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Social Protection Pathways to Nutrition

Case studies

August 2023

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Social Protection Pathways to Nutrition

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WFP/Jose Luis Zapata

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1. Background

The Social Protection Pathways to Nutrition study is a partnership between the Institute of Development Studies (IDS), International Food Policy Research Institute (IFPRI) and the World Food Programme (WFP). The overarching goal of the Social Protection Pathways to Nutrition study is to review the evidence and propose an analytical and operational framework. The study seeks to strengthen the positive impacts of social protection interventions in the Latin American and Caribbean (LAC) region on nutritional outcomes, by building a robust evidence-base [methodology] focused on '*what works*', '*how*' and '*why*', to contribute to enhanced wellbeing in the region.

In this context, one of the objectives of the study is to unpack the impact pathways by jointly exploring design and implementation features of different social protection instruments and to identify barriers and enablers that hinder or facilitate positive nutritional outcomes in the short to long run. The case studies will contribute to explore the social protection pathways and their constraints, strengths, and challenges in relation to nutrition or food security.

2. Objectives of the case studies

- Identify current challenges faced by social assistance programmes and systems, and their linkages to wider food and health systems.
- Describe the social assistance system and its linkages to nutrition/food security, with a focus on the burden on malnutrition and in connecting linkages to food and health systems.
- Identify the characteristics, strengths, and weaknesses of the selected social assistance programmes in terms of coverage, adequacy, comprehensiveness, quality, and responsiveness that could lead to adequate/inadequate performance and their potential impacts on nutrition/food security.
- Recognize the internal and external factors that foster or hinder the social assistance systems and programmes to lead to nutrition/food security outcomes.
- Document lessons learned of the implementation of the social assistance systems and programmes, particularly those not captured in the academic literature reviewed to date.



3. Methodology

The case studies have used mainly primary data, and where possible secondary information to complement the information presented, thus, for each case study, rapid (non-exhaustive) review of relevant literature, which includes grey literature (e.g., policy documentation, evaluation reports). Primary data collection entails semi-structured interviews with relevant actors and social protection experts from selected case study countries from the LAC region. To collect a nuanced view of the programmes and systems selected, the case study aimed to interview actors with different perspectives such as those with operational to policy making roles, at local, regional/ province and national levels.

The selection of the programmes and the identification of the actors to be interviewed happened through an initial interview with the WFP country officer in each country. In total, 43 interviews have been conducted, and 50 persons were interviewed, 16 in Ecuador, 11 in Guatemala, 17 in Peru, and 6 in Dominican Republic. The actors interviewed per country are presented in Appendix 1.

Limitations of the study:

It was not possible to conduct all intended interviews in the Dominican Republic. An analysis of the dimensions of social assistance is therefore not presented for this case study.



4. Findings



BACKGROUND TO THE ECUADORIAN CASE STUDY

Ecuador has the second largest prevalence of stunting in Latin America and the Caribbean, after Guatemala; 27 percent of children under 2 are affected, and the situation is more severe when considering indigenous children (39 percent of prevalence) (INEC, 2019a). In addition, rates of overweight and obesity have increased, affecting 35.4 percent of the population aged 5 to 11 years (INEC, 2019a). Furthermore, despite the great progress in poverty reduction in Ecuador from 2008 to 2018, where poverty decreased from 35.2 percent to 23.2 percent (INEC, 2019b), the poverty rate has increased by 8 percentage points from 2019 to 2020 (INEC, 2021). In addition, the rate of multidimensional poverty was 38.1 percent in 2019 (INEC, 2020).

On the other hand, social assistance in Ecuador has experienced a series of institutional reforms and approaches changes over time, trying to move from a welfarist and dispersed policy to a policy that promotes social development with economic and social inclusion. The Ministry of Social Welfare was restructured into the Ministry of Economic and Social Inclusion in 2007, which became responsible for programmes such as the *Bono de Desarrollo Humano* (BDH, by its Spanish acronym), created in 2003.

Alongside the creation of the Ministry of Economic and Social Inclusion, the Ministry for the Coordination of Social Development was created in 2007. The Ministry for the Coordination of Social Development sought to articulate and coordinate social sector policies (health, education, economic and social inclusion, etc.), and to lead social development processes for the benefit of social programmes. Its activities focused on poverty and equality, social protection and social security, health, territorial planning, and the popular and solidarity economy. In 2017, the Ministry for the Coordination of Social Development was restructured into the Technical Secretariat of *Plan Toda Una Vida* (One Life Plan); despite its articulating role around national objectives, this unit took on a more programmatic role, such as the implementation of pensions and vouchers for people with disabilities and older adults.

Due to the limited progress in reducing stunting, the high prevalence of stunting, and its positioning as an electoral campaign promise, in 2021 the government restructured the Technical Secretariat of *Plan Toda Una Vida* into the Technical Secretariat Ecuador *Crece Sin Desnutrición Infantil* (Ecuador Grows Without Child Malnutrition), which aims to reduce stunting and has set a target to reduce it by 6 percentage points by 2025, and to reduce its prevalence to 10 percent by 2030. Obesity overweight, anemia or

other nutritional problems are not considered part of Technical Secretariat Ecuador *Crece Sin Desnutrición Infantil* goals. The Technical Secretariat Ecuador *Crece Sin Desnutrición Infantil* has established technical assistance from countries such as Peru and Chile for the development of its National Strategy and the identification of key actions. This includes access to health service packages, nominal monitoring to verify compliance, access to identification documents and safe water. All this is proposed under a multisectoral approach led by the Technical Secretariat Ecuador *Crece Sin Desnutrición Infantil*.

A core intervention proposed by Technical Secretariat Ecuador *Crece Sin Desnutrición Infantil* is the conditional cash transfer programme (CCTP) Bono de los 1000 días (1000 days voucher), which is currently under development. This intervention focuses on households with pregnant women and children up to 2 and will be managed by the Ministry of Economic and Social Inclusion.

Due to the weak institutionalization of the articulating role of social policy in Ecuador, originally intended to be assumed by the Ministry for the Coordination of Social Development, and then absorbed by the Technical Secretariat of Plan Toda Una Vida with a more limited programmatic vision, the Technical Secretariat Ecuador *Crece Sin Desnutrición Infantil* is committed to assume the articulation to achieve joint multi-sectoral action at all levels of government to reduce stunting.

OBJECTIVES AND TARGETED POPULATION

Social assistance in Ecuador has had differentiated objectives by programmes, rather than general objectives. Among the objectives are the protection of people living in poverty and extreme poverty and those with disabilities or in the elderly stage of life; this population has been designated as a population with double vulnerability. It has also focused on comprehensive child development through the MESI's Sub-Secretariat for Child Development, which includes

programmes such as Centros de Desarrollo Infantil (CDI, by its Spanish acronym) and Creciendo con Nuestros Hijos (CNH, by its Spanish acronym), and follow-up for family management through the Bono de Desarrollo Humano con Componente Variable (BDHVC, by its Spanish acronym).

Social assistance primarily aimed at **bridging inequality gaps, overcoming poverty, and addressing vulnerabilities such as disability and those associated with old age**. Improvement of nutritional outcomes, related to stunting, has been incorporated in a few social assistance programmes. In addition, overweight and obesity have not yet been positioned in Ecuador as a problem that must be addressed through multisectoral action, so social assistance has not incorporated these issues at a policy or programmatic level. Thus far, its approach is from the health sector.

The CDI and CNH schemes aim to promote comprehensive protection of pregnant women and children from 12 to 36 months and children from zero to thirty-six months respectively, targeted at those in situations of poverty and extreme poverty. It incorporates among the expected results the consumption of nutritious foods, in the case of pregnant women and children, attendance to growth controls is expected, and a normal growth trend for the weight/age, weight/height and height/age indices. It is important to note that the incorporation of pregnant women as a target group was carried out in 2018 with the aim of preventing stunting from pregnancy.

The BDH is Ecuador's flagship CCT programme. Receipt of BDH is not conditional on compliance with co-responsibilities¹. The BDHVC is based on the basic transfer amount of the BDH (US \$50), however the households can receive up to US\$ 150 depending on the number of children. It is targeted at families in extreme poverty with children under 18 years of age to ensure that children and adolescents exercise their right to education, health, and food. The BDHVC places special emphasis on family management and a strong psychosocial intervention at the family level;

¹ Co-responsibility is used in the 4 study cases instead of conditionalities. According to Cecchini et al. (2009), the term emphasizes that it is not only the beneficiary who have the responsibility to meet certain commitments, but also the state through the provision of direct economic support as well as the provision of education, health, and nutrition services.

however, no priority has been given to actions for the prevention or reduction of stunting or nutrition in a broader sense. Due to budgetary issues its coverage is only 20,160 households. Unpaid domestic workers and those registered to the peasant social security scheme are also eligible for CCTs like BDH despite their participation in contributory insurance schemes.

Ecuador also has an extensive School Feeding Programme (SFP). Its objective is to improve the distribution and coverage of school feeding to contribute to the good school performance of children and adolescents in Early Education, General Basic Education. This covers children between 3 and 14 years of age approximately, in public, public-commissioned and municipal schools. It also provides full meals to rural residential schools, although the latter group is small (14 schools with approximately 726 students). It is administered by the Ministry of Education through the Undersecretary of School Administration.

Given their (partial) focus on nutrition, we consider the BDHVC, the CDI, CNH and the SFP in closer detail. See Table 1 for an overview of their main features.

KEY ELEMENTS OF DESIGN

The social assistance programmes within the Ministry of Economic and Social Inclusion are organized along thematic axes. Programmes that have a direct link with nutrition, such as the CDI, the CNH, and the Family follow-up component of BDHVC are under the Sub-secretariat for integral child development of MESI.

In relation to the BDHVC, the programme establishes an additional economic transfer of up to 200 percent of the base amount of the BDH, depending on the number of members up to 18 years old. BDHVC carries out family follow-ups through field technicians, who visit the family every two months for a total period of 18 months, which can be extended for up to 6 more months, depending on the need for continued strengthening. During the visits, forms are used for diagnostic purposes and to follow up on family dynamics, health, education, economic inclusion, identity cards, among others. As such, it is also used to determine whether the child or adolescent attends school, thus measuring co-responsibility in education.

Table 1

Overview of selected social assistance schemes in Ecuador

SPP	Centros de Desarrollo Infantil (CDI)	Creciendo con Nuestros Hijos (CNH)	Bono de Desarrollo Humano con componente variable (BDHVC)	School Feeding Programme (SFP)
Institution	Ministry of Economic and Social Inclusion	Ministry of Economic and Social Inclusion	Ministry of Economic and Social Inclusion	Ministry of Education
Type	Social care	Social care	CCTP	SFP
Objective	Promote the comprehensive protection of pregnant women and children for the full exercise of their rights and responsibilities.		Ensure that children and adolescents exercise their right to education, health, and food.	Improve the distribution and coverage of school feeding to contribute to good school performance.
Targeted population	Children from 12 to 36 months from poor or extremely poor households.	Children 0-36 months and pregnant women from poor or extremely poor households.	Families in extreme poverty with at least one child under 18 years of age.	Initial and basic education students of public, public-commission and municipal schools



It is important to note that the programme has established education as the only co-responsibility. While the programme also promotes attendance of all family members to health centres, especially for pregnant women, children, the disabled and the elderly, field technicians only verify school attendance. As such, the intervention prioritizes households with school-age children (rather than early childhood) and living in severe poverty (according to the socio-economic study carried out by the Social Registry), BDHVC beneficiary families are in the most remote and dispersed localities.

During the pandemic, family follow-ups were provided by telephone, and eventually food baskets were provided as support, with the limitations that some of the families, as they are in remote areas, do not have mobile phones or adequate connectivity. However, it should be noted that during the pandemic, the programme suffered a budget cut, affecting a greater coverage of families.

As for the **CDI**, the programme consists of day care centres that children attend from Monday to Friday for 8 hours a day, in these centres four meals a day are provided which represent 75 percent of the children's energy needs, breakfast, lunch and two snacks, in addition the attention is oriented towards the child's development and learning through play. Each care unit receives nine children, led by an educator with a degree in psychology, health and nutrition, education, or a related area. In addition, through inter-ministerial agreements, the Ministry of Public Health provides health check-ups, vaccinations, and micronutrient supplementation twice a year in the care units.

The **CNH** is provided through home visits or group visits depending on the age of the child; for children aged 0-18 months, the service is provided through weekly home visits, and for children aged 19-36 months and pregnant women, it is provided through group sessions with the families. The visits and sessions are focused on strengthening the families' capacities to raise the children, emphasizing topics such as child development, health, nutrition, prevention of malnutrition, education, play, learning and protective environments. Parents have a co-responsibility for continuing activities at home.

The educators who provide the services are educators with finished studies in child development technologies or currently studying. In the case of the latter, the programme, through an agreement, helps educators to complete their studies as this is an indispensable requirement. The programme also has an agreement with the Ministry of Public Health to provide comprehensive care and children health checks twice a year to cover, supplementation, vaccination, etc.

Both programmes are managed through local partners which include civil society organizations, religious organisations or decentralized autonomous governments; Through agreements with the Ministry of Economic and Social Inclusion, the partners are in charge of hiring and paying the educators, according to their profile, hiring local food business to provide the four meals to the CDI care units, providing training to caregivers and facilitating the premises for the operation of the care units, although the programme also carries out virtual training with certification, in which caregivers and the team of both programmes are obliged to participate. Likewise, the programme provides support to ensure that services are provided in line with its regulations.

During the COVID-19 pandemic, the CDI and CNH carried out telephone counselling, for which they adapted materials, regulations, virtual care protocols. They tried to establish continuous communication, such as asking parents to send a photo of handwashing, and the educator giving feedback on it, as well as prioritized and psychological support, hygiene, among others. In addition, for both programmes, food baskets were provided for families, although these were not provided on a regular basis.

With respect to the **SFP**, the programme consists of the delivery of a ready-to-drink beverage in Tetra Pak and a salty snack or cereal bar, both processed and packaged. The products are provided according to a daily schedule for the five days of the school week, which is repeated weekly, e.g., every Monday whole milk plus cereal bar; the same ration scheme and product presentation size is used from kindergarten to primary level. The products are labelled green or yellow, in accordance with the traffic light labelling system in Ecuador.

Product manufacturing is carried out in a central facility and distributed to schools through contracted suppliers. SFP products must be made with 100 percent Ecuadorian food and 30 percent from micro and small enterprises, which is verified through the invoices submitted to the Ministry of Education during the payment processes.

The reception of products is conducted through a teacher committee in each school designated for this role, and they oversee the distribution to each teacher according to the number of students in the classrooms. The reception and distribution information are written down in formats, which are monitored by the cantonal institutional directorates. During COVID-19, the equivalent of rations for 18 to up to 25 days was collected by the parents in schools.



Table 2

Overview of main implementation features of selected social assistance schemes in Ecuador

CDI	CNH	BDHVC	SFP
<p>CDI provides institutional care to children for 8 hours a day from Monday to Friday, in the care units playful activities are developed for the children's learning and food is provided to cover 75% of their caloric requirements.</p> <p>CDI has established an agreement with the Ministry of Public Health thus that twice a year the children receive all the care according to their age, such as vaccinations, supplementation, and medical check-ups in the programme's care units.</p>	<p>CNH provides capacity building to families for the care and development of the child's overall care and nutritional status. CNH works through weekly home visits to children aged 0-18 months and encourages the family to continue to play during the day. It also strengthens capacities in learning groups for children between 18 and 36 months.</p> <p>CNH has established an agreement with the Ministry of Public Health, thus that twice a year the children receive all the necessary care according to their age, such as vaccinations, supplementation, medical check-ups in the community centres.</p>	<p>The programme provides family follow-ups to help family management, emphasizing psychosocial support to families, and verifies co-responsibilities in education (attendance) for school-age children and adolescents. Health check-ups are also promoted, although these are not part of the co-responsibilities.</p>	<p>The SFP provides food rations consisting of a drinkable and a snack, which have been established for the 5 days of the school week and are repeated weekly. The products are labelled green or yellow, in accordance with the Food Labelling Act.</p> <p>The rations provide on average 200-280 kcal, except for Fridays (100-130 kcal).</p>
<p>During the COVID-19 pandemic, the programme accompanied families by telephone and provided food baskets, although not on a regular basis.</p>	<p>During the COVID-19 pandemic, the programme provided follow-ups by telephone and provided food baskets, although not on a regular basis.</p>	<p>During the COVID-19 pandemic, the programme provided follow-ups by telephone</p>	<p>During the COVID-19 pandemic the programme has delivered the equivalent of the rations to parents.</p>

SUCCESSSES AND CHALLENGES INCLUDING INTEGRATION WITH NUTRITIONAL OBJECTIVES

Social assistance in Ecuador has not established an evaluation system, hence it is difficult to quantify the impact of programmes on target populations. Nevertheless, it is possible to establish achievements at the population level in a qualitative manner, at the operational level, according to the improvement processes and available nutritional monitoring information.

