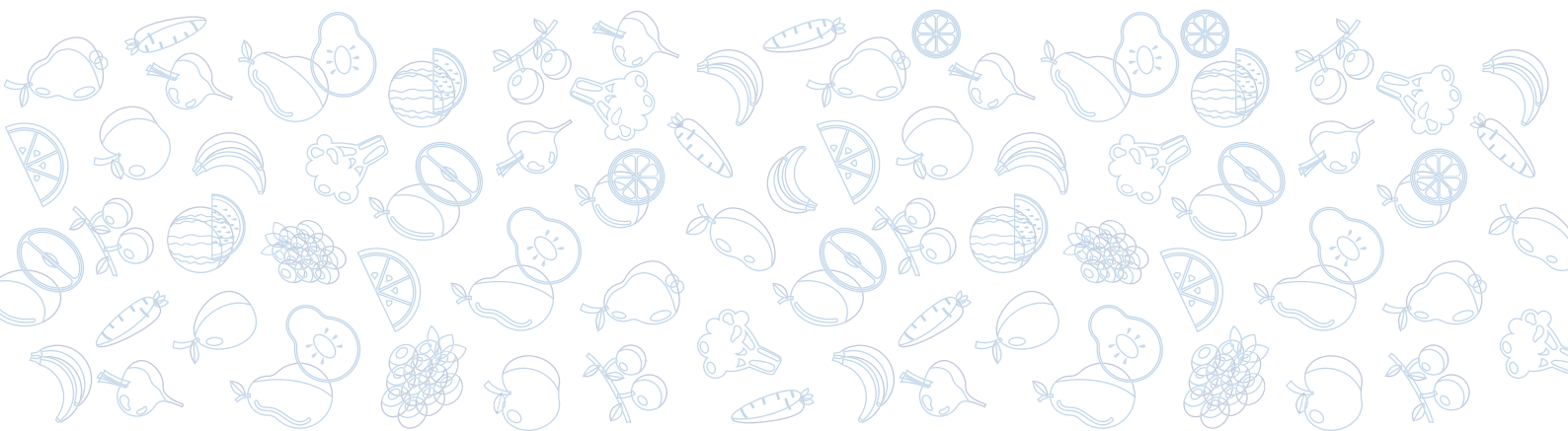


# **SOCIAL PROTECTION FOR NUTRITION (SP4N), INDIA**

## **A PROPOSED FRAMEWORK**



## **DISCLAIMER**

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# SOCIAL PROTECTION FOR NUTRITION (SP4N) IN INDIA A PROPOSED FRAMEWORK<sup>1</sup>

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## INTRODUCTION

Social protection for nutrition in India is an emerging area of work that is being supported and reinforced through research, knowledge sharing and evidence-based policy solutions. While there have been several public and private initiatives for ensuring food and nutrition security in the country, including some which are social protection measures, this is not yet applied as a mainstream approach in policies and programming. Social protection measures can be leveraged for improving nutrition, especially where there are intentional synergies between social protection and nutrition described through a policy and programme framework. Further, increasing disasters and climate risks are emerging as a significant area where social protections can be more responsive to nutrition needs of the poor and vulnerable. To carry forward this agenda, a Community of Practice (CoP) on SP4N in India was constituted, facilitated by UNICEF India in January 2022, with the first formal CoP meeting held on 6 May 2022.

The proposed framework contributes to developing a common understanding within the SP4N-Community on the criticality of social protection for accelerating nutrition outcomes. The framework also informs the intended structure, scope and actions of the CoP. This note draws upon various existing frameworks on nutrition as well as on social protection and develops these further for the Indian context.

## NUTRITION SITUATION IN INDIA

Malnutrition in all its forms is a major public health issue which also has economic implications. Within the age group of children under five years old, 36 per cent are stunted,

32 per cent are underweight, 19 per cent are wasted and 67 per cent have some degree of anaemia<sup>2</sup>. In addition, 18 per cent of babies are born with low birth weights of less than 2.5 kg<sup>3</sup>. Moreover, children in the poorest wealth quintile of households have the highest burden of undernutrition. For instance, 46 per cent of under-five children from the poorest wealth quintile are stunted. At the same time, the burden of overweight & obesity among children and adults and related non-communicable diseases among adults is also on the rise.

