital_innovations_in_delivering_social_protection_in_rural_areas.pdf

Chakrabarti, S., Scott, S.P., Alderman, H. et al. Intergenerational nutrition benefits of India's national school feeding program. *Nat Communications* 12, 4248 (2021). https://doi.org/10.1038/s41467-021-24433-w https://www.nature.com/articles/s41467-021-24433-w#ref-CR10

Chakraborty, S., Mukherjee, P., Kaur, R., & Shreedhar, S. (2022). The role of gender equity in reducing malnutrition: The view from South Asia. *ORF Issue Brief No. 578*. Observer Research Foundation. https://www.learning4impact.org/content/the-role-of-gender-equity-in-reducing-malnutrition-the-view-from-south-asia-972

Chaudhery, D., Andersen, C., Pandey, R., Hariprasad, D., & Kak, M. (2022). *India: The POSHAN Abhiyaan improves the nutrition of pregnant women and young children.* https://blogs.worldbank.org/endpovertyinsouthasia/india-poshan-abhiyaan-improves-nutrition-pregnant-women-and-young-children

Cheema, I., Hunt, S., Javeed, S., Lone, T., & O'Leary, S. (2016). Benazir income support programme: Final impact evaluation report. *Oxford Policy Management.* https://www.opml.co.uk/files/Publications/7328-evaluating-pakistans-flagship-social-protection-programme-bisp/bisp-final-impact-evaluation-report.pdf?noredirect=1

Cho, Y., Avalos, J., Kawasoe, Y., & Rodriguez, R. (2020). Optimizing Pantawid for Nutrition. The World Bank Group.

Cunningham, K., Ruel, M., Ferguson, E., & Uauy, R. (2015). Women's empowerment and child nutritional status in South Asia: A synthesis of the literature. *Maternal & child nutrition*, *11*(1), 1–19. https://doi.org/10.1111/mcn.12125

FAO, UNICEF, IFAD, & WHO. (2023). *The state of food security and nutrition 2023.* https://data.unicef.org/resources/sofi-2023/

FAO. (2013). *Asia-Pacific regional fact sheet: Closing the gender gap for better food and nutrition.* https://www.fao.org/fileadmin/templates/rap/files/Newsletter/150625_gender-fact-sheet.pdf

FAO. (2015). *Global Forum on Food Security and Nutrition (FSN Forum).* https://www.fao.org/fsnforum/consultation/nutrition-sensitive-social-protection-programmes-around-world-whats-being-done-and

Gentilini, U. (2023). *Why does in-kind assistance persist when evidence favors cash transfers?* https://www.brookings.edu/articles/why-does-in-kind-assistance-persist-when-evidence-favors-cash-transfers/

Global Nutrition Report. (2022). Country Nutrition Profiles. https://globalnutritionreport.org/resources/nutrition-profiles/

ILO. (2022). *World social protection report 2020–2022.* https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_853860.pdf

ILO. (2023). Extending social protection for all in Nepal. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/publication/wcms_882394.pdf

ILO. (2023). *Social security in Asia and the Pacific.* https://www.ilo.org/asia/areas/social-security/lang--en/index.htm

Krishna, A., Mejía-Guevara, I., McGovern, M., Aguayo, V. M., & Subramanian, S. V. (2018). Trends in inequalities in child stunting in South Asia. *Maternal & child nutrition*, 14, e12517. https://doi.org/10.1111/mcn.12517

Manley, J., Alderman, H., & Gentilini, U. (2022). More evidence on cash transfers and child nutritional outcomes: a systematic review and meta-analysis. *BMJ Global Health*; 7:e008233. doi:10.1136/ bmjgh-2021-008233

Manley, J., Balarajan, Y., Malm, S., et al. (2020). Cash transfers and child nutritional outcomes: A systematic review and meta-analysis. *BMJ Global Health*; 5:e003621. doi:10.1136/ bmjgh-2020-003621

Mosiño, A., Villagómez-Estrada, K. P., & Prieto-Patrón, A. (2020). Association Between School Performance and Anemia in Adolescents in Mexico. *International journal of environmental research and public health*, 17(5), 1466. https://doi.org/10.3390/ijerph17051466

