World Food Programme

SAVING LIVES
CHANGING LIVES

Mind the Gap
Country Case Study
TUNISIA

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About the Mind the Gap Report

Achieving Sustainable Development Goal 2 (Zero Hunger) by 2030 is increasingly at risk due to the combined impacts of climate change, conflict, COVID-19, and rising living costs, which have reversed progress in reducing global hunger. Social protection systems, while essential for supporting vulnerable populations, often fail to account for nutritional needs—a key element in breaking the cycle of poverty, vulnerability, and malnutrition. This oversight represents a missed opportunity to advance the objectives of SDG 2, especially in a context where hunger has been rising since 2015.

Amid these challenges, the Mind the Gap report explores the role of social protection systems in addressing affordability gaps of nutritious diets. It is structured around the **Fill the Nutrient Gap (FNG)** analytical approach, which aims to understand the drivers affecting the availability, cost, and affordability of nutritious diets in specific contexts. The policy objective is to identify and implement interventions to improve diets, especially of nutritionally vulnerable people, including through the integration of nutrition into social protection systems. Through case studies from 12 diverse national contexts, the report presents actionable social protection pathways for reducing the affordability gap of nutritious diets and improving food security and nutrition outcomes.

Further information and evidence on the FNG can be accessed at: wfp.org/fillthenutrientgap

FNG
FILL THE NUTRIENT GAP
SYSTEMS ANALYSIS FOR NUTRITION

Contents

I. Overview of the malnutrition burden and poverty situation

Since the 2011 Jasmine Revolution, Tunisia has made important progress towards reducing poverty. Yet the economy remains fragile in the face of internal political turmoil and challenges associated with the COVID-19 pandemic and subsequent economic crises. Tunisia has one of the lowest national poverty rates in the Middle East and North Africa (MENA) region, experiencing a consistent decline between 2000 and 2019 (1). In 2019, 13.8 percent of households lived below the national poverty line as compared with 25.4 percent in 2000. Similarly, poverty measured by the 2017 PPP (purchasing power parity) international poverty line (USD 3.65 per day) decreased from 7.4 percent in 2010 to 2.2 percent in 2015 (2). However, the COVID-19 pandemic and subsequent global economic fallout disrupted progress and led to an increase in the national poverty rate from 14 to 21 percent in only one year – between 2020 and 2021 (3).

Vulnerability and inequality persist. The highest poverty rates are concentrated in rural areas, especially in western regions of the country, and exceed 30 percent (3). In contrast, Greater Tunis shows the lowest poverty rates, ranging from 5 to 7 percent (3). Indicators of well-being, such as access to basic services, are also lower in rural areas, a trend further exacerbated by the COVID-19 pandemic (3).

Like many countries experiencing a nutrition transition,[1] Tunisia faces increasing issues with overweight and obesity, in addition to the persistent prevalence of micronutrient deficiencies and stunting (4). In 2020, 8 percent of children were stunted, and 2 percent were wasted (4). Overweight affects individuals across all age groups and disproportionately impacts women (5). In 2017, 38 percent of adult women and 22 percent of adult men were obese. The prevalence of overweight among children aged under 5 years nearly doubled between 2006 and 2018, from 9.2 percent to 16.5 percent for girls, and from 8.5 percent to 18 percent for boys. Between 2012 and 2018, the prevalence of overweight among the highest wealth quintile increased from 12.3 percent to 20.8 percent, compared with a 13.1 percent prevalence among the lowest income earners, with the highest burden among children under 5 (4). Three percent of children under 5 were simultaneously stunted and overweight in 2018 (4).

The prevalence of non-communicable diseases (NCDs), particularly those linked to overweight, is high. Diabetes prevalence in 2016 was above 14 percent in women and men (4). Anaemia is a public health concern and reflects broader micronutrient deficiencies, with a prevalence of 32 percent among women of childbearing age and 30 percent among children under 5 (4) (6).

1 The transition from diets consisting of mostly unprocessed foods to diets including foods higher in fat, sugar and salt (also in the form of ultra-processed foods), associated with increasing rates of overweight and obesity and other forms of diet-related non-communicable diseases.

Only 63 percent of infants aged 6–23 months, met minimum dietary diversity[2] in 2018 (4). Poor dietary diversity is common across all age groups, with data indicating that small proportions of people meet the recommended intake of fruits (32 percent), vegetables (66 percent), legumes (15 percent), nuts (26 percent) and whole grains (1 percent). In contrast, intake of red meat exceeds the recommended amounts by almost 300 percent, posing a public health risk (7). The consumption rates of wheat as a percentage of total energy intake in Tunisia are the highest in the world, accounting for almost half of total energy in 2017 (8). This poses both nutritional and food security risks associated with high dependence on cereal imports (8) as 60 percent of cereals consumed are imported (9).

II. Country priorities on nutrition and social protection

NUTRITION POLICY FRAMEWORK

Through a multisectoral approach, the 2018 National Multisectoral Strategy for the Prevention of NCDs (Stratégie Nationale Multisectorielle de Prévention et Contrôle des Maladies Non Transmissibles) aims to integrate health and nutrition into all development policies (10). With objectives to strengthen the health system and improve access to care, the policy primarily targets people aged over 15 years in its effort to mitigate the prevalence of NCDs including hypertension, diabetes and obesity.

In addition to the multisectoral plan, specific national nutrition policies – such as the National Strategy for the Prevention and Fight against Obesity (2019–2022) (Stratégie Nationale de Prévention et de Lutte contre l'Obésité) and the National Multisectoral Strategies for Early Childhood Development (2017–2025) (Stratégie Nationale Multisectorielle de Développement de la Petite Enfance) – include targets for reducing the prevalence of infants born with low birthweight and child stunting, wasting and overweight. However, policies and targets for reducing anaemia prevalence among women are missing (4).