According to figures from the Ministry of Public Health, children served by the CDI have a lower prevalence of stunting compared to the national average; 20 percent compared to 25 percent, respectively. This lower prevalence is associated with the programme as it provides food and guarantees its consumption, which is equivalent to 75 percent of children's caloric requirements. Study participants perceive that one indirect achievement, although not measured, is the possibility it provides for the family to carry out economic activities by having a safe space for the care of the child for 8 hours a day, which makes it possible to increase the family's income. Regarding CNH, being a source programme in counselling, it is recognized that achievements are associated with behavioral change and childcare and child-rearing practices from pregnancy onwards. Both programmes strengthen the developmental characteristics of the child according to age.

As for the BDHVC, the perceived achievements are at the level of management and family relations; no improvements are perceived in the nutritional aspect.

Regarding SFP, the study participants discern that it has helped to improve school attendance and contribute to nutrition, especially in rural areas, as it has greater acceptance in these areas, and among children who go to school without eating breakfast and of lower economic resources.

At policy level, the recent creation of the Technical Secretariat *Ecuador Crece Sin Desnutrición Infantil* contributes to the positioning of child stunting in the country. Not only is the one entity designated with this task, but also a strategy has been developed based on successful experiences in other Latin American countries. It aims to achieve a chain from the political to the operationalization of the strategy, which constitutes an opportunity for the alignment of the different programmes and multisectoral actions. Nevertheless, the challenges relate to the integration of a social assistance system that has a clear set of objectives, articulates social assistance programmes under those clear objectives, and integrate the actions proposed by the Technical Secretariat *Ecuador Crece Sin Desnutrición Infantil* to address stunting.

One challenge faced by the SFP is weak acceptance of the product in urban areas. It shows the need to expand the variety of food to be offered, as the actual consumption of the ration is affected. Likewise, schools have cafeterias where different types of food are sold, including food that is prepared and offered during the break times of the daily school day, coinciding with the time when the SFP is provided. Therefore, students with the possibility of buying other foods may prefer the food from the canteens, making it a challenge to establish strategies that allow the total consumption of the rations. Teachers have requested the inclusion of fresh food such as fruit; this would imply creating conditions to guarantee logistics, storage, and conservation of this type of food. Another challenge is the inclusion of actions to strengthen healthy practices for the prevention of overweight and obesity in this population group.

An overarching challenge is undoubtedly the lack of positioning of overweight and obesity as a problem at the national level. This is vital for mainstreaming this issue in social assistance and for strengthening health systems to provide a series of key services associated with nutrition at all stages of life.

ASSESSMENT OF SOCIAL ASSISTANCE DIMENSIONS

In terms of *coverage*, the social assistance programmes under consideration target the poor and extremely poor populations of different ages. CDI and CNH focus on pregnant women and children up to 36 months of age. The BDHVC serves families with at least one child under 18 years of age, prioritizing those with the more severe poverty and SFP serves students primary level and early education of public, public commission (run by an NGO [non-governmental organization] or another non-profit organization), and municipal schools. Programmes managed by the Ministry of Economic and Social Inclusion (CDI, CNH and BDHVC) currently fail to cover the potential population. Especially the BDHVC, which has experienced budget cuts during the pandemic.

In terms of *adequacy*, the CDI covers up to 75 percent of daily energy requirements as per nutritional guidelines. The CNH provides counselling, some of which includes the promotion of adequate food practices, which favors capacity building. However, it is recognized that in some localities there is a need to provide food baskets or to link the programme to other interventions that incentivize food production or deliver food to families. The BDHVC could have an impact on access to more or better food, however, the amount transferred has not increased over the years, so the purchasing capacity with the amount transferred has been reduced over the years, in addition, since it is not focused on nutritional objectives, the follow-up does not include nutritional counselling or linkage to health centres to receive nutritional guidance. Meanwhile, the consumption of rations offered by the SFP is affected by their low diversity, especially in urban areas, so that the actual nutritional intake is lower than expected. Therefore, strengthening the adequacy of the programmes analyzed requires articulation with other programmes, inclusion of specific health or nutritional objectives and diversification of rations provided.

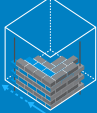
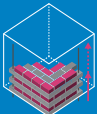
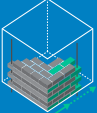
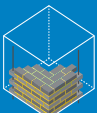
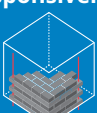
Regarding *comprehensiveness*, CDI and CNH have established agreements with the Ministry of Public Health so that their beneficiaries receive check-ups in care units or communal premises twice a year. However, this has not involved the strengthening of health services, since, for example, hemoglobin controls are not performed to rule out anemia due to lack of equipment. In relation to the BDHVC and the SFP, no actions have been established to link the programmes to the health sector.

With respect to *quality*, CDI and CNH are managed through local partners, such as decentralized autonomous governments, civil or religious organizations, which favors transparency in the use of resources, with a strong monitoring from programmes to ensure the compliance of the guidelines. The SFP, through suppliers, provides the rations to every school, and once there the school feeding committees receive, distribute, and update the stocks. SFP has not included follow up to the consumption permanently or sporadically, despite canteens are monitored by the Ministry of Public Health according to the school bar regulations (there are no joint actions in place); the programme monitoring prioritizes the distribution of the products and include acceptance surveys, but despite the low consumption in the urban areas, the surveys have not used to redesign the programme. Therefore, the participation of the actors in the territory is different in each programme, although in none of them has active user participation been identified to help the feedback of the programmes.

In terms of *responsiveness*, programmes such as the CDI, the CNH and the BDHVC have adapted their follow-ups and counselling to telephonic means; the BDHVC, by focusing on households with more severe poverty, and therefore being located in areas of greater geographical dispersion, has had difficulties in achieving frequent communication with all users. These programmes have provided food baskets sporadically. The SFP provided food rations in deliveries every 18 to 25 days.

Table 3

Overview of performance of selected social assistance schemes in Ecuador

Dimensions	CDI	CNH	BDHVC	SFP
Coverage 	Children from 12 to 36 months from poor or extremely poor households	Children 0-36 months and pregnant women from poor or extremely poor households	Families in extreme poverty with at least one child under 18 years of age	Early childhood and basic education students of public, public-commission and municipal schools
Adequacy 	Children attend the care units 5 days a week where they receive 75% of their calorie requirements.	The programme provides family counselling to improve development, and nutritional status, associated to stunting. The staff recognizes the need to link the programme with one of food provision/ transfers or to strengthen access to food .	The programme has a strong follow-up to improve family dynamics and has co-responsibilities in education, and promotes health care (it is not a co-responsibility), however, in nutrition it has not contemplated actions. Likewise, the programme has not increased the amount transferred over the years, so the real value of the transfer has decreased.	The programme provides a food ration as a snack, which has not been modified for 6 years, and the 5 standard combinations are repeated weekly, so that the rations are less acceptable in urban areas than in rural areas.
Comprehensiveness 	The CDI and CNH have inter-ministerial agreements with the MPH, whereby twice a year health provides care services to children (vaccination, supplementation, etc.), either in CDI care units or in community spaces where CNH is provided.		The Ministry of Education has links with the MPH for the monitoring of school canteens; however, there are no agreements for the SFP to strengthen care or capacity building for schoolchildren.	
Quality 	CDI and CNH have structured a strong monitoring to ensure the implementation according to the guidelines. The programme's resources are managed through local partners, which are decentralised autonomous governments, religious or civil society organisations that manage the programme's resources for the hiring of educators, the contracting of local businesses for the supply of food and the equipping of the CDI's operational space.		SFP has not included monitoring to the consumption of the rations. The involvement of the school feeding committees is linked to the receipt of the products and their distribution to the students.	
Responsiveness 	The programmes provided counselling via telephone initially, and when the incidence of COVID decreased, they incorporated infrequent home visits. Food baskets were also provided to families, although not on a frequent basis.		The programme provided counselling via telephone and food baskets, although not on a frequent basis.	
				The SFP periodically delivered food rations to families according to the number of children.

CONCLUSIONS

- In Ecuador, stunting has been a national problem for several years; however, it has not been a national policy priority, so no institution had been assigned to lead the fight against the scourge and operationalize actions at all levels. Due to the limited progress in its reduction, in 2021, Ecuador prioritized stunting as a national priority, with clear goals, and with the Technical Secretariat *Ecuador Crece Sin Desnutrición Infantil* as the lead institution, in a multi-sectoral intervention, with a proposed social assistance programme aimed at the first thousand days of life. However, other nutritional problems such as anemia, overweight, or obesity are not being addressed, and are mostly related to the health sector, so they are not integrated into social assistance.
- The country has a weak social assistance system that has not adjusted to national problems due to the continuous change of leadership, approaches, and restructuring of institutions. Currently, only the CDI and CNH incorporate nutrition objectives, and social assistance programmes linkages to the health sector are limited.

LESSONS FOR PATHWAYS

Lessons for pathways at the policy level

- The continuous restructuring of social policy coordination institutions with different approaches and objectives, such as the Ministry of Social Development Coordination towards the Technical Secretariat of *Plan Toda Una Vida*, and the coexistence of two institutions with overlapping functions such as the Ministry for the Coordination of Social Development and the Ministry of Economic and Social Inclusion, has resulted in weak multisectoral articulation and uncoordinated programming, which has led to missed opportunities and ineffectiveness in reducing malnutrition in all its forms. Therefore, the Ecuadorian case points to the need for a social assistance based on a robust institution aiming at a progressive consolidation, which favors the definition of macro-objectives, approaches, orientation of social assistance, and alignment of social assistance to national priorities, including undernutrition, in the medium and long term.



- In Ecuador, stunting has been a recognized national priority for years, however, its alignment in social assistance programmes has been weak, for example, BDH, the main cash transfer programme in Ecuador, or the BDHVC did not incorporate actions aimed at reducing stunting. Therefore, it is essential that the lead bodies of each sector ensure the alignment of their programmes with the national objectives.
- The growing increase of overweight and obesity in Ecuador requires, firstly, recognition as a major problem, and secondly, one that must be addressed in a multisectoral manner, and not only from the health sector. Moreover, it needs to be considered alongside undernutrition such as stunting and anemia to identify potential synergies to target both in the same context.

Lessons at the programmatic level

- Regarding BDHVC, its co-responsibilities only link to education and family support aimed at improving family dynamics, channeling achievements towards these two lines, with no co-responsibilities in nutrition or health. At present, no CCTP addresses malnutrition. Therefore, CCT programmes should include co-responsibilities in health and nutrition according to the target population characteristics, especially stunting, one of the major national problems in Ecuador.
- The BDHVC has maintained the same transfer amount over the years, so the purchasing power with the amount transferred is diminished over the years, which probably translates into a lower impact on its contribution to the family's food choices, so CCT programmes should evaluate making progressive increases according to the annual devaluation of the currency.
- The Ecuadorian case shows the potential synergies of the programmes that should be evaluated at the territorial level to achieve a greater impact on nutrition, especially on the most vulnerable families. For example, CNH staff identified the need to provide food to households benefiting from the programme, either through a food

basket or by working with family gardens; in this sense, the programme could be strengthened with the simultaneous implementation of another programme, such as the BDHVC. It is therefore crucial to integrate a territorial management approach to manage social assistance programmes, especially in the localities most affected by poverty and exclusion.

- Regarding CDI, there are two possible nutrition pathways identified; a direct one due to this programme covers up to 75 percent of the caloric requirements of children in 5 to 7 days a week, ensuring a healthy and nutritious diet for several days a week which could also mean savings for the family. The indirect pathway is the possibility for the family to continue working and generating income that could contribute to accessing more food or improving the quality of food; the latter would require closer nutritional counselling. For CNH, the nutrition pathway is counselling, which could improve hygiene, care, and feeding practices, and would lead to improved care and home environments, and potentially better choices in the purchase of certain types of food which can improve multiple forms of malnutrition.
- For CDI and CNH there is potential for these programmes to promote the attendance of health facilities for services such as vaccinations, and medical check-ups. However, this only occurs twice a year, therefore, may not ensure timely access to essential services which can protect health and therefore protect against undernutrition.
- The Ecuadorian SFP shows a weak acceptance, especially in urban areas, which is linked to a few varieties of food offered and the simultaneous offer of food in the school cafeterias. Therefore, SFP should provide diverse food options according to dietary habits. Furthermore, SFP should create strategies to promote a healthy school food environment, such as strengthening the supervision of cafeterias by the Ministry of Public Health in the frame of the school canteens regulations, monitoring the consumption of the SFP rations, and incorporate actions to improve student's eating habits.



GUATEMALA



BACKGROUND TO THE GUATEMALAN CASE STUDY

Guatemala suffers from a considerable “double burden” of malnutrition with the highest rate of stunting in children under five years of age (47 percent) in LAC, and increasing rates of overweight and obesity, especially in the population over five years of age (INE, 2017). Stunting is concentrated in rural areas and mainly in the indigenous population. Obesity and overweight affect 63.9 percent of the adult population in Guatemala City, Guatemala’s capital (OPS and MSPAS, 2018) and 37.8 percent of teenagers between 13 and 15 years of age (MSPAS, INCAP 2019).

The rate of acute malnutrition is relatively low in Guatemala; the national average is less than 1 percent in children under 5 years of age (INE. MSPAS, 2017). However, the country has experienced an increase of 74 percent of reported cases between 2019 and 2020, with 61 percent of cases were concentrated in 5 of the 22 departments of the country in 2020 (SIGSA 2020).

The nutritional situation is not the only concern in Guatemala; poverty estimates are also among the highest in the region. The latest estimates in 2014 point to a national poverty rate of 59.3 percent, while 61.6 percent of people were trapped in multidimensional poverty (World Bank w.d.). In addition, about 3 out of 10 people are vulnerable to poverty according to the World Bank the Gini index is 48.3 (2014).

To address high poverty rates, Guatemala implemented a series of CCT, absorbed into the Ministry of Social Development in 2012. The Ministry of Social Development was created to guide public policies aimed at improving the level of well-being of vulnerable people suffering from exclusion and living in poverty and extreme poverty, through coordination, articulation, and partnership with other public, private, and civil society institutions. However, other supra-sectoral institutions were formed to lead social policy; in 2012 the Specific Cabinet for Social Development (SCSD) was established with the role of designing, managing, and formulating proposals to the President in matters of social development, especially when actions require a multisectoral intervention (Governmental Agreement, 168-2012). Nevertheless, two years later the SCSD ceased to function, being implemented again in 2019 (Cintrón, 2019). SCSD coordinates actions through meetings carried out 6 times a year. According to decree 114-97, the temporality of the specific cabinets is determined by the President of the Republic; however, the cabinets oversee designing and coordinating actions that concern more than one ministry, which can weaken articulation, as it is understood as a temporary and not a permanent need.

As a result, social assistance lacks integration and the opportunity to create synergy and establish multisectoral operational routes at different levels of government. According to Cintrón (2019) there are 150 social assistance programmes managed by 16 public

institutions. For example, the Ministry of Agriculture, Livelihoods, and Feeding implements a food assistance programme linked to drought and seasonal hunger. In terms of nutrition and food security, the National Council for Food Security and Nutrition and the Secretariat for Food and Nutrition Security -created in 2005- are institutions that have managed to position themselves despite changes in government. The SFSN intends to be the institution responsible for the coordination, integration and monitoring of food security and nutrition interventions between the public sector, society, and international cooperation agencies. However, the Secretariat for Food and Nutrition Security is conceived as a body that does not have the leadership to coordinate and articulate all efforts. It has no budget, hindering the articulation of the sectors involved in food security and nutrition (FSN) at the national level. At the departmental and local level, the Secretariat for Food and Nutrition Security works in the promotion of departmental or municipal FSN councils, convening sectors and actors present in the territory, and leading a multisectoral rapid response to contribute to the improvement of the nutritional status of children with acute malnutrition.

In previous years, Guatemala has had several strategies to combat stunting but without much impact on its reduction. Since 2020, Guatemala implements the national strategy Great National Crusade for Nutrition, led by the Ministries of Public Health and Social Assistance, Social Development, Education, Agriculture, Livestock, and Food, Environment and Natural Resources, and Secretariat for Food and Nutrition Security. Its main objective is to reduce stunting through multisectoral actions and coordination at the local level, because of the risks involved and because deaths of acutely malnourished children are widely covered by the media.