Olney, D. K., Gelli, A., Kumar, N., Alderman, H., Go, A., & Raza, A. (2022). Social assistance programme impacts on women's and children's diets and nutritional status. *Maternal & child nutrition*, 18(4), e13378. https://doi.org/10.1111/mcn.13378

Olney, D., Geilli, A., & Go, A. (2022). Understanding how social assistance programmes work to improve women's and children's diet and nutrition outcomes. [unpublished]

Ruel, M. T., & Alderman, H. (2013). Nutrition-sensitive interventions and programs: How can they help to accelerate progress in improving maternal and child nutrition? *The Lancet*, 382(9891), 536–551. doi:10.1016/s0140-6736(13)60843-0

Samson, M. Golcha, P., & Stephan, K. (2020). Early impact evaluation and evaluability assessment of Nepal's child grant programme. *Economic Policy Research Institute.* https://www.unicef.org/nepal/media/14646/file/Early_Impact_Evaluation_and_Evaluability_Assessment_of_Nepal%27s_Child_Grant_Programme.pdf

Save the Children & USAID. (2019). NOURISH Project: Endline survey report. https://resourcecentre.savethechildren.net/pdf/NOURISH-Endline-Survey-Report-2019.pdf/

Save the Children. (2020). Improving nutrition in Cambodia during the first 1,000 days: NOURISH project. https://resourcecentre.savethechildren.net/document/improving-nutrition-cambodia-during-first-1000-days-nourish-experience-2014-2020

UNESCAP & ILO. (2021). *The social protection we want: Social outlook for Asia and the Pacific.* https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_758165.pdf

UNICEF. (n.d.). *Making systems work for nutrition.* https://www.unicef.org/nutrition/strengthening-nutrition-systems

UNICEF (2023). *Building the case for a lifecycle social protection system in Sri Lanka.* https://www.unicef.org/srilanka/media/3636/file/Building%20the%20case%20for%20a%20lifecycle%20social%20protection%20system%20in%20Sri%20Lanka.pdf

UNICEF & WHO. (2023). *Low birthweight.* https://data.unicef.org/topic/nutrition/low-birthweight/

UNICEF. (2019). *Universal child benefit case studies: The experience of Mongolia.* https://www.unicef.org/mongolia/media/2216/file/Mongolia%20Case%20Study.pdf

UNICEF, WHO & World Bank Group. (2021). *Levels and trends in child malnutrition.* https://www.who.int/publications/i/item/9789240025257

UNICEF. (2016). *Conditionality in cash transfers: UNICEF's approach.* https://www.unicef.org/easterncaribbean/media/731/file/Conditionality-in-Cash-Transfers-UNICEF%E2%80%99s-Approach-2016.pdf

UNICEF. (2020). *Nutrition, for every child.* https://www.unicef.org/media/91741/file/UNICEF-Nutrition-Strategy-2020-2030-Brief.pdf

UNICEF. (2021). *Southeast Asia regional report on maternal nutrition and complementary feeding.* https://www.unicef.org/eap/media/9466/file/Maternal%20Nutrition%20and%20Complementary%20Feeding%20Regional%20Report.pdf

UNICEF. (2023). *Small supplements for the prevention of malnutrition in early childhood (Small quantity lipid-based nutrient supplements).* https://www.unicef.org/media/134786/file/SQLNS_Brief_Guidance_Note.pdf

UNICEF. (2023). *Social protection in East Asia and Pacific: From evidence to action for children Lessons from strengthening social protection systems.* https://www.unicef.org/eap/media/13666/file/UNICEF%20From%20Evidence%20to%20Action%20for%20Children.pdf

UNICEF. (2023). *The state of the world's children* 2023. https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf

UNICEF. (2023). *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women.* UNICEF Child Nutrition Report Series, 2023. UNICEF, New York. https://www.unicef.org/reports/undernourished-overlooked-nutrition-crisis

UNICEF. (n.d.). *Children in South Asia.* https://www.unicef.org/rosa/children-south-asia