As it is well known, the determinants of malnutrition are multiple including the immediate factors related to diets and care along with the enabling and underlying factors related to age-appropriate nutrition rich food, feeding and dietary diversity practices, adequacy and quality of health, nutrition, water-sanitation, social protection entitlement and other critical social sector services. The UNICEF framework on determinants of maternal and child undernutrition that was developed in 1990 and modified and improved in 2020, clearly lays out the immediate, underlying and enabling determinants of undernutrition (Figure 1).

Among the immediate causes, poor diets remain a challenge in India not just for young children but also for adults. Eighty-nine per cent of children in India aged between 6-23 months do not enjoy a minimum acceptable diet. Within this age group, an additional 77 per cent do not enjoy the minimum dietary diversity and 65 per cent do not consume the minimum meal frequency<sup>5</sup>. On any given day 79 per cent of young children do not consume iron-rich foods. Among children aged between 18-24 months, on any given day 70 per cent do not consume meat, fish, poultry and eggs, and 76

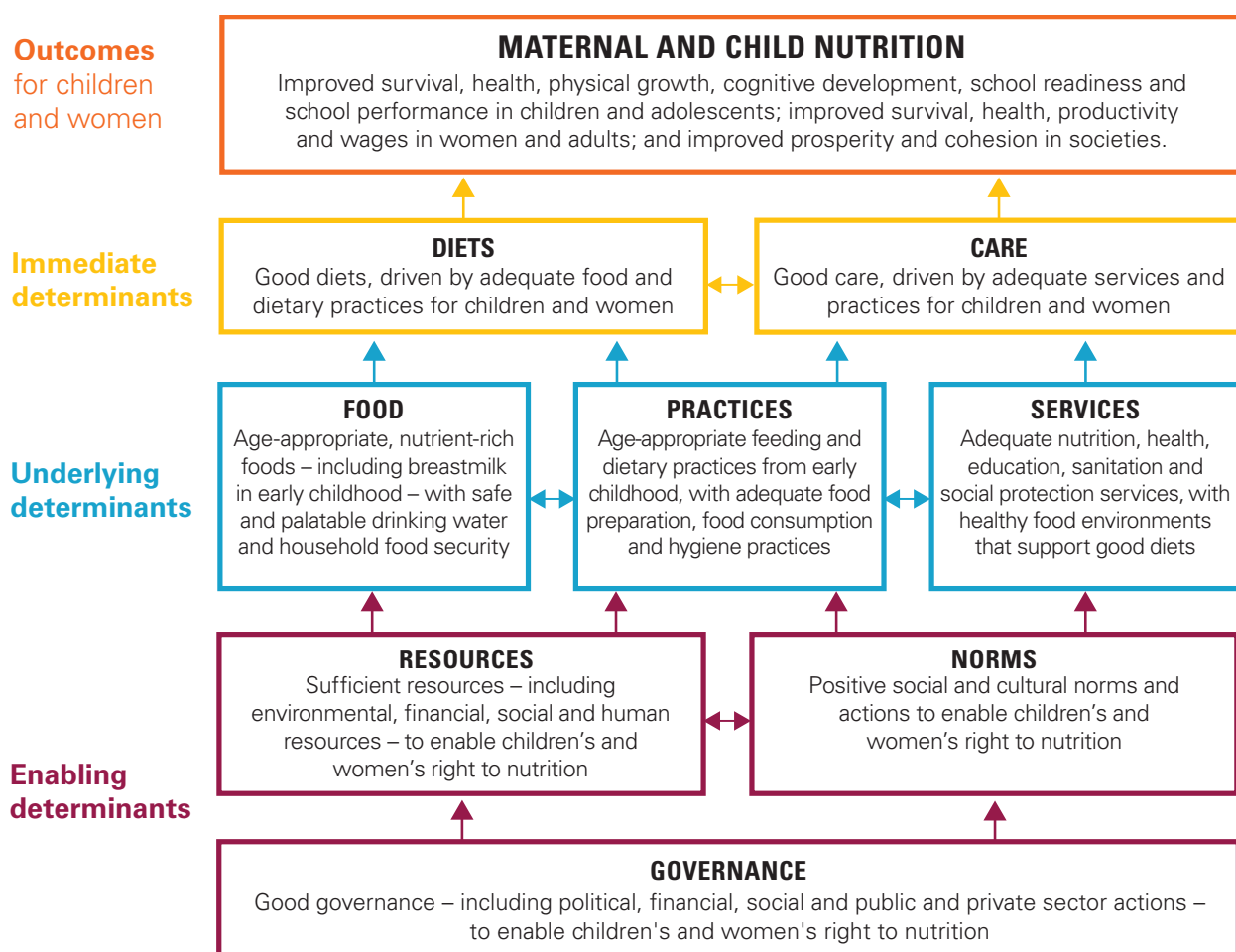
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<sup>1</sup>This brief presents a framework for social protection for nutrition in India for discussion in the Social Protection for Nutrition Community of Practice (SP4NCoP) while it defines its terms of engagement for the next few years. The brief is based on the UNICEF's Global Social Protection Programme Framework, Social Protection for Nutrition (SP4N) in India, framework report commissioned by UNICEF India.