OBJECTIVES AND TARGETED POPULATION

The objectives of social assistance are defined by each programme. Those hosted by the Ministry of Social Development are associated with improving access to food. Bono Social Salud (BSS) is a CCT targeted to households with children aged 0 to 5 years in poverty and extreme poverty. It seeks to improve health and nutrition outcomes and to promote a culture of health services usage. As such, health check-ups are a co-responsibility within the BSS. However, the coverage of BSS is low, serving only 27,000 households. By comparison, coverage of Bono Social Educación (a CCT with education co-responsibilities) is almost three times as high. Coverage of BSS is estimated to be extended to a further 10,000 households in 2022.

The Crecer Sano programme targets pregnant women (for CCT purposes) and children up to 2 years of age (for the whole intervention) and seeks to improve practices, services, and behaviors known as risk factors for stunting and responding to the threat posed by COVID-19. Ministry of Social Development provides conditional transfers to eligible households, which for management purposes is carried out with the same criteria as the BSS. The overall programme is a joint action between the Ministry of Public Health and Social Assistance, SFSN, and the Ministry of Social Development.

Both Crecer Sano and BSS are included within the Great National Crusade for Nutrition, as part of the actions for ensuring availability and access to healthy food.

Another relevant intervention is the Nutrin niños complementary feeding transfer programme, which aims to contribute to the reduction of stunting. It is targeted at children between 6 to 24 months of nine prioritized health areas (territorial health demarcations for their administration). The Ministry of Public Health and Social Assistance elaborates the lists and sent the total request of Nutrin niños complementary feeding packages at the national level, based on the children's attendance to the health centres. There are no co-responsibilities that need to be met. The programme is part of the Great National Crusade for Nutrition to promote health and sustainable nutrition.

Guatemala's SFP is managed by the Ministry of Education, aiming to guarantee school meals, promote health, and encourage healthy eating so that students take advantage of the teaching-learning process and develop healthy habits. The programme serves the pre-primary and primary school population (4 to 14 years of age, approximately). The SFP has undergone a recent redesign that has increased the budget per student from 1 to 6 quetzales (US\$ 0.13 to 0.78) in 2021 and has allowed moving from a school snack to a menu prepared in each school, which must adjust to the guidelines of the national or regional school menus designed by the Ministry of Education. In this way, the SFP serves 28,000 schools with an estimated 3.2 million students in public schools, making it the programme with the greatest coverage and recognized as the most robust in the country.

In summary, objectives of relevant social assistance programmes are associated with food assistance, providing access to food, seeking food security, and reducing stunting. While the Great National Crusade for Nutrition has incorporated anemia as one of the key objectives in Guatemala, none of the programmes

has been aligned with this objective or incorporated actions to reverse it. Moreover, reaching this objective can be difficult given that public primary health care facilities are not equipped to identify anemia, and therefore to establish mechanisms for the prevention, treatment, and monitoring of children.

Overweight and obesity have also been included as one of the indicators of the Great National Crusade for Nutrition, although specific actions have not been yet incorporated into programming, and the problem is not positioned as prominently as stunting is. It is still necessary to overcome the suggestion that overweight is limited to urban areas and those with higher incomes and to broaden the vision of the health sector as the only entity to address it; these aspects are key to achieve the incorporation into social assistance programmes.

Due to its national coverage, the permanency of users, and its linkages with nutrition, the Guatemalan study case include Bono Social Salud - Crecer Sano, Nutri niños, and the School Feeding Programme.

Table 4
Overview of selected social assistance schemes in Guatemala

SPP	BSS / Crecer Sano	Nutri niños	SFP
Type	CCTP	UFTP	SFP
Institution	Ministry of Social Development	Ministry of Social Development / Ministry of Public Health and Social Assistance	Ministry of Education
Objective	Improve health and nutrition status and promote a culture of using health services so that children are taken for check-ups.	Contribute to the reduction of stunting.	Ensure school nutrition, promote health and encourage healthy eating so that students can benefit from the teaching-learning process and the formation of healthy habits.
Targeted population	Households in poverty or extreme poverty with children 0-5 years old/ Households with pregnant women.	Children aged 6-24 months from 9 priority areas.	Children in public schools at pre-primary and primary level.

KEY ELEMENTS OF DESIGN

In recent years, Ministry of Social Development programmes have improved selection criteria for beneficiaries, reducing the discretion of operators and civil servants. As a result, a considerable proportion of beneficiaries were removed from the Bono Social programme. In particular, the programme excludes those who are already receiving benefits through other programmes to reach a major number of households, and due to budgetary reasons. For example, if a household receives the Bono Social Educación, it cannot receive the Bono Social Salud or transfers provided by the Ministry of Social Development or Ministry of Agriculture, Livestock, and Food.

Regarding BSS, transfer amounts vary depending on where beneficiaries live. Households located in the prioritized departments based on poverty and stunting rates receive 500 quetzales (US\$ 65) per transfer, while households in other departments such as Quetzaltenango receive 300 quetzales (US\$ 39). The number of transfers can vary from 3 to 4 times per year, depending on the budget available in the central government, so there is no total amount allocated per household per year.

Verification of compliance with co-responsibilities is done through the attendance of the municipal delegate (local programme manager) to the health centres or through the health controls registered in the growth cards, and carried every time there is a transfer order (3-4 times a year). BSS do not have staff to strengthen the capacities of users, provide advice or carry out family follow-up processes; however, recognizing the need for these actions, some municipal delegates voluntarily provide guidance to strengthen feeding practices, or promote the purchase of food with higher nutritional value to users in queues waiting to be paid.

Registration of new beneficiaries can take several months. A poignant illustration of this is that while councils at department or council level try to get households with children with acute undernutrition registered for BSS, children often manage to recover before their household has been signed up. Programme beneficiaries do have access to health services, but primary health care provision suffers

from high levels of under coverage, with high out-of-pocket health expenditures, which cover as much as 52.2 percent of total health expenditure (MSPAS 2017). While the Great National Crusade for Nutrition has a component for strengthening health services, it has not been provided with adequate resources.

BSS has continued with the transfers during the COVID-19 pandemic, although with preventive measures to avoid COVID-19. The population was encouraged to continue visiting health centres for child check-ups. However, there were no suspensions for non-compliance, due to the circumstances of the health emergency.

Regarding Nutrininos, funding comes from resources administered by the Ministry of Social Development. However, WFP is responsible for the purchase of food products because of previous food assistance programmes that were implicated in corruption scandals. Distribution is carried out through the Ministry of Public Health and Social Assistance.

Beneficiaries are expected to participate in nutritional counselling as they collect food packages. This is not always possible due to the limited human resources available in health centres. In addition, the distribution of food is done every two or three months, depending on the frequency with which the beneficiary visits the health centre, some health centres choose to distribute the food in the localities, although this is not regulated and requires resources such as mobility for the transfer of the same.

To accomplish its purpose, the food supplements provided through Nutrininos should be prepared to a thick consistency (e.g., mashed type). However, there is a deep-rooted custom among the population to prepare atoles (drinks), and with the absence of preparation, and child feeding practices counselling, it can result in a greater dilution of the food. The food may also be shared with other members of the family. Although the Secretariat for Food and Nutrition Security, within the framework of the Great National Crusade for Nutrition, has been incorporating mass communication campaigns and wants to install campaigns at the community level, the need to provide individual counselling to households remains identified to contribute to behavioral change.

Concerning the SFP, the recent budget increase means that children now receive a main meal prepared at their schools instead of a snack. The design of the meals is intended to guarantee the nutritional requirements of the students. The meal must be delivered early in the morning or in the middle of the day, which is at the discretion of each school. The programme is managed through the parents' organization, which is responsible for making local purchases under the menus to be prepared. According to the Family Farming regulations, the aim is for 70 percent of the food in the SFP to originate from family farming, although the law states this is only as long as this is possible. The parents' organization receives funds every two months and plans the menus. In rural areas, the food tends to be prepared by volunteer mothers in the rural area. In urban areas, generally, a person is hired to cook, and the cook's payment comes from a collection

among the parents. Among the most critical gaps in the programme are the conditions for food preparation, such as infrastructure, equipment, and limited availability of basic services.

Monitoring is undertaken by the education support service technicians in the municipalities. However, these activities are often limited to checking up on schools and do not constitute a follow up of the feeding and preparation processes. Due to limited human resources, they are carried out randomly and do not cover all schools at the national level.

During the COVID-19 pandemic, the programme delivered food bags with their contents equivalent to school meals with packaged products such as oil, rice, beans, and atoles. They were delivered to families every 25 days or according to the call of each school.

Table 5

Overview of main implementation features of selected social assistance schemes in Guatemala

BSS /Crecer Sano	Nutriniños	SFP
BSS/ Crecer Sano delivers 300 or 500 quetzales (39 or 65 USD) per transfer depending on the department, the number of transfers per year is subject to budget availability, so the verification of co-responsibilities is done according to the number of total transfers. The verification of co-responsibilities in health (attendance to controls) is done through the child's control card or data provided by the health establishment; verifications are done manually. The programme does not contemplate providing follow-ups to provide health counselling, etc.	Nutriniños delivers 2 food packages per month (powdered milk mixed with other cereals, legumes, etc.) The caregiver should receive counselling when receiving the package. However, this activity has several limitations related to the constraints of the health centres.	The SFP transfer 6 quetzales per children to the parent's organisation, they are in charge of buying local food, planning the menus to be prepared and the organisation for preparation. The menus alternatives have been defined by the Ministry of Education, with national and regional options, according to food preferences.
During the COVID pandemic, the programme has promoted the attendance to the health checks, however if non-compliances were reported, they were not suspended, due to the situation.	Nutriniños emerges in 2021, thus its strategies were adapted to the pandemic situation.	During the COVID-19, the programme has delivered to families the equivalent of school meals in food bags with packaged products such as oil, rice, beans, etc.



SUCCESSES AND CHALLENGES INCLUDING INTEGRATION WITH NUTRITIONAL OBJECTIVES

According to the study participants, one of the main successes of the Ministry of Social Development social assistance programmes has been the improvement of their operational manuals and eligibility criteria. As a result, selection processes are more transparent and technical. In addition, the United Nations and Ministry of Social Development are working in 6 municipalities on a social registry pilot.

Regarding SFP, the participants perceive that a major achievement was the increase in the SFP's food ration budget, which will potentially enable the provision of food with adequate nutritional characteristics. The SFP also has potential to strengthen local food systems and livelihoods through the procurement of fresh foods for school meals from local farms.

Various challenges face social assistance in Guatemala, according to the study participants. First, there is lack of clear leadership to plan, articulate and manage social policy that includes social protection. Second, to achieve political, technical, and operational dialogue of social policy with food security and nutrition policy, there is need to incorporate nutritional objectives in social assistance interventions programmes, differentiating specific objectives according to the life stage.

Another challenge is the need for impact evaluations or monitoring of periodic nutritional indicators. This coincides with lack of periodically updated measures of national nutritional indicators such as stunting, anemia, obesity, etc. This lack of information hinders the ability of social assistance programme to understand the effects on the population and adjust them in a timely manner.

Further, implementation of territorial approaches that can allow organization and integration of social assistance at the local level may facilitate a better respond to the nutritional conditions of the country's departments most affected by stunting.

A fifth challenge, although indirect, is the need to strengthen primary health care, especially those health interventions linked to the improvement of



nutritional status. The challenge is substantial because not only is health coverage low, but utilization of the existing interventions provided by health facilities such as multi-micronutrient supplementation has low coverage rates, probably due to several factors such as cultural factors, limited staff for counselling, among others.

The lack of follow-up of programme users, poor monitoring of the proper functioning of programmes, and lack of capacity are other challenges that cut across all social assistance interventions.

Regarding SFP, challenges include the need to improve the infrastructure for food preparation, to strengthen Pos and to ensure the meals accomplish food safety and consumption. Indirect challenges of SFP are linked to the family farming purchases, as there are currently only 1000 certified family farmers or associations. Strengthening and expansion of certified family farmers for local sales is an issue that should be led by the Ministry of Agriculture, Livestock and Food.

Likewise, it is necessary to generate community protocols for addressing children's acute undernutrition that specify the role of each sector and programme so that social assistance can respond in a timely and adequate manner.

Finally, a large overarching challenge is the need to position overweight and obesity as crucial issues in the national policy agenda with a multi-sectoral, and territorial approach.

ASSESSMENT OF SOCIAL ASSISTANCE DIMENSIONS

In terms of *coverage*, BSS and Crecer Sano have low coverage reaching relatively few children. Nutrin niños has broad coverage but is marred by implementation issues. The lack of follow-up or of counselling due to the limited resources of the health sector could reduce the expected benefits in the nutritional status of the infants. SFP is the programme with the largest coverage, serving all children attending public schools at pre-primary and primary levels.

In terms of *adequacy*, transfer amounts for BSS and Crecer Sano are fixed based on beneficiaries' department of residence. However, the total annual amount to be received is subject to budget availability, which would make it difficult for families to plan their monthly expenses. Nutrin niños delivers two bags of complementary feeding, which is intended only for children between 6 and 24 months. However, in the absence of follow-ups or a behavior change communication component (BCC), it is likely that the food is prepared as a drink and not with the expected caloric density, or that it is offered to more members of the family. In terms of SFP, the programme currently provides a meal to students, which must follow the guidelines of the Ministry of Education; however, the lack of monitoring and technical support to schools could affect the alignment to the guidelines.

Comprehensiveness is constrained by weak programme linkages with health services and by the limited capacity of health facilities and scarce resources available, even though the child population is a priority in the sector. There is no established joint action of SFP with the Ministry of Public Health and Social Assistance, however, and the school-age population is not prioritized by the health system. Furthermore, the strengthening of local food systems and family farming through parents' organization purchases should not be seen only as an issue that could be guaranteed by the issuing of laws, because if conditions are not created for family farmers to have fiscal registration and to be able to count on adequate and safe production for food provision, the law cannot be complied with.

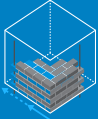
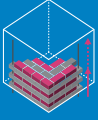
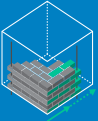
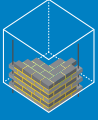
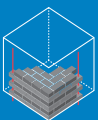
The potential impact of nutrition programmes is reduced not only by weak linkages with health services and their limitations but also in terms of *quality*, as social assistance in Guatemala is characterized by the absence of continuous follow up processes for users and advice that favor the promotion of adequate nutritional and hygienic practices, for example. Regarding BSS, delays in the registration process affect timely family support.

In terms of *responsiveness*, all programmes were adapted in response to the COVID-19 pandemic by providing the established benefits in the case of BSS/ Crecer Sano and Nutrin niños, and in the case of SFP through the provision of packaged foods such as beans, rice, oils, etc.



Table 6

Overview of performance of selected social assistance schemes in Guatemala

Dimensions	BSS / Crecer Sano	Nutriniños	SFP
Coverage 	Poor and extremely poor households with at least one pregnant or a children from 0 to 5years old.	Children from 0 to 24 months habitants in any of the 9 areas prioritised	Students in public schools in pre-primary or primary level
Adequacy 	Users receive 300 or 500 quetzales (39 or 65 USD) per transference according to their residence area, the annual amount of transfers is conditioned to budget availability.	Two 1.5 kg bags of feed consisting of a mixture of milk powder and other feedstuffs are delivered. It does not include a behavioural change component.	SFP provides prepared meals in schools, during the early morning or during the middle of the school day. Meals align to the menus established by the ME.
Comprehensiveness 	The programme verifies attendance to health centres. Verification process is carried each time a transfer is made, hence the reinforcement of demand is periodic, The low health care coverage has not been reinforced.	Delivery is not subject to co-responsibilities, caregivers or parents are expected to receive counselling at the time of receiving the food, although this is not always possible due to health system limitations.	The school-age population is not a priority for health care, nor have agreements been established for actions by the health or other sectors for these groups. The programme has been aligned with the Family Farming (FF) Law . FF needs to be strengthened to improve production, associativity, and certification to expand the network of farmers.
Quality 	Delays in the registration process affect a timely family support. The programme has not incorporated follow-ups. BSS has a low coverage (27 000 households). Eligibility criteria has been improved..	No follow up from the programme is provided and counselling is made difficult due to the limitations of the health sector.	SFP has not established a follow up and monitoring processes to ensure that schools are aligned with the ME guidelines. POs manage the resources received, organise, plans the meals, and keeps the accounts of the purchases.
Responsiveness 	The programme continued to transfer money to families, though families were not suspended in case of non-compliance, due to the overcrowding of health centres.	Nutriniños started during the COVID pandemic, which meant that it had to adapt to reduced attendance at health centres and deliver food every 2 to 3 months.	During COVID-19 SFP provided packaged food such as rice, oil and beans to parents on a regular basis.