Watkins, K., Gelli, A., Hamdani, S., Masset, E., Mersch, C., Nadazdin, N., & Vanhees, J. (2015). Sensitive to nutrition? A literature review of school feeding effects in the child development lifecycle. In *HGSF Working Paper Series* No. 16. *Home Grown School Feeding.* https://www.imperial.ac.uk/media/imperial-college/medicine/sph/pcd/HGSF-Working-Paper-16-Sensitive-to-nutrition-lit-review-of-school-feeding-effects-in-child-development-life-cycle.pdf

WFP. (2017). *Building the blocks for nutrition-sensitive social protection systems in Asia.* https://docs.wfp.org/api/documents/WFP-0000022602/download/

WFP. (2021). *School feeding amidst a pandemic: Preparing for the new normal in Asia and the Pacific.* https://docs.wfp.org/api/documents/WFP-0000132125/download/

WFP. (2022). *Micronutrient landscape in Southeast Asia status, strategies & future directions.* https://docs.wfp.org/api/documents/WFP-0000138040/download/

WFP. (2022). *State of school feeding worldwide* 2022. Rome. https://docs.wfp.org/api/documents/WFP-0000147725/download/

WFP. (2022). *The proof is in the pilot: 9 insights from India's rice fortification pilot-scale approach, a case study.* https://docs.wfp.org/api/documents/WFP-0000141611/download/?_ga=2.231765343.1733092601.1695501637-1512538640.1687798898

WFP. (2023). *Capacity strengthening for social safety nets.* https://docs.wfp.org/api/documents/WFP-0000145096/download/

WFP. (2023). *WFP's support to national social protection in Asia and the Pacific.* https://docs.wfp.org/api/documents/WFP-0000152333/download/?_ga=2.238331589.474146008.1694090833-1512538640.1687798898

WHO. (n.d.). *Low birthweight (prevalence).* https://www.who.int/data/gho/indicator-metadata-registry/imr-details/76#:~:text=At%20the%20population%20level%2C%20the,poor%20health%20care%20in%20pregnancy.

WHO. (n.d.). *Stunting policy brief.* https://iris.who.int/bitstream/handle/10665/149019/WHO_NMH_NHD_14.3_eng.pdf?sequence=1

WHO. (2021). *Malnutrition.* https://www.who.int/news-room/fact-sheets/detail/malnutrition

WHO. (2023). *Anaemia.* https://www.who.int/health-topics/anaemia#tab=tab_1

World Bank. (2018). *The state of social safety nets.* https://openknowledge.worldbank.org/server/api/core/bitstreams/e9d9681c-2e77-5950-9f0d-4f10ef3791a8/content

Asian Development Bank
6 ADB Avenue, Mandaluyong City, 1550 Metro Manila, Philippines
Tel +63 2 8632 4444; Fax +63 2 8636 2444
www.adb.org

Some rights reserved. Published in 2025.

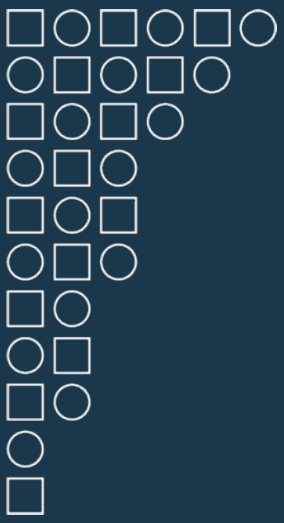
ADB ISBN 978-92-9277-239-0 (print), 978-92-9277-240-6 (PDF)
NI ISBN 978-1-894217-41-5
Publication Stock No. BRF250099-2
DOI: http://dx.doi.org/10.22617/BRF250099-2

Nutrition International
B-28, 2nd floor, Qutub Institutional Area,
New Delhi – 110016, India
Tel +91 11 4686 2000
www.NutritionIntl.org

Notes:
In this publication, "$" refers to United States dollars.

For more information, please contact:

Richard Morgan: RMorgan@NutritionIntl.org
Babken Babajanian: BBabajanian@adb.org



NUTRITION INTERNATIONAL

Nourish Life

www.NutritionIntl.org

ADB

www.adb.org