<sup>2</sup>Nutrition statistics from NFHS-5 (2019-2021).

<sup>3</sup>NFHS-5 (2019-2021).

**Figure 1: UNICEF conceptual framework on the determinants of maternal and child nutrition, 2020.**  
A framework for the prevention of malnutrition in all its forms (Source<sup>4</sup> : UNICEF 2020).



per cent do not consume important sources of protein such as milk, cheese and yoghurt. Even within the top quintile of the population, 87 per cent of young children do not enjoy a minimum acceptable diet. Poor diets of pregnant women further contribute to the higher prevalence of low birth weights. In general, adult diets are also known to be poor, with heavily cereal-based diets. However, there is no recently available nationally representative data on dietary practices in India.

In addition to factors related to inappropriate Infant and Young Child Feeding (IYCF) practices, such as gaps in exclusive breastfeeding, delays in introducing complementary foods, and knowledge gaps in feeding practices,

poor quality diets are also due to the low socio-economic status of women, gender inequality, the absence of childcare services, and widespread low incomes. Around 40 per cent of the population live on less than INR84 (US\$1.03) per day, while 92 per cent on less than INR150 (US\$1.83) per day<sup>6</sup>.

Addressing the enabling determinants that include Resources and Norms in the UNICEF conceptual framework, would address these issues of poverty, gender inequality, and access to services and contribute to improving the underlying determinants of Food, Practices and Services. Social protection can directly influence these various determinants of undernutrition.

<sup>4</sup>United Nations Children's Fund. (UNICEF). Nutrition, for Every Child: UNICEF Nutrition Strategy 2020–2030. UNICEF, UNICEF, New York

<sup>5</sup>NFHS-5 (2019–2021)

<sup>6</sup>World Bank Poverty and Inequality Platform (2022).

**Figure 2:** Protecting and promoting diets, services and practices that support optimal nutrition, growth and development for all children, adolescents and women (Source<sup>7</sup> : UNICEF 2020)



## THE ROLE OF SOCIAL PROTECTION FOR NUTRITION

Social protection has been defined as “a set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups<sup>78</sup>. Social protection therefore aims at addressing social and economic vulnerabilities. It is not standalone and is “part of an integrated approach of social service for children”

Social protection programmes can be delivered through various social policy instruments including cash transfers, insurance schemes, public works programmes, in-kind transfers, labour regulations and other social services programmes. The UNICEF Global Framework