CONCLUSIONS

- Guatemala has a large double burden of malnutrition, with the highest stunting rate in LAC. Its progress in reduction stunting or addressing other nutritional issues are not encouraging, indeed acute undernutrition has increased in the country. This poor performance occurs in a context of several efforts to combat stunting and food insecurity from the SFSN, but without clear actions at all levels, and which has failed to improve the primary health care system, especially in services for children and pregnant women. Currently, the Great National Crusade for Nutrition strategy sets targets related to stunting, overweight, obesity; however, it only addresses stunting.
- Guatemala has weak governance of social assistance, with two main institutions that overlap their functions, on the one hand, the Ministry of Social Development has the function of guiding public policies for social development, for which it coordinates and articulates actions with other public, private, and civil society institutions; on the other hand, the SCSD designs and coordinates actions in the area of social development, whenever these require a multisectoral intervention. The objectives of social assistance are defined according to the programme, several of them are associated with improving access to food in different groups and sectors. The lack of monitoring and evaluation systems, and periodic National Surveys to measure nutritional indicators do not contribute to the feedback and strengthening of the programmes.

LESSONS FOR PATHWAYS

Lessons for pathways at the policy level

- Guatemala shows the need to clearly define the roles of the institutions that guide social development policy and to work together to establish the direction of social policy and the actions required in the medium and long term. Likewise, the operative route to achieve an articulation from the political to the programmatic level.
- Guatemala case shows that although national strategies such as the Great National Crusade for Nutrition include anemia, obesity, and overweight as part of the indicators of achievement, in practice the Plan is operationalized mainly with a view to stunting, so it is not enough to generate policy instruments to address the whole nutritional problem. It is also necessary to incorporate operational actions in each sector and programmes. Also, addressing overweight and obesity requires overcoming the vision of being a purely urban problem and of populations with higher purchasing power.
- One of the key actors for nutrition is the health sector; the Guatemalan case illustrates how its limitations in terms of coverage, access, and available resources are detrimental to what social assistance programmes could achieve, generating a greater use of health services. Therefore, a key element of social assistance is to ensure that health systems can deliver primary care interventions.
- Social assistance programmes linked to nutrition should ensure continuous follow-up, either by health providers or the programme itself, where the household or users can receive advice and strengthen their practices. Guatemala lacks this component in all its programmes, which can create a gap between planning and implementation. Nutrin niños and SFP are a good example of this, as in the former it is expected that only children receive this food prepared with an adequate consistency, however, the population's habits of preparing atoles to interfere with the way Nutrin niños is prepared, while for SFP the P parents' organizations are expected to comply with Ministry of Education standards, and the follow-up is more linked to accounting.
- The Family Farming Procurement Law, which governs the SFP, does not guarantee the fulfilment of its objectives if there is no parallel work to ensure the development of family farmers' productive capacities, the creation of food security conditions, and fiscal records. Therefore, the issue of this regulation must be framed in a progressive action plan for the agricultural sector.
- The SFP is implemented through the preparation of meals in the schools; thus, the programme must include equipping and improving the infrastructure of kitchens, training in food handling, and access to clean water for cooking.

Lessons at the programmatic level

- BSS/Creceer Sano illustrate the importance of strong processes and deliverables of the social assistance plans, for instance, BSS fails to register new beneficiaries in a timely manner, and the number of transfers a year is not defined, it depends on the budget availability. This could constraint the potential nutritional impacts and benefits in terms of integrating beneficiaries at an early stage of childhood or facilitating that households organize their food and other basic expenditures.



PERU



BACKGROUND TO THE PERUVIAN CASE STUDY

Peru has shown great strides in reducing stunting in children under five, despite stagnation for more than a decade. In 1996, the prevalence of stunting was 25.8 percent, and during the 2000s, especially between 2007 and 2010, it progressively reduced to 12.9 percent in 2017 (INS, 2012; and INEI, 2018), after which it stagnated. Regardless of the reduction in stunting, anemia rates in children are high, affecting 40.1 percent of children between 6-35 months of age (INEI, 2020). Anemia prevalence has not decreased, except for a slight decline of 3.4 percentage points in 2019. In addition, overweight and obesity rates continue to increase in Peru; 62.7 percent of 15-year-olds were overweight or obese in 2021 (INEI, 2022). In addition, according to INEI (w.d.), Covid-19 increased the poverty rate by 10 percentage points, revealing the fragility of the progress achieved in poverty reduction in recent years when poverty reduced from 30.8 percent in 2010 to 20.2 percent in 2019.

Social assistance in Peru was first oriented to embrace and strengthen the main social protection programmes (SPP) under the then newly created Ministry of Development and Social Inclusion in 2011 planned according to lifecycles; and subsequently created the National Strategy for Development and Social Inclusion *Incluir para Crecer* in 2014; then its commitment went beyond social protection but still recognizing it as a crucial piece of development and social inclusion.

The National Strategy for Development and Social Inclusion *Incluir para Crecer* includes short- and long-term targets in relation to extreme poverty and stunting, which had already been incorporated as priorities in the national political agenda some years before. As a result of the National Strategy for Development and Social Inclusion *Incluir para Crecer*, in 2016 the Ministry of Development and Social Inclusion approved the Territorial Management Strategy *Early Childhood First* targeted to the first 2 life stages identified in the National Strategy for Development and Social Inclusion *Incluir para Crecer*. *Early Childhood First* aimed at the coordination of national, regional, and local government agencies to promote the development of children from gestation to five years of age. It seeks to achieve key outcomes such as healthy birth, effective verbal communication, symbolic thinking, and adequate nutritional status (focusing on stunting and anaemia).

Early Childhood First is a valuable step forward as it focuses on achieving social, cognitive, and emotional development and nutrition, articulating the actions of social assistance programmes such as *Cuna Más*, *JUNTOS*, and multisectoral key interventions. The strategy has a strong influence on local articulation through the conformation of Local Articulation Instances in the districts.

Despite these advances, the lack of political support for Ministry of Development and Social Inclusion, social policy and commitment to intersectoral coordination as a form of public management by subsequent public

administrations, with frequent changes of government, weakened the Ministry of Development and Social Inclusion initial role of articulation and leadership in the social sphere. The vision of the Ministry of Development and Social Inclusion as a social policy, development and inclusion entity was distorted, and this was compounded during the pandemic when citizens came to understand its role as a Ministry that implements social programmes and distributes vouchers and food baskets. As a result, the process of constructing national strategies towards the NSDI and towards a social assistance system framed around development and social inclusion was undermined and governance of social policy and social assistance has been weakened.

OBJECTIVES AND TARGETED POPULATION

Peru aimed to build the National Strategy for Development and Social Inclusion *Incluir para Crecer* with objectives across three-time horizons, namely providing **temporary relief, building human capacity, and generating opportunities for the next generation**. The strategy primarily focuses on the reduction of poverty and stunting, and more recently anemia. However, it does not include a holistic nutritional approach and does not incorporate overweight and obesity, either at a policy or programmatic level. Indeed, obesity and overweight are not a national priority to address in a multisectoral

way, and its addressing relies mainly on the health sector, and there is an entrenched view that these problems are incompatible with rurality and poverty.

Despite its clear objectives and targeting criteria, social assistance programmes fail to cover all the targeted population, basically due to budget limitations. To analyze specific social assistance, we focus on four main interventions: Cuna Más, JUNTOS, Qala Warma, and Haku Wiñay, due to their linkages with nutrition or food security.

Cuna Más has two modalities. First, the Family Accompaniment Service modality is targeted at pregnant women and children under 3 years of age living in poor rural areas. Second, the day care service (is in poor urban districts and is targeted at children from 6 to 35 months whose parents work or study. Through its two modalities, Cuna Más aims to fill the service gaps and achieve early childhood development in cognitive, social, emotional, and nutritional status, ultimately contributing to reduction in stunting and anemia by promoting healthy practices and adequate nutrition. Cuna Más staff points out that overcoming anemia depends on multi-sectoral action, mainly by the Ministry of Health.

JUNTOS is a CCTP targeted at households with children under 14 years of age or pregnant women living in poverty or extreme poverty. Recently, JUNTOS re-signified its objective of reducing intergenerational poverty, linking it more to the development of



capabilities and less to reducing monetary poverty. The redesign emphasized a capacity development pathway in childhood, where, beyond mere coverage of health services, the aim is to receive all established health benefits on time, starting from pregnancy. Currently, efforts within the programme are focused on the prevention of anemia and stunting as a key aspect of capacity building at this early stage. As a result, JUNTOS only registers families with pregnant women or children up to 30 days of age.

Qali Warma is a SFP aimed at all public schools at preschool level (including children from 3 years old) and primary level. In recent years, Qali Warma has been progressively extended to include secondary level schools located in the indigenous population of the Peruvian Amazon, and to those who study during a full school day (Modality for secondary schools available in some localities). Qali Warma has been aligned to the main nutritional policies, primarily the fight against anemia and stunting. Qali Warma ensures that the provided processed foods are low in sodium, sugar, and saturated fats, under the Healthy Food Act and the regulation of nutrition labelling.

Yet the goal of the programme is not linked to the nutritional approach, nor food security. The objective of Qali Warma is to contribute to short-term memory and the retention of educational content through the food provided, seeking to improve students' school performance, and contribute to the reduction of calorie deficit.

Haku Wiñay/ Noa Joyatai are targeted at subsistence farmers in rural areas on the highlands (Haku Wiñay) and in the rainforest (Noa Joyatai) who live in poverty or extreme poverty in the localities prioritized by the Ministry of Development and Social Inclusion, according to poverty and vulnerability to food insecurity ranking. Haku Wiñay/ Noa Joyatai seeks economic inclusion and market linkages so that households can generate their income autonomously through improved agricultural productivity or inclusive rural businesses. In this sense, it seeks to contribute to overcoming poverty. It assumes that the generation of agricultural surpluses for commercialization involves first allocating a percentage of this production to self-consumption, improving access to food.

Table 7

Overview of selected social assistance schemes in Peru

SPP	Cuna Más	JUNTOS	Qali Warma	Haku Wiñay
Type	Social care	CCTP	SFP	Graduation programme
Institution	Ministry of Development and Social Inclusion	Ministry of Development and Social Inclusion	Ministry of Development and Social Inclusion	Ministry of Development and Social Inclusion
Objective	Fill the gaps of services to achieve early childhood development and an adequate nutritional status.	Reduction of intergenerational poverty.	Contribute to short-term memory and the retention of educational content.	Economic inclusion and articulation with the market.
Targeted population	FAS: pregnant to children up to 35 months of age living in poverty or extreme poverty DCS: 6 months up to 35 months of age living in poverty or extreme poverty.	Households with children under 14 years of age or pregnant women living in poverty or extreme poverty.	Students in public pre-school, primary, and progressively incorporating secondary level of Amazonian indigenous population.	Subsistence farmers in prioritised areas.

KEY ELEMENTS OF DESIGN

All programmes are certified by the International Organization for Standardization (ISO), pointing out operative quality and strong commitment to management issues. Also, they are structured as results-based budget programmes, establishing a chain of inputs and results framed under a logical model, with continuous monitoring and evaluation, as part of their design, and oblige them to have periodic final evaluations.

These advances were possible because of maintenance of the technical teams (despite continuous changes in the Ministry's management), the implementation of a permanent culture of monitoring and evaluation of each Ministry of Development and Social Inclusion programme, and the creation in 2019 of the Early Childhood Development (ECD) budget programme that operationalize Early Childhood First. ECD allows all the effective actions of the different sectors to be framed with budgets and services or products specific to each entity. Moreover, the ECD budget programme promotes the formation of Local Articulation Instances through the local managers of JUNTOS and Cuna Más, to address difficulties encountered by households and resolve barriers that limit access to services, seeking the participation of all the actors in the territory. The ECD is based on results-based budgeting, identifying the products or services to be delivered by each sector to the target population.

Each social assistance intervention has specific design elements. The day care service modality of Cuna Más is carried out in day care centres where households leave their children for 8 hours from Monday to Friday. Each day care centre has a place for a maximum of 8 children and is run by a trained caregiver from the community, carrying out a learning programme and performing actions for social, cognitive, and emotional development. Additionally, the children receive lunch, and two meal breaks that meet 100 percent of the protein requirement, and 70 percent of energy and iron requirement, this last nutrient especially focused due to the huge prevalence of anemia in the country (MIDIS 2017). The Family Accompaniment Service modality is carried out during home visits (four times each month) by a trained facilitator from

the community. They promote actions that parents can take to stimulate children's development, and strengthen parents' capacities in care, health, and development. In both modalities, parents are encouraged to take their children to health centres, and follow-up is done so that children can receive the full health package according to their age.

Capacity building is a crucial aspect of Cuna Más, which is carried through a cascade methodology; hence national teams train territorial units and technical accompaniers and then build the capacity of caregivers, facilitators, and all local actors involved in the programme process. Moreover, training is one of the main activities in Cuna Más, because the programme is managed under a community co-management model; caregivers, facilitators, guide mothers, cooks, and the management committee (in charge of executing the programme, making payments, accountability, etc.) are people from the community.

During COVID-19, the programme processes adapted to the new context, and training was provided to caregivers and facilitators through virtual platforms and support to families for both modalities via telephone, in addition to personal protection kits and, in the case of the day care service modality, food baskets equivalent to what the child would receive at the centre.

In terms of JUNTOS, its redesign improved the registration process as a key aspect, because it was failing to register new households or existing beneficiaries with children in early childhood or pregnant women; now JUNTOS only register households with a pregnant woman or a child up to the age of one month. These households receive fifty percent more of the JUNTOS base transfer, as they are monitored for additional co-responsibilities during pregnancy or the first year of age, such as pregnancy checks, iron, and folic acid supplementation, timely growth and development checks, vaccinations, hemoglobin checks, etc. In addition, the redesign has reoriented territorial family follow-ups, prioritizing children under one year of age with anaemia (the most identified risk factor), or with greater difficulties in fulfilling co-responsibilities in households with pregnant women, children in early childhood, or any

child or adolescent in secondary school; previously this strategy was implemented without any prioritization of households. To monitor these conditions and access to health services and health benefits and provide better advice to households, JUNTOS has developed online traffic light applications containing information on each of the children under 2 years of age, which is available to each local JUNTOS manager. To develop this application, JUNTOS has entered into agreements with institutions such as the Ministry of Health, the National Registry of Identity and Civil Status, and the Ministry of Education to keep the selected indicators up to date. Likewise, the agreements have contributed to the interoperability of databases for the verification of correspondence that has been carried out for some years.

Modifications in JUNTOS have also expanded the target population to include districts with less than 40 percent poverty (initially excluded), which led to its expansion to cities such as Lima and Ica. In addition, the conditions of permanence for households with pregnant or early childhood members establish that even if households change their socio-economic status, they will not be removed from the programme until two years later to ensure that the child is covered by all health benefits corresponding to their age.

Qali Warma has two modalities according to population income quintiles. Schools located in the lowest quintiles (1 and 2) receive breakfasts and lunches, and those in the other quintiles, only breakfasts. Secondary schools located in the Amazon region receive breakfast, lunch, and dinner (for residential schools). In urban areas, rations are delivered as ready-to-eat packaged food while in rural areas and urban periphery, rations are to be prepared in the schools from the food received, including items such as rice, lentils, beans, oil and canned fish. The food delivered incorporates food products according to regional consumption preferences. The programme delivers only non-perishable packaged food, to ensure safety and timeliness, in response to the past experiences of food poisoning in the SFP in the 1990s, and the fact that the schools do not have storage systems, and the deficient technological and operational capacity of regional enterprises to provide freshly prepared food to schools that can be adequately preserved.



During COVID-19, Qali Warma delivered food baskets equivalent to the ration that each child would consume at school for one month. Parents collected the food baskets from the school, depending on the number of children enrolled in school.

Qali Warma operates through acquisitions from food supply companies, for which it has established a co-management model. Within each provincial territory, a committee is formed that consists of a representative of the provincial municipality, the health network, a sub-prefect, and two parents. This committee calls for bids, qualification, and the awarding of bids for the entire procurement process. Although the programme does not have objectives linked to overcoming poverty it favors regional micro and small enterprises to boost the regional economy, providing additional points in tenders to this type of supplier. The programme provides technical assistance to these committees through its specialists located in their Territorial Units in the regions. Likewise, each school has a School Feeding Committee (SFC), composed of the director, a teacher, and 3 parents; the SFC is responsible for

the reception, verification, and organization of the preparation (if applicable), distribution, and monitor the adequate consumption. Qali Warma trains School Feeding Committees and teachers on topics such as demonstration sessions, and hand washing, for which it coordinates at the local level with health centres to carry out some of these trainings. Direct training for parents or students by health centres is limited due to the scarcity of health personnel and the prioritization of other populations in public health matters.

Haku Wiñay/ Noa Joyatai consists of two deliverables, which form part of a single intervention. The first seeks to strengthen family production systems through provision of technical assistance, installation of demonstration modules, training, and provision of assets. These are all geared towards the adoption of simple and easy-to-install production technologies, framed within organic production, promoting compost, biols, biocides, etc. The methodology focuses on learning by doing with peer learning, for which there is a strong participation of the *yachachiq* ('the one who knows' in Quechua), who is a farmer from the community or a nearby community. They are trained by the programme and teach beneficiary families about the technologies to be applied.

This first deliverable is also geared towards achieving healthy homes. Since the house is conceived part of the agricultural unit, as it is where seeds are kept, tools are stored and small animals (guinea pigs) are raised, so the actions involve the implementation of improved rural kitchens (highlands), water filters (jungle), relocation of spaces for seedbeds, and sheds for the raising of small animals (guinea pigs) and the proper disposal of solid waste. Although Haku Wiñay/ Noa Joyatai does not have nutritional or health objectives, these actions are directly linked to the improvement of the conditions of the family environment that could have an impact on the reduction of respiratory and diarrheal diseases.

The second deliverable within Haku Wiñay/ Noa Joyatai is the establishment of rural inclusive businesses (up to 20 businesses can be financed per project, each consisting of up to 4 households). Rural businesses can be linked to agriculture, bakery, or other economic

activities with market potential. The selection of the businesses is done through Local Resource Allocation Committees formed by local authorities, and representatives of institutions in the area, seeking transparency and objectivity, so Haku Wiñay/ Noa Joyatai staff does not participate in this committee.

The programme is implemented in 3 years that coincide with the agricultural campaigns, targeting 400 families per project who participate voluntarily; during the first year they implement the first product, and in the second year they continue with technical assistance, however, the inputs required to come from the results achieved in the first year, and the third year is a year of consolidation of the technology. The bidding and financing of inclusive businesses take place in the second year.

The technologies to be implemented are defined with each family in the technical preparation stage, based on the analysis of their needs, potentialities, the availability of water resources, and the number of plots that can be worked with the available resources, etc. During the implementation, the families are responsible for the application of the technologies in their agricultural units, which is a requirement to participate in Haku Wiñay/ Noa Joyatai.

The 400 families make up the executing nucleus (EC) and its representative body is made up of three people from the EC and one from the local government, thus the programme is implemented with strong user participation. The EC is responsible for the management of the project, the administration of funds, the contracting of technical teams, the purchase of products, and the supervision of the correct implementation.

Given the nature of the agricultural activity, the programme has not stopped and has continued implementing its projects in person throughout COVID, adding actions for biosecurity protocols. Likewise, the processes have adapted; for instance, the attendance at nearby fairs to sell their agricultural products was attended by some representatives to avoid exposing a larger number of people.

Table 8

Overview of main implementation features of selected social assistance schemes in Peru

Cuna Más	JUNTOS	Qali Warma	Haku Wiñay/Noa Joyatai
<p>Day care services offer lunch and two meals, and actions to stimulate child development. Family Accompaniment Service promotes actions that parents can take with their children to stimulate child development, and strengthen parents' capacities in care, health, and development, through 4 visits per month until the children turn 3 years old. In both modalities, parents are encouraged to take their children to health centres, and to ensure the most important health benefits (vaccinations, supplementation, etc.).</p>	<p>The redesign of the programme addresses early enrolment, prioritizing pregnant women and children up to 30 days of age; these households receive 50% more of the basic transfer from JUNTOS, and additional matches related to compliance with the health package according to age. The redesign has incorporated a strong follow-up of the prioritized group by JUNTOS local managers.</p>	<p>Qali Warma provides rations in urban areas, consisting of ready-to-eat packaged products, while in rural areas it provides products to be prepared in schools. In quintiles 1 and 2 it provides breakfast and lunch, while in the other quintiles only breakfast is provided. There is a co-management model to carry out the procurement process of the products at the provincial level, and a local co-management committee to oversee the whole school feeding process.</p>	<p>Haku Wiñay/ Noa Joyatai provides technical assistance to improve agricultural activity using easy-to-install technologies, and has a component aimed at healthy households, installing improved rural kitchens, small animal sheds, seedbed spaces, etc. The learning process uses the peer learning method, and the executing nucleus, formed by the beneficiaries, oversees managing the project resources. Haku Wiñay/ Noa Joyatai also organizes local competitions for rural business financing, a maximum of 20 rural business ideas are financed per intervention.</p>
<p>During COVID-19 the family follow-ups have been done via telephone and the day care service modality has included the delivery of a food basket equivalent to the food that the child would receive in the day care centres.</p>	<p>During COVID-19, the programme has expanded to urban districts, and the monitoring has been focused on the prioritized households pregnant and children under 1 year old, especially those with anemia</p>	<p>During the COVID-19 pandemic, the programme delivered food baskets and provided follow-ups via virtual or telephone phone.</p>	<p>Due to the nature of the programme, activities continued during COVID-19.</p>

SUCCESSES AND CHALLENGES INCLUDING INTEGRATION WITH NUTRITIONAL OBJECTIVES

Regarding the successes, we can mention those of an operational nature that have favored the robustness of the programme's management, such as the interoperability of the databases (JUNTOS), and the incorporation of measuring periodic results evaluations (social assistance programmes frame into a results-based management model). Likewise, the flexibility to redesign the programme, as in the case of JUNTOS, has reoriented its processes, the criteria for new registrations, and the target population to align with the programme's objectives. As the design of ECD under a results-based and multi-sectoral approach, it enables a country-level response to achieve children's development from an early stage and provides a platform for multi-sectoral actions that are periodically measured. It, therefore, favors articulation in a context where the articulation and leadership role of the Ministry of Development and Social Inclusion and governance in social policy issues has been weakened.

On the other hand, the reduction of stunting has been associated with JUNTOS; however, a series of evaluations show that the programme has not contributed to overcoming monetary poverty or reducing stunting (GRADE, 2011 and GRADE, 2016), as pointed out by relevant stakeholders. The stunting reduction is linked to the implementation of the Articulated Nutrition Programme, in line with the new public management, which was framed in an evidence-based logic model that identified inputs, outputs, and outcomes, allowing the identification of key interventions, and providing the necessary inputs and resources to ensure those key interventions. However, some study participants agree that JUNTOS may have played a role in increasing the demand for services by making conditional attendance at health facilities. On the other hand, the counterargument highlighted by other study participants is that the programme had not achieved early enrolment (during the window of opportunity to prevent stunting).

Other successes are the alignment to the main nutritional policies priorities, such as the fight against anaemia and stunting: Cuna Mas incorporates foods

with high iron content in the food provided in the CDD, and the preparations are formulated by nutritionists to ensure adequate iron content. JUNTOS through its redesign has incorporated the monitoring the access of the prioritized health package in pregnant women and young children (e.g., dosage of hemoglobin and iron supplementation). Other programmes such as Qali Warma and Pensión 65 (CCT for the elderly) also mainstream the anaemia; however, there is no data available at a country level to indicate that anaemia is present in these population groups.

In terms of Cuna Mas' achievements, the Family Accompaniment Service modality has shown positive effects on timely entry to pre-school and enrolment in the early years, and in regard to learning achievements, user children are more likely to achieve significant scores in reading and mathematics, as well as better scores in both aspects (MIDIS 2021). Moreover, day care service users have lower rates of anemia than non-users, which is related to the fact that the programme provides an adequate diet that covers 100 per cent of protein and 70 per cent of energy and iron needs.

On the other hand, an impact evaluation found that Qali Warma overall did not show statistically significant effects on short-term memory but did have a positive impact on short-term memory in girls and in boys who do not eat breakfast at home (MIDIS 2019). Results on nutritional status show no statistically significant differences in overweight or underweight, although 30 percent of students using the programme were found to be overweight and 1 percent were found to be underweight. Likewise, in some schools, on their own initiative, the spaces where the school canteens were located have been destined exclusively for the programme, due to the lack of infrastructure, and have been enabled for the preparation of the food provided by Qali Warma, showing the commitment and importance that the programme is acquiring, favored by the Healthy School Canteens Law.

Moreover, although the impact of Qali Warma on eating practices has not been measured, the study participants perceive that there is a growing acceptance of packaged products provided by Qali Warma with a low content of sugars and saturated fats, which could potentially influence a change in eating patterns.

As for Haku Wiñay/Noa Jayatai, the last outcome evaluation could not establish the achievements of the programme in terms of income or increased production for sale because no baseline studies were available (IEP, 2021); however, an evaluation conducted one year after the first year of implementation, estimated that Haku Wiñay/ Noa Joyatai had an effect on average annual per capita income by 773 soles (US\$ 202.7), and the gross value of agricultural production for sale increased by 288 soles (US\$ 75.52) (GRADE, 2016). The programme is currently improving its data collection systems to have baseline information at the level of all users and to measure progress and results at the user level. One of the important achievements pointed out by the study participants is the social legitimacy it has attained; Haku Wiñay/ Noa Joyatai is widely demanded by rural municipalities for being the only one that intervenes in subsistence agriculture and for the results obtained.

Regarding pending challenges, one of them is the structure of a system that integrates the different sectors involved in it, within the framework of clear protection policies, and the strengthening of the governance of social assistance. It is also necessary to strengthen the system in different situations, such as emergencies. All Ministry of Development and Social Inclusion programmes were created to act in non-emergency contexts, consequently when there is an emergency event, the Ministry of Development and Social Inclusion cannot intervene. This is important not only because of unforeseen issues such as COVID-19, but also because the country is periodically affected by phenomenon such as El Niño that require a rapid emergency response.

Another challenge is the formulation of a strategy that establishes a transit route between the programmes across the public sectors, i.e., when the programme has fulfilled its mission, the citizen has new assets or is less vulnerable, but still needs to continue consolidating and developing these capacities, so this new situation requires integration into another intervention to continue its development process.

Additionally, the formulation of strategies to protect poverty-vulnerable populations, especially the urban population, is also pending. Currently, social

assistance does not cover this population as social assistance is biased towards the people living in poverty or extreme poverty; nevertheless, there are no programmes to strengthen vulnerable households to prevent them from falling into poverty.

A crucial challenge is mainstreaming the approach to overweight and obesity as a national priority and overcoming the view that obesity and overweight are only present in cities and among the population with higher incomes. It requires making visible the growing figures in rural populations and those living in poverty and formulating strategies with a multisectoral approach, incorporating actions in social assistance programmes as a critical space in these scourges.

Finally, an indirect challenge related to the Family Farming State Contracting Law approved and regulated in the country that rules the public acquisitions from family farming. However, the study participants highlighted that it is necessary to create conditions for farmers to ensure quality, associativity, certification, etc., which must be worked on by the Ministry of Agrarian Development and Irrigation and other sectors. For instance, Cuna Mas has adapted all its processes to implement this purchase; however, it will not be viable until meeting the established requirements.



WFP/Christian Salmon

ASSESSMENT OF SOCIAL ASSISTANCE DIMENSIONS

In terms of *coverage*, the social assistance programmes point at families living in poverty and extreme poverty in rural and urban areas, apart from Haku Wiñay/Noa Jayatai, which aimed only at the rural subsistence population. In the last two years, due to COVID, CCTP Juntos has broadened its intervention to urban areas in regions initially excluded from the programme, which constitutes substantial progress in understanding the need to cover urban poverty.

In terms of *adequacy*, the social assistance programmes orient toward the fight against anaemia and stunting, even Qali Warma, despite the SFP serving the school-aged population and where the national prevalence of anaemia is unknown, and the obesity and overweight are gaining more relevance (37 percent of children from 5-9 were affected in 2016). In Haku Wiñay/Noa Jayatai, the programme is market-oriented, and through better yields in production to improve families' access to food, it could be strengthened to be nutrition-sensitive. Hence it is crucial to refine the nutritional objectives of some social assistance programmes according to the life stage and nutritional needs.

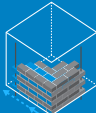
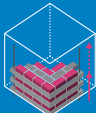
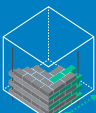
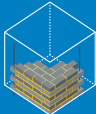
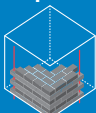
In terms of *comprehensiveness*, the Articulated Nutrition Programme implemented in Peru has strengthened the interventions offered to children (the type of interventions, resources, and availability), which is a significant step for social assistance programmes interventions. Besides, within the framework of ECD, Cuna Mas and JUNTOS promote Local Articulation Instances; through them, they monitor that every child accesses the health package, identity registration, and other key services in childhood; and coordinate with the health sector to regularize the attention of children who did not receive health benefits timely. Despite progress in early childhood, the health sector's attention to school-age children is still deficient as this population is not a priority for the sector, so it is necessary not only to strengthen Qali Warma's links with the sector but also to incorporate this age group and associate it with obesity prevention, as for example.

In terms of *quality*, the social assistance programmes have a strong follow-up at the local level, which ensures the adequate implementation of the programmes. JUNTOS has simplified its registration processes implementing offline, online and by telephone via, the verification of co-responsibilities makes through interoperability processes with health and education sectors, and the follow up is focused on prioritized population (pregnant, and children up to 1 year). Furthermore, social assistance programmes promote the participation of the local community; Cuna Más, Qali Warma, and Haku Wiñay/Noa Joyatai have achieved greater participation through the management of programme resources, where committees or representatives are formed, who administer and monitor the proper programme implementation.

Concerning *responsiveness*, due to the pandemic, JUNTOS simplified its registration processes from manual enrolment to telephone, online and offline enrolment, allowing for a timely response to early enrolment. Cuna Más and Qali Warma adapted the on-site food provision to food baskets given to families, with the equivalent rations that children would receive in the day care centres or schools, and the follow-ups processes were provided via telephone, with continuous follow-ups. Haku Wiñay/Noa Joyatai continued its field operations, incorporating biosecurity measures.

Table 9

Overview of performance of selected social assistance schemes in Peru

Dimensions	Cuna Más	JUNTOS	Qali Warma	Haku Wiñay/Noa Jayatai
Coverage 	<p>DCS: 6-35 months (urban)</p> <p>FAS: pregnant and children up to 35 (months (rural)).</p> <p>Poor households</p>	<p>Poor or extreme poverty households with children member up to 14 years or pregnant</p>	<p>Students of primary and pre-primary level in public schools located in rural areas or urban</p>	<p>Rural areas - subsistence farmers</p>
Adequacy 	<p>DCS provides 3 meals (100% of protein needs and 70% of energy and iron needs).</p> <p>FAS: Geared towards capacity building. Favourable results in terms of anaemia observed in DCS beneficiaries.</p>	<p>The transfer has increased since the programme's inception, which means less real value for money. However, with the redesign, an extra 50% is provided to prioritised families.</p>	<p>Schools located in districts in quintile 1 and 2 receive breakfast and lunch, other quintiles only breakfast. Emphasis is placed on the incorporation of iron-rich foods such as blood, rice, fortified , etc.</p>	<p>The programme is geared towards household economic inclusion but has not incorporated approaches to nutrition-sensitive agriculture.</p>
Comprehensiveness 	<p>Through the Articulated Nutrition Programme, it has strengthened key interventions to reduce stunting in children under 5 years of age.</p> <p>CM and JUNTOS promote the use of health centres. ECD through LAI make nominal follow-ups to children with lack of key interventions.</p>		<p>Health services do not prioritise the programme's target population.</p>	<p>After the intervention of HW/NJ other programmes should continue to strengthen the agricultural activity in the families. This action route has not been contemplated</p>
Quality 	<p>There is a strong follow up of the programme to DCS and FAS to guarantee the adequate implementation.</p> <p>The programme manages its resources through co-management, and the caregivers and facilitators who run the services are people from the community who are constantly trained by the programme.</p>	<p>JUNTOS has simplified the process of registration and currently aimed to early registration (pregnant and children up to 1 month). Co-responsibilities verification through interoperability (health and education sectors).</p> <p>JUNTOS has focused its follow up in the prioritised population (pregnant and children under 1 year).</p>	<p>Strong follow ups at school levels to ensure the adequate implementation.</p> <p>Co-management of food procurement processes at provincial and school levels to control consumption, preparation, and distribution.</p>	<p>Participation of beneficiary families, organised in implementing groups, in the co-management of resources and project management.</p> <p>Interventions are decided in participatory processes according to family needs and potentialities.</p>
Responsiveness 	<p>The programmes have been adapted to the COVID context through the virtualisation of their activities and telephone support, as well as simplifying the registration process (JUNTOS) and providing equivalent food in baskets (Cuna Mas - CDD modality and Qali Warma). Haku Wiñay continued its activities in person, due to the nature of the intervention.</p>			

CONCLUSIONS

- Peru has reduced stunting over the last decades, attributed to the Articulated Nutritional Programme, which improved the supply of key interventions in health centres to reduce stunting. However, in the latest years its progress has stuck, and the reduction of anemia has been modest. Furthermore, the overweight and obesity rates continue to increase in the population, and they are not integrated in social assistance programmes and don't have a multisectoral approach. Currently, the country prioritizes combating stunting, and more recently anemia; actions at multisectoral level have been implemented, from a policy to programmatic perspective.
- The country has a social assistance system in a developing process that has weakened in the last years due to the approach changes and leadership in the Ministry of Development and Social Inclusion, however it has achieved to organize a multisectoral intervention around Early Childhood Development, that incorporates social assistance programmes, and other sector interventions. It constitutes a great advance due to the intervention is a budget-for results-programme, a policy instrument that allocates resources sustainably, identifies actions and align objectives to actions of each sector involved.