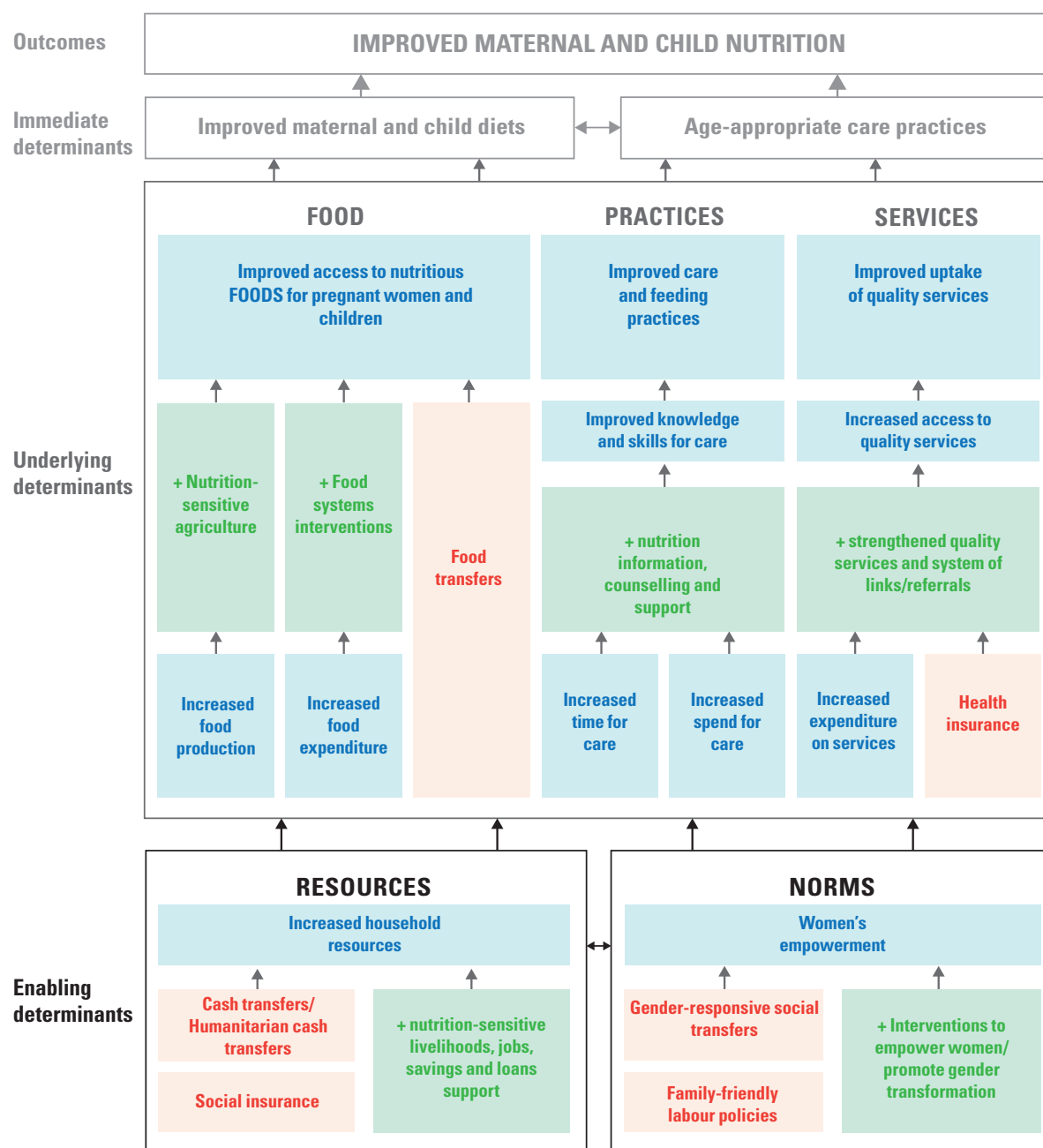
for Social Protection states that (1) a rights-based approach (2) progressive realisation of universal coverage (3) nationally-owned and led systems and (4) inclusion are core principles that guide social protection. These could be considered the core principles while designing and evaluating social protection for nutrition interventions as well.

The Social Protection and Nutrition Impact pathway (Figure 3) developed by UNICEF shows the different social protection interventions that can be useful towards improving the various determinants such as food transfers, health insurance, cash transfers, social insurance, gender-responsive social transfers and family-friendly labour policies.

<sup>7</sup>United Nations Children's Fund. (UNICEF). Nutrition, for Every Child: UNICEF Nutrition Strategy 2020–2030. UNICEF, UNICEF, New York

<sup>78</sup>Definition developed by SPIAC-B as part of Inter-Agency Social Protection Assessments (ISPA) tools development. PIAC-B is an interagency coordination mechanism composed of representatives of international organizations and bilateral institutions to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions. This is the definition that has also been used in the UNICEF's Global Social Protection Programme Framework.