LESSONS FOR PATHWAYS

Lessons for pathways at the policy level

- Social assistance acts within the framework of the priorities established in the national agenda, thus the recognition of any nutritional problem and its establishment as a multisectoral priority is key to its incorporation into social protection. The Peruvian case clearly shows how the establishment of stunting, in the first instance and then anemia have been incorporated into the social protection programmes, however, other issues such as overweight and obesity or a nutritional strategy in a broader sense have not yet been incorporated into the national policy agenda, nor in social assistance.
- The process of aligning social protection programmes to nutritional priorities requires analyzing the population affected by each nutritional priority, and the social assistance programme that targets that population, so that the alignment is relevant and contributes to addressing the prioritized problem. For other age groups that are not affected by the nutritional priorities, but are served by a social assistance programme, the nutritional problem affecting each group should be carefully analyzed based on national data. The case of anemia adequately reflects this learning, although programmes such as JUNTOS and Cuna Más, aimed at the child population, have been aligned, as have programmes such as Qali Warma (school-age population) and Pensión 65 (older adults). However, these last two populations have not been identified as affected by anemia, basically due to the absence of data at the national level and may eventually require other nutritional interventions.
- Another central learning at policy level is to have a strong governance of social policy that encompasses social policy and social assistance, a governance that leads the processes from the technical political level to the operational management, which can incorporate nutritional issues, propose approaches within social protection and articulate multisectoral action. Within this, management tools such as management by results favor governance, as they identify actions in each sector, which are articulated based on common results, organize budgets, set goals and are a good platform for articulation, in addition to favoring the sustainability of interventions in the face of management changes.
- Another key learning is the approach of a development and social protection policy by life cycle, which helps formulate relevant programmes and actions according to the needs of each age group. However, it is fundamental to mainstream a transit route approach between social assistance programmes, contemplating all available programmes in the public sector. This route aims to strengthen capacities, reduce inequalities, and nutritional achievements, in an incremental way, and generate graduation routes and access to the following programmes. For example, Haku Wiñay/

Noa Jayatai works with subsistence farmers; at the end of the intervention, families need further capacity building through other programmes, such as those led by the agricultural sector; however, there is no defined pathway from HW/NJ to those programmes.

Lessons at the programmatic level

- The Peruvian case shows that to contribute to anemia and stunting reduction since the CCTP and other programs aimed at early childhood must ensure three aspects: an early enrollment of beneficiaries, even from the pregnant stage, co-responsibilities can be associated with the reception of key interventions and not only to the attendance of health centres, and improvement in coverage and availability of key services for children. Early enrollment is crucial because it will promote beneficiaries' access to health services from the first days of life. Defining specific co-responsibilities interventions would favor ensuring that children and pregnant women receive interventions impacting directly on their nutritional status. However, this requires a robust information system fed by health system databases and can provide information at the individual level. The JUNTOS case clearly illustrates this learning; its redesign and the additional incentive provided aim at compliance with prenatal check-ups, hemoglobin dosages, vaccinations in pregnant women and children under one year of age, and not only at access to health services. Local managers of the programme monitor and counsel families to access key health interventions; the monitoring process is supported by an online application with all this information available for each child.
- The third element, regarding the improvement of health key interventions delivered to children, was possible thanks to the implementation of the Articulated Nutritional Programme promoted by MEF, which has favored the availability and supply of key interventions such as vaccines, nutritional counselling, etc.
- Social assistance programmes aimed at behavior change, such as JUNTOS and Cuna Más, should include frequent follow-ups to achieve greater access to health services, but also to strengthen capacities in the family directly through key messages on health, nutrition, and care or a training activity developed through visits or care centers for children, as in the case of Cuna Más, day care service modality.
- Cuna Más aims to strengthen nutritional status, protect, and promote the comprehensive development of children. It will later impact the learning and potential of children; therefore, its coverage should transcend the poverty criteria but aims to provide the service in all areas where a private or subsidized service offered with these objectives is not available. Likewise, the DCS modality encourages families to carry out economic activities during the hours that the child remains in the day care service.
- The School Feeding Programme responds to nutritional needs that contribute to strengthening the short-term memory of vulnerable groups such as girls and those who attend school without breakfast and could therefore also contribute to meeting the nutritional requirements of these groups. In addition, improvements in the acceptability of the packaged products provided by the programme, with low sugar, sodium, and fat content, which were initially poorly accepted, and the provision of healthy breakfasts, and lunch, may be opportunities to shape new dietary patterns and preferences that could be reinforced by training programmes for schoolchildren and teachers.
- The Haku Wiñay/Noa Jayatai programme improves family farming with a view to market inclusion, the programme is an excellent platform for strengthening nutrition that can be improved by incorporating a nutrition-sensitive agricultural approach, especially in households with young children, pregnant women, or other vulnerable populations, which is possible because the programme design is tailored to the needs and potential of each family.

DOMINICAN REPUBLIC



BACKGROUND TO THE DOMINICAN REPUBLIC CASE STUDY

Dominican Republic has reduced its child stunting rate in the last two decades from 19.5 percent in 1991 to 6.9 percent in 2013 (CEPAL, 2018). However, obesity and overweight have increased, affecting 67 percent of women over 15 years old and 51 percent of children between 5 and 9 years old in 2016, and anemia affects 26 percent of women of childbearing age (UNICEF, w.d.).

Poverty is also a latent problem in the country, as it affected 2 out of 10 Dominicans in 2019 (21 percent of poverty rate), highlighting a reduction of 4.6 percentage points since 2017, and in recent years due to covid has increased to 23.85 percent (ONE, 2022). The poverty vulnerability rates remain high, affecting 4 out of every 10 settlers (43.7 percent in 2019) and a multidimensional poverty rate of 16.4 percent in 2019 (World Bank w.d).

To face poverty and protect the population from diverse vulnerabilities, Dominican Republic has several social assistance programmes hosted by different institutions, such as the National Student Welfare Institute in charge of the School Feeding Programme, Comedores Económicos, Presidential Social Assistance Plan, the Special Project of the Presidency, the SUPERATE Programme, among others.

Several of these programmes may be attached to the Cabinet of Social Policies; however, only SUPERATE, the Unique System of Beneficiaries, and the Social Subsidies Administrator are organically under this Cabinet. The Cabinet of Social Policies is under the presidency since 2021, as it was under the vice-presidency from 2012-to 2020.

Some of the other institutions, such as the Presidential Social Assistance Plan or Comedores Económicos depend directly on the Presidency; while others may be attached to Ministries, for instance, the National Student Welfare Institute is attached to the Ministry of Education, and the childcare centres depend on the children's cabinet headed by the First Lady. In this way, social assistance in the Dominican Republic consists of a series of institutions that house different social assistance programmes without having an articulating body or leader that leads social assistance in the country. For this reason, one of the current discussions in the Dominican Republic is the creation of a Ministry of Development to have an organized social assistance system. Likewise, this dispersion has led to overlapping actions or benefits provided by social assistance programmes and the absence of this leadership is also evident in the lack of a single beneficiary system that identifies beneficiaries by programme.



WFP/Esteban Barrera

OBJECTIVES AND TARGETED POPULATION

In the Dominican Republic, the Unique System of Beneficiaries identifies poor households based on the measurement of the life quality index (LQI), which considers multidimensional poverty. Hence, LI includes variables such as basic services access, educational level, household characteristics, and environmental vulnerability (housing characteristics, proximity to sources of danger, and income). The index classifies households into four levels (LQI 1, LQI 2, LQI 3, and LQI 4). Therefore, the populations targeted by the programmes are households living in multidimensional poverty (generally LQI1 and LQI2) and not only monetary poverty, in addition to the criteria defined by each programme.

Social assistance in the Dominican Republic has many objectives, several of which are associated with strengthening access to food, for example, Comedores Económicos provide prepared food to people living in poverty, and SUPERATE through the ALIMENTATE (SUAL) component strengthens access to food through the delivery of cards that allow purchases in the facilities of the Social Supply Network, and the Presidential Social Assistance Plan includes as part of its actions the delivery of food baskets. Indirectly, SUAL favors the micro and small businesses, as the Social Supply Network is mainly made up of local businesses, while Presidential Social Assistance Plan stipulates in its procurement requirements for food baskets that products should be of national origin, where possible.

There are also objectives related to the household protection of people in situations of poverty or vulnerability. For instance, the social assistance programme has a programme to equip homes with electrical appliances and roofs when the households do not have these facilities; other protection programmes (SUPERATE-BONO GAS or SUPERATE-LUZ) allow access to vouchers for the payment of electricity or gas services. In addition, the Presidential Social Assistance Plan is responsible for providing food assistance, water, supplies, tents, and other items needed during an emergency (fires, cyclones, hurricanes, etc.)

Other programmes aim to strengthen entrepreneurship, through technical training to promote business formation among adults and other programmes to strengthen family farming, seeking commercialization and market access.

The population served by the programmes is diverse, and in recent years the population with disabilities has been incorporated as one of the key groups, and currently, SUAL is incorporating the population affected by tuberculosis or HIV. In addition, this programme targets households in the LQI1, and LQI2 categories with children, older adults, people with disabilities, and people with high economic dependence. As for the micronutrients component of SUPERATE (SUMI), which is currently not in force, it was aimed at the beneficiary population of the ALIMENTATE component, considering pregnant women, children under five years of age, and the elderly population (although non-beneficiaries who required the service were also accepted).

Regarding the Presidential Social Assistance Plan, it delivers food baskets in two modalities: the first is through operations carried out according to the country's poverty map, where the baskets are delivered only once. The second modality is on a fixed basis of food basket delivery, in which case the target population is households in a situation of poverty according to LQI1 and LQI2.

Regarding the mainstreaming of specific nutritional problems in social assistance programmes, stunting, and anemia have been addressed in SUMI through the delivery of multi-micronutrients to children under 5 years of age. Also, it aims at pregnant, elderly, and children underweight providing Progresina, a food supplement. SUMI defined its objectives as preventing and reducing anaemia, reducing chronic malnutrition, supplementing the diet of vulnerable older people, improving eating habits, contributing to increasing the rate of exclusive breastfeeding and preventing acute malnutrition in pregnant and lactating women. The programme is not in force since March 2021 and is being evaluated that the delivery of micronutrients will be from the Ministry of Public Health.

Regarding overweight and obesity, some actions have been carried out such as the development of a recipe book in the framework of a healthy cooking contest of SUPERATE, and the incorporation of training in healthy cooking in a gastronomic centre for some users. Nevertheless, overweight and obesity has not been incorporated at a policy or programmatic level in social assistance; it is necessary to expand and integrate other actions that allow a more comprehensive approach to the nutritional problem.

Due to the limitations of information for the Dominican Republic, we will make a brief analysis of the SUAL and SUMI programmes, and the social assistance programme in relation to the fixed delivery modality of food baskets.

KEY ELEMENTS OF DESIGN

Regarding SUAL, the programme has doubled the transferred amount from 825 to 1650 Dominican pesos (US\$ 15 to 30) and has broadened the number of households from 800 000 to 1.4 million.

SUAL has as co-responsibilities the attendance to health centres for children, pregnant women, and older adults, the verification of compliance is done manually and not periodically. Also, the programme has established other conditionalities such as the attendance to technical training programmes for adults in an area to be chosen by the user of the programme; these training aims to job training, business creation, etc. SUAL carries out economic transfers through card delivery that households can use in the Social Supply Network to purchase basic foodstuffs such as rice, noodles, and fruit, among others, except for carbonated drinks, alcohol, and cigarettes; butcher shops are currently being incorporated into the Social Supply Network. Verification of compliance with spending on permitted products is limited by the Social Supply Network's invoicing system, which does not allow tracking of the products purchased by each user, so the programme may have deviations in the purchase of products that are not permitted.

Concerning SUMI, the beneficiaries of this programme

were pregnant women, children under five years of age, and elderly SUAL users (approximately 70 percent of SUAL beneficiaries and 30 percent of non-beneficiaries). The programme provided multi-micronutrients to children under 5 years of age as a strategy to prevent and reduce anaemia, and Progresina (food supplement) in three different versions for pregnant women, children, and older adults. SUMI also strengthened the links between the Primary Health Care Units and the population.

SUMI was created in 2004 and initially only included the delivery of micronutrients to children and pregnant and lactating mothers, and in 2011 the programme incorporated a nutritional education scheme, development of educational materials, community surveillance, and field monitoring through the Primary Health Care Units. In 2014, the fortified complementary food Progresina and the elderly population were included, with which nutrition education actions were intensified to improve feeding practices of the beneficiary population (WFP, 2022).

This has been the result of collaborative action between Progresando con Solidaridad – now SUPERATE— WFP, and the National Health System. This tripartite collaboration has sought to strengthen institutions and their technical capacities and reinforce the fulfilment of responsibilities through the strengthening of staff and communities. In the framework of this strategic alliance initiated in 2010, WFP provides technical assistance in capacity building, supply logistics, and monitoring and evaluation.

Regarding the Presidential Social Assistance Plan, it delivers two food baskets per month consisting of beans, rice, canned salami, macaroni and cheese, sugar, sardines, powdered milk, cereal flakes, etc. The baskets cost 1100 pesos (US\$20). It is important to point out that the choice of foods in the basket considers the food preferences of the population and packaging resistance to transportation. However, they are not defined using nutritional criteria, as there is no specific area or advice from another governmental body that can provide this technical assistance. Registration does through direct requests to the programme from households or civil society organizations such as churches, NGOs, and shelters for women victims of violence, among others.

It is also important to mention that the programmes do not have exit or graduation criteria, so households remain beneficiaries for several years. Due to this, SUPERATE is currently defining exit criteria for the programmes.

SUCCESSSES AND CHALLENGES INCLUDING INTEGRATION WITH NUTRITIONAL OBJECTIVES

The Dominican Republic offers various social assistance programmes to reduce vulnerabilities and protect capacities, such as SUAL and SUMI; it also has actions to address emergencies within the social assistance programme.

In addition, social assistance points out populations by lifecycle or conditions such as children, pregnant women, schoolchildren, and older adults, but also with other vulnerabilities such as disabilities, and people living with tuberculosis and HIV. Another challenge is using a multidimensional poverty approach, which allows for a broader identification of people who require social protection, as it does not focus solely on monetary poverty.

In terms of programme successes, study participants perceive that SUAL has achieved a major expansion not only in the number of households reached but also in the quantity transferred, which has doubled, allowing greater access to food in quantity and quality, including fresh food. Indirectly, SUAL favors the strengthening of local shops in the Social Supply Network, as beneficiary households make their purchases there, boosting the local economy.

Moreover, research conducted by the University of California Berkeley on the programme concluded that it had a positive impact on food security and that users were 7.5 times less likely to have skipped a meal in the month before the survey (WFP 2021). Hence, it is probable that after the increase in the transfer amount, the positive impacts on households will be more favorable.

Regarding SUMI (formerly Progresando con Solidaridad-Nutrition), research conducted in 2013 shows that through this component, anaemia levels in the surveyed population have been reduced by more than 50 percent compared to the baseline.

On the other hand, the challenges of FSN are to have a leading institution that articulates and favors the governance of FSN in the country. Likewise, the organization of existing programmes to avoid overlapping objectives or actions in the population and organize a social assistance route that protects, reinforces capacities and skills, and promotes access to opportunities.