**Figure 3: Social Protection and Nutrition Impact Pathway (Source<sup>9</sup> : UNICEF 2023)**



Therefore, a combination of direct social protection interventions such as food transfers and indirect interventions such as family-friendly labour policies can have an impact on the underlying and enabling determinants. For instance, the large gap in diets in India is also related to the income and livelihood status of households, as well as the affordability and availability of diverse foods. Along with enhancing employment and livelihood opportunities for people and making food

systems interventions to ensure the availability of nutritious and diverse foods at affordable prices, social protection mechanisms become important (particularly in the short-term) to improve household food security and dietary diversity. If they are designed appropriately and synergies with nutrition interventions are made, then social protection programmes can also positively influence better practices and access to services and not just foods/diets.

<sup>9</sup> United Nations Children's Fund (UNICEF). Building synergies between child nutrition and social protection to address malnutrition and poverty. UNICEF Programme Guidance. UNICEF, New York, 2023.

**Figure 4:** System approach for improving maternal and child nutrition (Source<sup>10</sup> : UNICEF 2020).



In this context, it is also important to note the systems approach recommended by UNICEF in its Nutrition Strategy 2020-2030, which includes five systems (health, education, social protection, food, and WASH systems) that need to be leveraged to improve nutrition. Social protection is one of the critical systems that can be used to improve nutrition with attention toward investing in proven interventions implemented through all five systems, for the better nutrition of the population, especially children, while also contributing to overall development goals.

In this context, it is necessary to integrate nutrition goals and targets as part of the direct responsibility under the relevant social protection interventions and also re-envision these programmes from a nutrition perspective. By linking the two, resource allocation for social protection as well as direct nutrition interventions can be enhanced.

## SOCIAL PROTECTION AND NUTRITION<sup>11</sup>

Direct interventions to address malnutrition, even when scaled up to 90 per cent coverage rates, have been estimated to address only 20 per cent of the burden of stunting. The reason is that other systems have been time and again overlooked in the nutrition discourse. Tackling the underlying drivers of undernutrition, through a social protection lens, is key to addressing the remaining 80 per cent. There are strong links between social protection and improved nutrition, with food consumption and diet diversification being a major focus of expenditure for poor income households receiving cash transfers. By addressing poverty and underlying causes of malnutrition, social protection programmes focusing on first 1,000 days provide an unprecedented opportunity to support the physical and cognitive growth of children.

Evidence suggests that social protection programmes, particularly cash transfers, can significantly improve food security situation, but it might not always impact nutritional outcomes for children. This may reflect the relatively short timeframes of many evaluations, which prevent nutritional outcomes from being picked up. In fact, it is likely that outcomes will be improved when social protection is combined with interventions that improve access to more nutrient-dense foods, changes in practice, and access to services.

In countries with high prevalence of undernutrition, covering social protection interventions with nutrition support ('cash-plus') could provide early progress, but more evidence is needed on the package of best combinations.

<sup>10</sup>United Nations Children's Fund. (UNICEF). Nutrition, for Every Child: UNICEF Nutrition Strategy 2020-2030. UNICEF, UNICEF, New York