Other challenges highlighted by the study participants are to have a single database that makes it possible to know by name which programmes each person attends, and to strengthen computer systems and payment processes, given that SUAL was a subject of electronic fraud during the expansion of the programme in COVID-19.

Regarding the challenges associated with nutrition, strengthen the transversality of actions to improve access to nutritious and healthy food (to reduce and prevent anemia, overweight, and obesity, among others), according to life cycle or other conditions. For example, the formulation of the food baskets provided by the Presidential Social Assistance Plan can go through a nutritional assessment to adjust their content, if necessary.

It is also crucial that social assistance identifies the nutritional objectives to be addressed directly or indirectly through each programme for better alignment; this also requires establishing nutrition policy priorities at a country-level multi-sectoral.



CONCLUSIONS

- The Dominican Republic has a social assistance system that brings together several programmes housed by various institutions. However, it does not have an entity that organizes and articulates social policy and social assistance programmes toward macro-objectives; the programmes may include similar actions that avoid the efficient use of resources.
- Several of the programmes in the Dominican Republic aim to strengthen access to food, such as Comedores Económicos, the Presidential Social Assistance Plan, and SUAL, providing food to the population in different modalities, such as the delivery of economic menus, food baskets, and cards for the purchase of food. In these interventions, it is necessary to strengthen the cross-cutting nature of actions to combat the main nutritional problems of the country.

LESSONS FOR PATHWAYS

Lessons for pathways at the policy level

- The Dominican case highlights the need for a leading institution of social assistance policy that defines its objectives and policies and articulates all the current efforts and programmes from institutions such as Comedores Económicos, the Presidential Social Assistance Plan, SUPERATE, etc. Furthermore, to establish an incremental route of action for programmes from those aimed at protection and vulnerability reduction to strengthening capacities and skills and promoting access to opportunities.
 - The use of multidimensional poverty indices to classify households allows the focus on a larger number of households that may face a range of vulnerabilities, such as food and nutrition insecurity, and not only those facing monetary poverty.
 - The Dominican Republic has an organized social assistance system to deal with emergencies such as fires, cyclones, etc., with defined processes and deliverables for each event, so that responses are timely. It demonstrates the importance of organizing social assistance to respond efficiently and promptly to emergencies, ensuring food, access to clean water, shelter, etc.
 - Another important lesson learned from the Dominican case is the incorporation of vulnerable populations such as people with disabilities or affected by tuberculosis or HIV, recognizing the importance of working with a life-cycle approach and identifying vulnerable populations at greater risk of poverty or food insecurity.
- of the Social Supply Network and by strengthening the capacity of households to make better food choices.
- SUMI highlights the results achieved in the frame of an articulated action between a social assistance programme, the National Health System, and WFP. The articulation aimed to strengthen health service's demand, and the supply of services aimed at reducing vulnerabilities in pregnant women, children, and older adults, through the provision of nutritional supplements and nutritional counselling. Key elements are the linkage between users and the health service and the strengthening of the response of health services around specific nutrition objectives.
 - Currently, SUMI is not in place, and the provision of micronutrients through the Ministry of Public Health is under discussion. It underlines the importance of establishing sustainable interventions through alignment with the proper function of the entity, but at the same time, the generation of public policy instruments to generate institutional arrangements for intervention.
 - The Presidential Social Assistance Plan, through the delivery of food baskets, contributes to feeding families and reducing the risk of food insecurity; however, the programme has great potential to offer a basket that includes healthy staple foods and considers the increase in overweight and obesity in the formulation of its content. Therefore, the Dominican case shows the need to incorporate nutritional objectives such as reducing or preventing overweight and obesity in the social assistance programmes.

Lessons at the programmatic level

- SUAL impacts directly in reducing vulnerability to food insecurity by strengthening food access and indirectly by boosting the local economy through the inclusion of small businesses in the Social Supply Network. Potentially, the programme can have a major impact on nutrition by strengthening the supply of nutritious and healthy products with low sugar and fat content in the shops that are part

5. Conclusions

This study set out to study the lessons provided by four different country cases of national social assistance systems in the Latin American and Caribbean region, with a particular focus on the linkage of these systems to wider food and health systems; and their orientation towards the double burden of malnutrition now being experienced by their populations.

The studies provide a good range of lessons from systems at different levels of governance development; as well as several aspects of systemic capacity that were assessed in each of the cases: coverage, adequacy, comprehensiveness, quality, and responsiveness.

Each country's case and the system and programmes that were studied emphasize different nutritional problems. Ecuador, and Guatemala focus on stunting, the Dominican Republic on broader food insecurity targeted based on multiple deprivation, while Peru has added an additional and strong focus on anaemia. But despite a growing burden of overweight and obesity the nutritional focus of most social assistance programmes examined are not yet addressing excess weight and its associated health problems and/or how this might combine with existing nutritional problems as part of the 'double burden'. In most cases, the burden still falls largely on the health sector.

More specific lessons can also be drawn from the different social instruments that were studied within the country cases. Child care programmes such as CDI and Cuna Mas can generate multiple impacts on the nutrition and food security of the household and the child, through the service provided in the care centres and the food that covers a large percentage of the daily requirements, as well as the possibility provided to the household to carry out economic activities or continue with their studies, which would be linked to the generation of income in the short, medium or long term. School feeding programmes require monitoring processes, especially when they

involve the preparation of food in the schools, to ensure compliance with the established guidelines and schedules. The Ecuadorian case also highlights the need to establish a varied diet to achieve greater acceptance and consumption. Public procurement laws to promote family farming, as in the cases of Guatemala and Peru, are initiatives that seek to boost the local economy and strengthen local food systems; however, there is a need to generate conditions by strengthening local production, guaranteeing a safe food chain, certifications, etc.

At a country level, many of the aspects of the social assistance system are assessed favorably in Peru, which is known for its progress on social protection and nutrition. Some of this progress has been achieved via a clearly defined Development Strategy, organized via a life cycle approach operationalized in a multisectoral Budgetary Programme. But there are lessons for the region from all the country cases examined here, whether in terms of the positive aspects of childcare established by Ecuador's CDI; programme; the recent technical capacity strengthening (regarding technical manuals and eligibility criteria) that has been undertaken in Guatemala; or the major scale up of the SUAL programme that has been achieved in the Dominican Republic.

All countries face several challenges, however, particularly in terms of coverage and comprehensiveness, where pockets of particularly vulnerable or deprived populations or whole categories of the malnourishment burden (i.e., obesity and overweight) are being missed out. Quality improvement measures also differ substantially in each country; from sophisticated monitoring and evaluation systems which include community level input as well as national level datasets; to country contexts where continual monitoring and evaluation have not yet been implemented substantially. The responsiveness of each social assistance/social protection system has also now been tested in

extremis by the arrival of the COVID-19 pandemic: these cases also provide some further examples of responsiveness such as the move to telephone counselling across many programmes; and the flexibility to suspend co-compliance measures in the case of some relevant programmes where it was seen impossible for clients or services to continue to function as normal; or the incorporation of additional

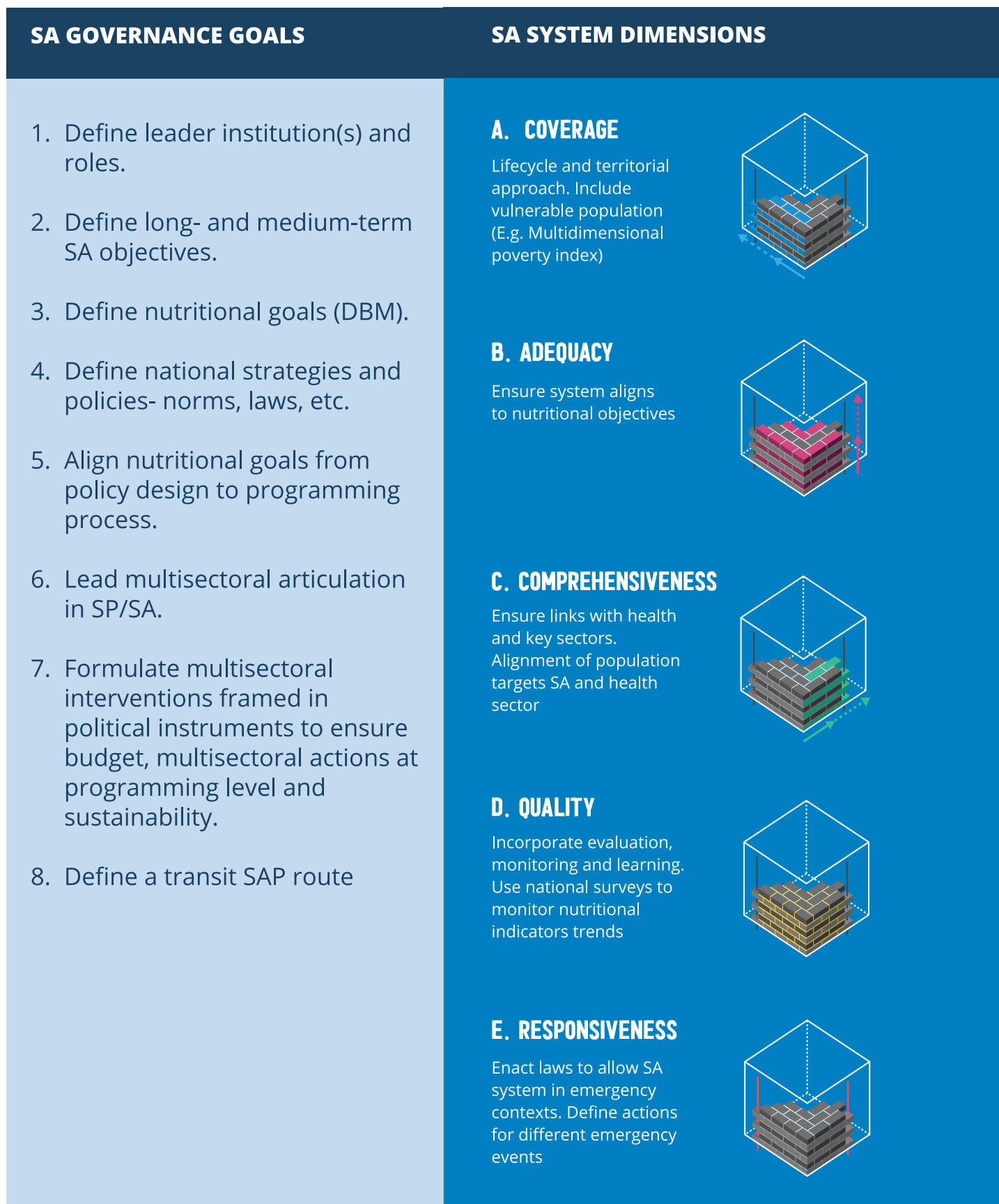
food packages for vulnerable clients during the height of the pandemic. As Social Assistance systems in these four countries adapt to the further challenges presented by the current hike in food crises being experienced globally, but particularly of concern to vulnerable communities across the LAC region, a further focus on these programmes adaptiveness and responsiveness will be important and necessary.



WFP/Theresa Piore

Figure 1

Integrated lessons learned: Case studies



SA PROGRAMMES STUDIED

CCTP

Goals: reduce stunting/anaemia in children

- A. Early enrolment (pregnancy/ children <1year.
- B. Co-responsibilities linked to health key interventions. Assessment of amount transferred.
- C. Verification of accomplishment and joint work with health to refer children. Follow-ups to households.
- D. Interoperability, simplification of registration process. Nominal data available per children attending to health and by key health interventions.
- E. Flexible to adapt follow-ups and registration by telephone/online and expand to other populations.

Goal: reduce food insecurity:

- A. Include multidimensional poor population.
- B. Assess cost of living and amount transferred
- C. Verification of co-responsibilities and provide trainings/follow-ups. Link to health centres.
- D. Strengthen the availability of healthy food.
- E. Flexible to expand.

SOCIAL CARE

Goal: early childhood development and adequate nutritional status:

- A. Include pregnant women- children up to 3 years, early enrolment.
- B. In care centres include healthy food providing iron and proteins more than 50% of needs. Counseling to parents aim to behavioural change.
- C. Monitor nutritional status, ensure children and pregnant receive health key interventions and counseling from health sector.
- D. Strong monitoring and staff training.
- E. Flexible to provide counseling via telephone or online or adapt the intervention.

FTP

Goal: reduce micronutrient deficiency/ stunting:

- A. Include population according to goals.
- B. Include BCC/ trainings
- C. Monitor nutritional status and counseling from health sector.
- D. Joint work.
- E. Flexible to expand.

SFP

Goal: Improve school performance.

- A. Include children in pre-primary, primary levels and other levels according to budget. Consider students of public residence schools.
- B. Provide a healthy meal or snack, considering diverse alternatives during the month to promote consumption.
- C. Ensure health sector include students as one of the main population targets, and link to counseling or develop activities aimed to behavioural change/ Ensure access to safe water/ Family farming law: ensure agricultural sector strengthens the farmers.
- D. Strong monitoring.
- E. Flexible.

GRADUATION

Goal: strength food security

- A. Include vulnerable households. Territorial approach.
- B. Consider crops and livestock according to potentialities and needs. Actions to achieve healthy homes (safe water, improved kitchens, etc).
- C. Promote consumption of nutritious food from the health sector.
- D. Incorporate a nutrition sensitive agriculture approach.
- E. Flexible to adapt the intervention.

KEY SECTOR: HEALTH (REINFORCE EVIDENCE BASED INTERVENTIONS ACCORDING TO LIFECYCLE) AND LINKS WITH SA

Table 10

Operational framework: worked example on the case studies

STEP	ECUADOR
<p>STEP 1 Situation Analysis: Assess Malnutrition in all its forms</p>	<p>Ecuador has one of the highest rates of stunting in Latin America, evidenced in the regular national nutrition surveys.</p> <p>Similarly, overweight and obesity have increased in recent years.</p> <p>None of these malnutrition problems have been addressed from a SA perspective at the national level. However, stunting is positioned in the child development programmes hosted by MESI (CDI and CNH); and recently the TSEGWCU has been created to address stunting from the national level.</p>
<p>STEP 2 Identify the root causes of malnutrition</p>	<p>Governance: Although stunting is a national problem in Ecuador, the rate of stunting has not reduced, possibly because it has not been positioned in the national political agenda, and because of the lack of actions at the programmatic level in different sectors. In addition, the lack of a governing institution for Social Development Policy with defined long-term objectives could have affected the integration of nutrition into the SA scenario, and its analysis.</p> <p>The recent creation of the TSEGWCU responds to the limited achievements in reducing stunting. In this regard, the TSEGWCU is leading a national, multi-sectoral strategy to reduce stunting. Other nutritional problems such as obesity and overweight are not considered by the TSEGWCU and are addressed more by the health sector.</p> <p>Equity analysis/target to the most vulnerable: According to the Constitution of the Republic of Ecuador, priority care groups are the elderly, children, adolescents, pregnant women, persons with disabilities, persons deprived of liberty and those suffering from catastrophic or highly complex diseases. Also, people at risk: victims of domestic and sexual violence, child abuse, natural or anthropogenic disasters. Therefore, the state must provide special protection for people with double vulnerability.</p> <p>Social Assistance initially uses the poverty line to determine the poor and non-poor population. It then calculates the social registration index, which is composed of variables such as access to basic services, property declaration, employment, and education of the household. This identifies the potential beneficiaries of the ES. Likewise, each programme elaborates its selection criteria (these consider vulnerable population): older adults, persons with disabilities, minors living with HIV, children, and most of them (except the SFP) target the population without formal employment (without access to social security - excluding the Seguro Social Campesino or those affiliated to unpaid work in the household) (MIES 2019).</p>
<p>STEP 3 Assess social assistance landscape:</p> <p>Coverage and inclusiveness (C&I) Adequacy (A) Comprehensiveness (C) Quality (Q) Responsiveness and adaptiveness (R&A)</p>	<p>Coverage and Inclusiveness: According to the analysis described in step 2 (equity analysis/targeting of the most vulnerable).</p> <p>Adequacy: Although many of the SAPs do not have nutritional targets, vouchers and other transfers could help improve access to food; we have not collected the percentage that the cash transfer represents with respect to the basic basket or food basket; However, doing an analysis with secondary information (assuming an average household of 4 members²), the BDH covers 26% of the food basket and 14% of the basic consumption basket, the BDHVC up to 78% of the food basket and 44% of the basic consumption basket (although the BDHVC only serves 20,000 families, generally located in remote areas of Ecuador). In terms of social care, the CDI provides meals to beneficiary children during their stay in the care centres, covering up to 75% of their caloric needs, which ensures the provision of a large part of the beneficiaries' energy needs 5 out of 7 days a week.</p> <p>Comprehensiveness: In general, MESI does not coordinate with the health sector for joint actions (except for CDI and CNH). On the other hand, due to the recent creation of the Technical Secretariat Ecuador Crece Sin Desnutrición Infantil, , coordination may be facilitated by this body but only in relation to stunting. Quality: The SA has clearly defined beneficiary enrolment requirements; they have actions at local level (families) to promote behavioural changes in some SAPs (except SFP). No monitoring and evaluation are carried out.</p> <p>Responsiveness and adaptiveness: Ecuador implemented some temporary assistance with vouchers during the pandemic. Also, responsiveness is linked to the response capacity of each programme and not as a system.</p>

2 Poverty line: based on Indicators of poverty and inequity (INEI 2021. ENEMDU Junio 2021. Indicadores de pobreza y desigualdad). Average of members per household in Ecuador: ILFAM. UTPL. 2016. Ecuador Familia en cifras 2016. Cash transfer per programme: According to MESI information.