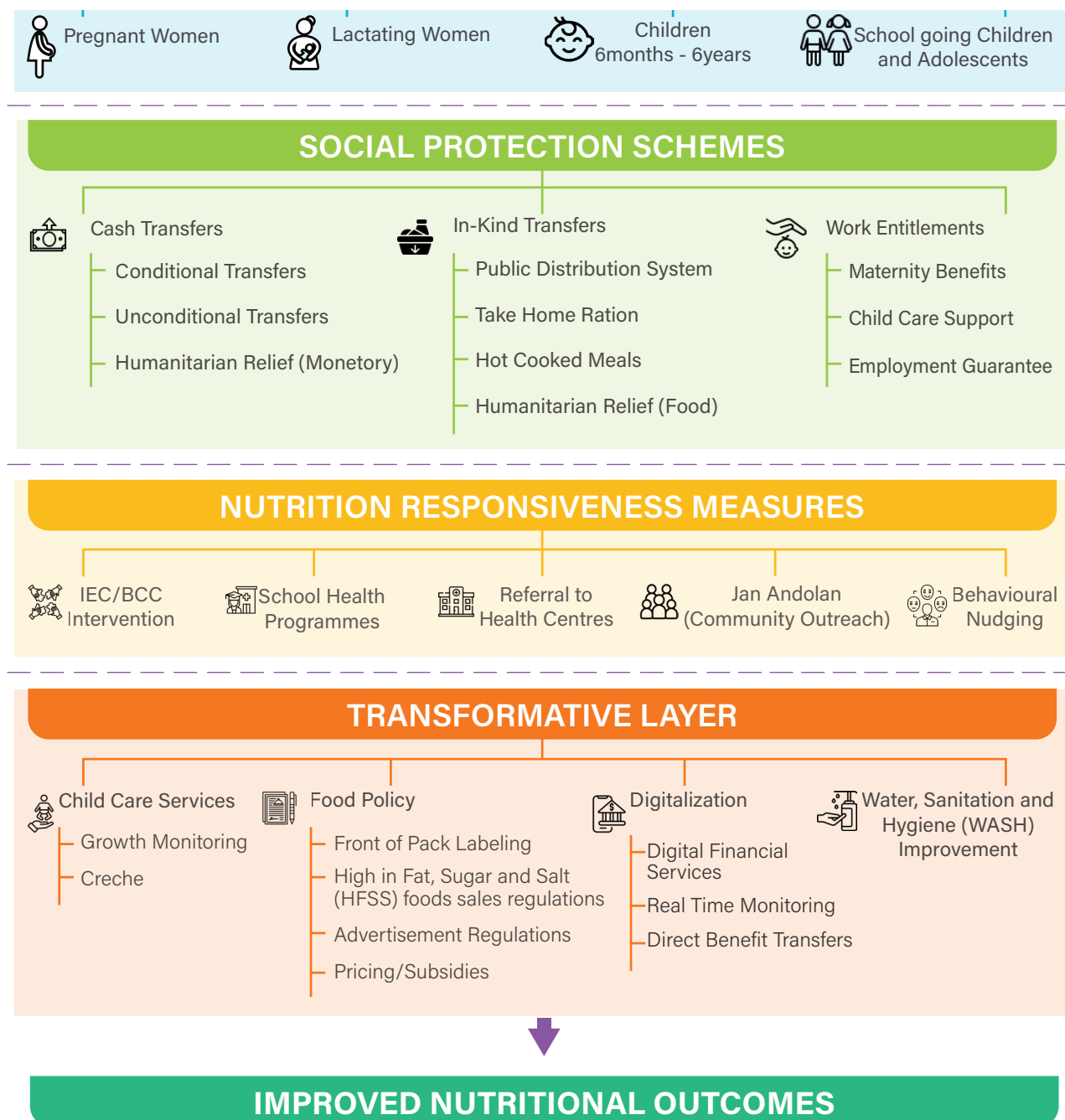


## SP4N IN INDIA: PROPOSED FRAMEWORK

Figure 5 outlines a multi-layered approach to addressing nutrition with a key focus on target group comprising of pregnant and breastfeeding women, children aged 6 months to 6 years, and school-going children and adolescents. The strategy integrates various

social protection schemes that can become more effective if supported with nutrition responsive measures and are able to transcend through a transformative layer that has an all-encompassing governance and regulations to promote nutritional health.

**Figure 5:** Proposed framework for leveraging social protection for nutrition in India (Source<sup>12</sup> : UNICEF 2023)



<sup>11</sup> UNICEF (2023)

<sup>12</sup>United Nations Children's Fund (UNICEF). Building synergies between child nutrition and social protection to address malnutrition and poverty. UNICEF Programme Guidance. UNICEF, New York, 2023

The framework empowers women and makes them the recipients of social protection benefits in an ecosystem that explicitly incorporates nutrition objectives and indicators. The framework also acknowledges the importance of strengthening linkages to health and sanitation services as well as nutrition education and promotion. Focus on humanitarian support can scale up safety nets in times of crises, especially to target those who are nutritionally vulnerable.

The unconditional and conditional cash transfers give poor families the financial means to buy wholesome food to meet the basic nutritional requirements. Social protection schemes such as in-kind transfers like distribution of raw ration to poor households through public distribution system provides basic minimum provisions to overcome food insecurity. In-kind transfers in the form of hot cooked meals for selected beneficiaries such as pregnant women, lactating women, under-five children as well as school-going children and adolescents can further enhance nutrition security through wholesome meals containing necessary nutrients.

Work entitlements such as childcare support through crèche services and maternity benefits including maternity leave provisions make sure that caregivers, particularly women, have the time and means to prioritise their own and their children's health. Nutrition-responsive measures that educate and promote healthy eating habits through Information, Education, and Communication (IEC) and Behaviour Change Communication (BCC), support these social protection schemes. These measures aid in enhancing the efficacy of the nutrition interventions and can inculcate the practice of consuming healthy and nutritious diets.

Simultaneously, nutrition-responsive interventions such as community outreach (Jan Andolan), growth monitoring, behavioural nudging, referrals to health services, and education (IEC/BCC) improve the efficacy of these social protection inputs by guaranteeing that beneficiaries are aware of and encouraged to make better food choices, manage their nutritional status, and seek medical attention when needed. For example, growth monitoring and referrals guarantee early detection and treatment of malnutrition or related health conditions, while educational programs and behavioural nudging can promote improved

dietary behaviours and exploitation of existing resources. Jan Andolan and other community engagement initiatives help to further mobilize communities and encourage group action toward better nutrition and health.

The transformative layer is assuming greater relevance in the food technology-based production and increasing consumerism. Food regulations can safeguard consumer interests in the wake of mass production of processed food items that may have varying degree of nutrient content. Consumer education through various regulations and initiatives can inform the choices and also avert any detrimental consequences for health and nutrition. Informing the consumers and also behavioural nudging in promoting healthy eating habits can increase the benefits of social protection schemes. Regulations that monitor advertisements and sales advertising of food items high in sugar, salt and/or fat (HSSF) can also safeguard nutritional health. The consumers can be further provided with nutrient information through effective front-of-pack labelling to make sure consumers make decisions that are informed and consistent with the label and the contents.

Community outreach programmes such as Jan Andolan encourage communities to actively engage in nutritional programmes, by cultivating a shared responsibility for nutrition and hygiene habits. These are enhanced in the transformative layer by WASH (Water, Sanitation, and Hygiene) improvements, which offer the infrastructure required to uphold hygiene standards that avert malnourishment and associated illnesses. The digitalisation of cash transfers guarantees that funds are effectively received by the intended recipients, enabling them to acquire wholesome food and avail medical services, thereby filling the gap between social protection policies and nutritional objectives.

Further, by ensuring that any nutritional deficiencies or health issues are quickly identified and handled, growth monitoring and referral to health services are necessary to establish a direct relationship to childcare services in the transformative layer, which offer the resources and support required for a child's development. The childcare services offer a secure and supportive environment where children may get healthy meals, regular check-ups with the doctor, and early education

which is essential for their development. The behavioural guidance and nutrition education provided to parents and caregivers augments these services, guaranteeing that the advantages reach homes and communities in addition to childcare facilities.

Through the integration and convergence of targeted nutrition interventions with social protective measures, a comprehensive support system is established that not only mitigates immediate financial and food access issues but also encourages long-term improvements in nutritional outcomes by promoting sustainable nutritional behaviours. By maximizing the advantages of social protection, this integrated approach guarantees improvements in nutritional status.

## SOCIAL PROTECTION INSTRUMENTS IN INDIA

India has a long tradition of social protection programmes which also contribute to household income and food security, and these need to be brought into a framework that analyses them in relation to having a positive impact on nutrition. Using the framework presented in Figure 4, the types of social protection programmes can be divided into public works, conditional and unconditional cash transfers, in-kind transfers, school feeding, and emergency response. India has large public programmes that fit into each of these categories. The main national-levels programmes are listed below, with a more comprehensive listing and details of each being available in the Atlas that has been prepared by the CoP Secretariat.