3 Based on the poverty line value (INEI 2021: <https://www.inei.gob.pe/prensa/noticias/pobreza-monetaria-alcanzo-al-301-de-la-poblacion-del-pais-durante-el-ano-2020-12875/#:~:text=El%20INEI%20precis%C3%B3%20que%20la,de%20cuatro%20miembros%20el%20costo,> and DATUM , Nueva dinámica en las familias peruanas: https://www.datum.com.pe/new_web_files/files/pdf/nuevas_dinamicas_en_las_familias_peruanas.pdf)

	GUATEMALA	PERU
	<p>Guatemala has the highest rate of stunting in Latin America, other malnutrition problems such as overweight and obesity are also increasing. Furthermore, although acute malnutrition is not high in terms of rate, the number of children affected has doubled in recent years.</p> <p>Stunting has been positioned as a national problem and several national strategies have been designed to address it, but stunting has not been reduced.</p> <p>Overweight, obesity and anaemia are mentioned in the national strategy but are not as programmatically developed as stunting. Moreover, the lack of updated national nutritional surveys may affect proper assessment.</p>	<p>Peru has managed to reduce its stunting rates, however, anaemia in children has remained high and a series of multisectoral actions are currently being implemented to reduce it.</p> <p>On the other hand, overweight and obesity have been on the rise, yet they are not being addressed from a multisectoral approach. Therefore, SA system prioritises stunting and anaemia.</p>
	<p>Governance: The GNCN is the current national strategy to combat stunting. It is a multi-sectoral strategy that incorporates several ministries, including MSD.</p> <p>The GNCN identifies the BSS-Crecer Sano and Nutrinifios as part of the strategy to combat stunting.</p> <p>On the other hand, the identification of the root causes of malnutrition could be limited by the coexistence of 2 governing institutions of social development, where one of them has the role of coordinating multisectoral actions, but its institutional life has not been permanent.</p> <p>Equity analysis/target to the most vulnerable: We did not collect information on analysis and the information found on web is insufficient to carry out this analysis.</p>	<p>Governance: In Peru, the MDSI has defined the national nutrition priorities for the SA system: stunting and anaemia. The inclusion of both malnutrition problems in the national agenda, and the implementation of a new management approach (results-based) in the ANP by the MEF have favoured their inclusion in the SA.</p> <p>Equity analysis/target to the most vulnerable: The social assistance policy targets those people who do not manage to be covered by the universal protection policy. Furthermore, the National Development Strategy Inclusion for Growth defines the population in the process of development and social inclusion (in a situation of vulnerability) as rural households, households with a head of household or spouse with incomplete primary education or less, households with a mother tongue speaking head or spouse, households located in the first quintile of the national distribution of per capita expenditure.</p> <p>With the pandemic, characteristics such as rurality and vulnerability have been assessed and some programmes have modified their regulations to incorporate the urban population in poverty and extreme poverty.</p>
	<p>Coverage and Inclusiveness: Social programmes (except SFP) benefit the population living in poverty and extreme poverty, some of them consider territorial approaches for their implementation. For example, Bolsa Social is implemented only in Guatemala City. And Bono Social Salud allocates a transfer according to the department of residence (poverty ranking).</p> <p>Adequacy: BSS and Nutrinifios are aligned with stunting; BSS improves household incomes, and their contribution to food access needs to be evaluated as the number of transfers per year varies according to the national budget. The SFP has increased the quantity per meal with the objective of improving its quality and quantity.</p> <p>Comprehensiveness: The BSS incorporates conditionalities related to attendance to health centres, the uptake of access to health interventions is limited by low coverage, which may also affect Nutrinifios.</p> <p>Quality: The MSD has recently defined entry criteria for accessing SAPs, which contributes to serving beneficiaries in poverty. Despite progress, evaluation and monitoring have not yet been integrated into the SA system.</p> <p>Responsiveness and adaptiveness: SAPs continued during the COVID-19 pandemic.</p>	<p>Coverage and inclusiveness: Focus on rural areas that has been extended to urban areas due to the urban vulnerability shown during the COVID-19 pandemic.</p> <p>Adequacy: SAPs incorporate nutritional targets (stunting and anaemia). JUNTOS, the CCTP promotes attendance at health centres and allocates transfers equivalent to 13%, or 19% (JUNTOS targeting households with pregnant women or children under 1 year old) of the food basket; and covers 10.4% and 6.9% of the consumption basket³. Cuna Mas (DCS) covers 100% of protein needs and 70% of iron and energy needs. SAPs incorporate nutritional targets (stunting and anaemia).</p> <p>Comprehensiveness: The availability of key nutritional interventions to reduce stunting in the health sector has been strengthened through the Articulated Nutritional Programme promoted by the Ministry of Economy and Finance.</p> <p>Quality: SAPs are designed within the framework of results-based budgeting programmes. They have regular evaluations and monitoring systems. In addition, national surveys are in place to measure national trends in indicators.</p> <p>Responsiveness and adaptiveness: The SA system is not set up to respond to emergencies, because of this it made some arrangements to respond to the COVID pandemic. However, SAPs continued to provide services during the pandemic.</p>

STEP	ECUADOR
<p>STEP 4 Enhance capabilities for delivery and implementation</p> <p>Coverage and inclusiveness (C&I) Adequacy (A) Comprehensiveness (C) Quality (Q) Responsiveness and adaptiveness (R&A)</p>	<p>For the analysis of STEP 4, we have chosen the SFP:</p> <p>Coverage and inclusiveness: Public, public commission and municipal schools (mainly at primary and pre-school level).</p> <p>Adequacy: The SFP delivers a ready-to-eat drink (processed and packaged) and a snack or cereal bar; rations provide an average of 200-280 kcal (Monday to Thursday, and on Fridays 100-130 kcal). Comprehensiveness: There are no agreements with the MPH to implement actions to improve pupil feeding practices, hygiene or sanitation in schools.</p> <p>Quality: The SFP does not incorporate actions to monitor consumption or BCC. Low diversity of food options limits uptake. Responsiveness and adaptiveness: The SFP continued to deliver the products during the pandemic (for consumption at home).</p>
<p>STEP 5 Definition of priority target: selection of social assistance instrument</p>	<p>Ecuador has social assistance instruments targeted at priority groups such as the elderly and persons with disabilities (vouchers and pensions). In addition, Ecuador has a BDH targeted at poor households, which is not conditional. A conditional form of BDH is the BDHVC, which aims to improve family dynamics and school attendance.</p> <p>Other SA instruments are related to child development, in care services or through home visits (CDI and CNH).</p> <p>The SFP is hosted by the Ministry of Education and targets public or publicly run schools. Recently, the TSEGWCU is designing a social assistance programme, the 1000 Day Voucher, aimed at reducing stunting, which is a cash transfer programme (not yet implemented), as part of the multi-sectoral intervention to reduce stunting.</p>
<p>STEP 6 Modes of impact</p>	<p>In Ecuador, only the CDI and CNH incorporate nutrition targets. These SAPs identify behaviours (CNH) and consumption (CDI) as impact pathways. Meanwhile, the SFP could potentially provide nutritional input to school children, however, this may be affected by product acceptability. BDHVC increases households' income.</p>
<p>STEP 7 Targets and measures</p>	<p>CNH: caregivers' knowledge and awareness. BDHVC: Household income</p>
<p>STEP 8 Underlying outcomes</p>	<p>CDI: Diet quality and quantity. Feeding and care practices. CNH: Care practices SFP: Diet quality and quantity, school attendance. BDHVC: diet quality and quantity (conditioned to households' nutrition knowledge, motivations for nutritious food, etc). Due to the lack of monitoring and evaluation system these outcomes are not measured.</p>

GUATEMALA	PERU
<p>For the STEP 4 analysis, we selected the SFP:</p> <p>Coverage and inclusiveness: Students in public schools at pre-primary and primary level.</p> <p>Adequacy: The recent budget increase has allowed for a shift from a school snack to a menu developed in each school, which must conform to the guidelines of national or regional school menus designed by the ME.</p> <p>Comprehensiveness: The SFP does not have agreements with the MPHSA to implement health or nutrition interventions at the local/school level, nor to assess the nutritional status of students.</p> <p>Quality: The SFP does not incorporate follow-up activities or actions related to capacity building or to monitor that schools prepare meals in adequate conditions and aligned to menu guidelines.</p> <p>Responsiveness and adaptiveness: During the pandemic, the SFP has provided the equivalent of the money allocated per meal in food purchased by the School Feeding Committee of each school.</p>	<p>For STEP 4, we selected Qali Warma(SFP):</p> <p>Coverage and inclusiveness: The SFP targets all public schools at pre-school (including children from age 3) and primary level. In recent years, QW has progressively expanded to include secondary level schools located in the indigenous population of the Amazon, and those studying in full school day.</p> <p>Adequacy: The SFP offers two different modalities depending on the income quintile of the districts where the schools are located (breakfast and lunch in the lowest quintiles and only breakfast in the others.</p> <p>The SFP is aligned with the prioritisation of anaemia in the country and incorporates iron-rich foods.</p> <p>Comprehensiveness: SFP does not have agreements with MoH to implement actions to strengthen food and hygiene practices in students or any similar actions</p> <p>Quality: The SFP has regional and local teams to provide technical assistance and monitoring to ensure good quality in food preparation or adequate distribution.</p> <p>The SFP has monitoring and evaluation processes in place.</p> <p>Responsiveness and adaptiveness: SFP has delivered food baskets and provided follow-up via virtual or telephone through School Feeding Committees and local technical teams.</p>
<p>In Guatemala there are cash transfer programmes, one of them related to access to food is the Bolsa Social, which operates in Guatemala City (capital).</p> <p>BSS, a CCTP in several departments and aims to reduce stunting.</p> <p>Nutriniños is a UFTP for children aged 6-24 months.</p> <p>SFP targets children in public primary schools.</p> <p>In addition, there are several SAPs hosted by different sectors.</p>	<p>SAPs implemented are aligned to the national development strategy and lifecycle approach.</p> <p>CCTP, Juntos targets poor households with children under 14 (recently new criteria for sign up only consider household with pregnant and children under 1 month).</p> <p>Cuna Mas (Social care) aims to pregnant and children under 3 years old.</p> <p>Haku Wiñay is graduation programme targeted to rural households.</p>
<p>BSS aims to improve consumption and access to health interventions but may be constrained by a non-recurrent cash transfer.</p> <p>Nutriniños aims to improve consumption, as does the SFP. However, it may be limited by the lack of follow-up.</p>	<p>SAP's modes of impact are identified according to key interventions:</p> <p>JUNTOS: access to key interventions in the health centres to reduce/prevent anaemia and stunting. Consumption</p> <p>Cuna Mas: consumption and behaviours</p> <p>Qali Warma: consumption.</p> <p>Haku Wiñay: Assets, income</p>
<p>BSS: Households income, use of health services</p> <p>SFP: access to food</p> <p>Nutriniños: access to food</p>	<p>JUNTOS: Household income, use of health and nutrition services.</p> <p>Cuna Mas: Access to food, caregivers' knowledge and awareness.</p> <p>SFP: Access to food</p> <p>Haku Wiñay: Household's assets, income.</p>
<p>Nutriniños: Diet quality and quantity.</p> <p>BSS: Diet quantity</p> <p>SFP: Diet quality and quantity, school attendance.</p> <p>Due to the lack of monitoring and evaluation system these outcomes are not measured.</p>	<p>JUNTOS: Diet quality and quantity, anaemia prevention/reduction.</p> <p>Cuna Mas: Feeding an care practices, diet quality and quantity, anaemia and stunting prevention/reduction.</p> <p>SFP: Diet quality and quantity.</p> <p>Haku Wiñay: Diet quality and quantity.</p> <p>*Some of the outcomes are measured.</p>

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Acronyms

BDHVC	Bono de Desarrollo Humano with a variable component
BCC	Behavior-change communication
BSS	Bono Salud Socia
BDH	Bono de Desarrollo Humano
BDHV	Bono de Desarrollo Humano with Variable Component
CDI	Centros de Desarrollo Infantil
CT	Conditional cash transfer
CCTP	Conditional cash transfer programme (CCTP)
CNH	Creciendo con Nuestros Hijos (CNH)
ECD	Early Child Development (ECD)
FSN	Food security and Nutrition (FSN)
ALC	Latin American and Caribbean
IDS	Institute of Development Studies
IFPRI	International Food Policy Research Institute (IFPRI)
MEL	Monitoring, evaluation, and learning
NGO	Non-Governmental Organization
SFP	School Feeding Programme
SPP	Social Protection Programme
WFP	World Food Programme

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Annexes

Appendix 1: Actors interviewed by country

Country	Name	Role/Institution	
Ecuador	Pamela Bueno Estefania Castillo Fernanda Sandoval	World Food Programme Ecuador	
	Luis Mendizabal/ Lorena Andrade	Secretaría de Desarrollo Infantil/ Ministerio de Inclusión Económica y Social	
	Veronica Montero	BDHVC MESI	
	Sebastián Gallo	Territorial coordinator CDI and CNH-MESI	
	Katherine Andrade Mauricio Delgado	Secretariat of Non-contributory insurance-MESI Transfer director-MESI	
	Fausto Valle	Technical Secretariat Ecuador Grows Without Child Undernutrition	
	Estefani Jarrin	Ministry of Public Health	
	Mónica Ubidia	Sub-Secretariat for School Administration- Ministry of Education	
	Alejandra Vallejo	Sub-Secretariat for School Administration- Ministry of Education	
	Gina Benavides	Territorial coordinator- Ministry of Education	
	Rosa Zumárraga	Territorial coordinator- Ministry of Education	
	Daniela Cevallos	Territorial coordinator- Ministry of Education	
	María del Carmen Ruiztt	Territorial coordinator- Ministry of Education	
	Guatemala	Ana Cintron Irma Palma	WFP Guatemala
		Eunice Lopez	Eunice Lopez
Karen Kestler		WFP Guatemala	
Juan Carlos Giron Leonel Lopez Carlos Torres		Director of organization and coordination MDS Director of Social Assistance MDS Director of social prevention-MDS	
Brenda de León		MDS regional coordinator	
Anahi Recinos		MPHSA regional coordinator	
Cristian Gonón		SFSN regional coordinator	
Flor Pisquiy		MAFL departmental coordinator	
Peru		WFP -Aníbal Velásquez	World Food Programme-Peru
		WFP-Lena Arias	World Food Programme-Peru
	Luis Cordero	Responsible of the Articulated Nutritional Programme, Ministry of Economy and Finance (MEF)	
	Paola Bustamante	Former Ministry of Social and Development Inclusion	
	Víctor Salazar-SFP	Qali Warma. National director of MEL at QW	
	Hector Galiano	Regional Coordinator QW	
	Judith Perez	Local Management QW	
	Jessica Niño de Guzman	Juntos National Director	
	Gloria Dueñas	JUNTOS regional coordinator	
	Diki Garces	JUNTOS local coordinator	
	Sandy Mauricio	JUNTOS local coordinator	
	Carlos Figueroa	Haku Wiñay/Noa Jayati National coordinator	
	Walter Begazo	National Technical coordinator FONCODES	
	Luis Trucios	FONCODES regional coordinator	
	Lourdes Sevilla	Cuna Mas National Director	
	María del Carmen	head of technical unit of integral attention- Cuna Mas	
	Julieta Amanqui	Cuna Mas local coordinator	
Dominican Republic	María Fulcar	World Food Programme- Dominican Republic	
	Doris Florencio	World Food Programme- Dominican Republic	
	Yanuel Cordero Socrates Alvarez	SUPERATE	
	Alejandra Jerez	Presidential Social Assistance Plan	
	Marlene Collado	Social Subsidies Administrator	

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