**Public Works:** Under the MG-NREGA all rural households are entitled to demand-based employment for 100 days a year.

**Conditional Cash Transfers:** The Pradhan Mantri Matru Vandana Yojana (PMMVY) provides a cash transfer of INR 5,000 to all pregnant women for their first delivery (second as well, in case it is a girl child) subject to them fulfilling some conditions related to utilising health and immunisation services. As an incentive for promoting institutional deliveries, a cash transfer of INR 1,400 is provided under the Janani Suraksha Yojana (JSY).

**Unconditional Cash Transfers:** Social security pensions are provided to the aged, single women and disabled through the National Social Assistance Programme (NSAP).

**In-kind transfers:** The Public Distribution System provides free grains of 5kg per person per month to 800 million people across the country. Supplementary nutrition is provided to pregnant and lactating women through the ICDS scheme.

**School feeding:** All children in government and government-aided schools up to class 8 are provided a hot cooked meal on all working days. Younger children (under 6 years) are provided supplementary nutrition through the ICDS scheme.

There are further diverse schemes that are implemented by both the union as well as the state governments. However, not all of these have been designed with the explicit intention of positively impacting nutrition. Nevertheless, they fit into the framework of social protection of nutrition and therefore can be reviewed and redesigned from that approach. Rather than starting on a blank page, any additional interventions would therefore have to build on what already exists.

There are also several proposals for (universal) cash transfers towards SP4N – these have to be analysed on the basis of the current interventions that are available (both cash and other) as well as with the understanding that a combination and convergence of nutrition support and social transfers (such as cash or vouchers) seems to work best. These must be looked at together rather than as separate agendas and therefore synergies must be established not only at the evidence and policy level but more importantly at the level of design of programmes and the implementation level.

## SP4N IN INDIA: AN AGENDA FOR THE COP

While much research and policy work has been done in India on direct interventions to address undernutrition, such as the POSHAN Abhiyan and the ICDS programme, social protection has not received enough attention from a nutrition perspective in either research or policy.

Ideally the intention to impact nutrition is reflected by building synergies at the evidence level, the policy and governance levels, the programmes design, the implementation, and monitoring levels. What is needed is to explore the opportunities and gaps in the programme design to understand synergies. For example,

ensuring that the nutritionally vulnerable are reached in the social transfers programmes and linking these participants with programmes to promote consumption of nutrient rich foods, positive practices and access to services can be incorporated into the existing programmes.

The CoP can engage in various activities towards evidence-building as well as consolidation of existing evidence on the impact, if any, of existing social protection programmes on nutrition. It could also be involved in developing models for how social protection interventions can be reformed to have a better nutritional impact. For e.g., it is well understood that although the PDS has been effective in providing basic cereal-security to many households, the PDS basket itself is heavily skewed towards cereals plus there are huge gaps in consumption of diverse foods including pulses and edible oils. Similarly, the menus and nutritional norms under ICDS and Mid-Day Meal schemes need further review.

Another example relates to the Pradhan Mantri Matru Vandana Yojana (PMMVY), the central government's maternity cash transfer programme. Several state governments also offer cash transfer programmes for pregnant women, but these kinds of schemes vary in terms of coverage and/or amount. Pregnant women are a direct target group for nutrition

interventions. An analysis of coverage and exclusions under these schemes, their impact on nutrition, an understanding of the amount of transfer that is required to make an impact, etc., are questions that still remain open. Furthermore, it is necessary to evaluate how several other cash transfer programmes, including social security pensions and those aimed at girl children, might improve household food security and nutrition, particularly nutrition for women and children.

As broad objectives the following have been identified:

1. Shifting the narrative of the social protection framework in India from not only food security but also nutrition security to address malnutrition.
2. Integrating the discussion on the care economy with social protection for nutrition including documenting and building evidence on successful models integrated care, care infrastructure and labour market policies with nutrition.
3. Building a case for progressive universal cash transfers combined with nutrition interventions, that can be shock-responsive towards having a greater impact on malnutrition and ultimately, poverty.

*This note has been prepared by the CoP members and team of experts Nutrition and Social Protection from UNICEF Headquarter and the India Country Office in Delhi. SP4N-CoP Secretariate at IEG New Delhi, takes the opportunity to acknowledge the contribution of CoP members and experts.*

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## SP4N COMMUNITY OF PRACTICE IN INDIA



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