SOCIAL PROTECTION POLICIES AND PROGRAMMES

Compared with other countries in the MENA region, Tunisia's social protection system is well established and based on a contributory pillar focused on health care, education and employment-related benefits (9). In parallel, its non-contributory pillar comprises the National Programme for Assistance to Families in Need (Programme National d'Aide aux Familles Nécessiteuses or PNAFN), which provides social assistance through cash-based transfers, and the Free Medical Assistance (Assistance Médicale Gratuite), a programme that provides health care either for free (AMGI) or at a reduced cost (AMGII) (9).

2 The transition from diets consisting of mostly unprocessed foods to diets including foods higher in fat, sugar and salt (also in the form of ultra-processed foods), is associated with increasing rates of overweight and obesity and other forms of diet-related non-communicable diseases

PNAFN is Tunisia's largest social assistance programme, providing unconditional cash transfers to poor households (11). Means testing, self-presentation and categorical criteria are used to identify beneficiaries. Enrolment is overseen by the Ministry of Social Affairs (11). The number of beneficiaries increased from 100,000 to 235,000 between 2010 and 2014 and was estimated to cover 7 percent of the population in 2019 (12). However, World Bank estimates of programme leakage indicate that 60 percent of benefits go to non-poor households (11). In a joint ILO/UNICEF presentation in June 2023, the total PNAFN inclusion and exclusion error was determined to be 53 percent. Both of these analyses suggest that there is ample room for improvement regarding targeting for the PNAFN. The transfer amount has been revalued over time and was 180 Tunisian dinars (TND) (USD 65.93) per household per month in 2020 (12). There is an additional cash transfer component for families with school-age children of TND 10 (USD 3.66) per child, covering 19 percent of families enrolled in PNAFN (12).

AMG is reserved for people not covered by contributory social insurance schemes (11). However, it is estimated that more than 30 percent of beneficiaries of the non-contributory schemes should be covered by contributory social insurance but prefer to remain in the informal system, creating the largest source of social inclusion error in Tunisia's Amen social protection scheme (13). Compared with PNAFN, AMGII covers a larger proportion of Tunisian households but with a smaller transfer value (14). Both programmes face issues of poverty exclusion error (14) with AMGII similarly estimated by ILO/UNICEF to have a nearly 50 percent total inclusion/exclusion error, suggesting much work is required to address issues of targeting.

Tunisia's social safety net relies heavily on subsidies. Its extensive food (bread, sugar, vegetable oil, semolina, wheat flour, milk, couscous, pasta, canned tomatoes) and energy subsidies have come under criticism for their costliness and disproportionate benefit to non-poor households (15). As subsidies of cereal products make up the largest share of the budget (15), the competitiveness of other foods, including fruits and vegetables, is distorted, therefore encouraging dependence on a grain-based diet (9). Price stabilization and the subsidization of food products occur through the General Compensation Fund (Caisse Générale de Compensation or CGC), established in 1970 (16). Despite attempts to lower or remove subsidies, risks of further political detriment contribute to the government's reluctance to move away from subsidies as a central component of the social protection system (15) and the sale of unsubsidized bread has been made illegal. Tunisia spent 19.72 percent of gross domestic product (GDP) on the social sector in 2018, with spending directed toward subsidies (17).

The government-led National School Meals Programme reached 260,000 children in 2020 (9). Since 1997, it has provided meals to students with aims to increase school attendance rates and reduce malnutrition (11), but has yet to reach national coverage, as 2,000 primary schools (out of 4,500) offer no school feeding. The programme is linked to smallholder farmers to leverage institutionalized demand for production of nutritious food and is complemented with education campaigns (9). A combination of categorical targeting based on geographic location and individual socioeconomic situation is used. However, the national programme is highly decentralized and lacks the capacity for adequate funding and implementation, resulting in some schools resorting to foods with limited nutritional value to feed students (9). School meals represent an equivalent of TND 70 per learner per year, or one tenth of the yearly income of rural households in the poorest decile (11).

III. WFP's approach

The Fill the Nutrient Gap (FNG) analysis in Tunisia was conducted as a collaboration between WFP and the Ministry of Health, and with the support of the National Institute of Nutrition and Food Technology (18). The FNG took place between April 2020 and February 2022. The analysis took on a multisectoral approach to identify bottlenecks that drive malnutrition across the food system, with an emphasis on availability, cost and affordability of a nutritious diet.

Cost of the diet analysis conducted for FNG Tunisia

The cost of the diet analysis covered 24 governorates. Price and expenditure data were extracted from the 2015–2016 Enquête Nationale sur le Budget, la Consommation et le Niveau de Vie des Ménages (ENBCNV), a nationally representative household consumption and expenditure survey. The lowest costs of a diet that meets energy requirements (energy-only diet) and a diet that meets requirements for macro and micronutrients (nutritious diet) were estimated using the FNG methodology (24) for a modelled household consisting of five individuals: a breastfed child (12–23 months), a school-age child (6–7 years), an adolescent girl (14–15 years), a breastfeeding woman and an adult man.

The cost of diets was then compared with household food expenditure to determine the proportion of households unable to afford the diets (called "non-affordability"). The gap between the lowest cost nutritious diet and the food expenditure of a household is referred to as the affordability gap.

Staple foods commonly consumed in each governorate were derived from the ENBCNV and validated by in-country stakeholders. Staple foods included two types of bread, depending on the governorate (baguette vs large bread). Modelling was conducted in the Governorate of Siliana, one of the poorest in Tunisia and a key operational governorate for WFP.

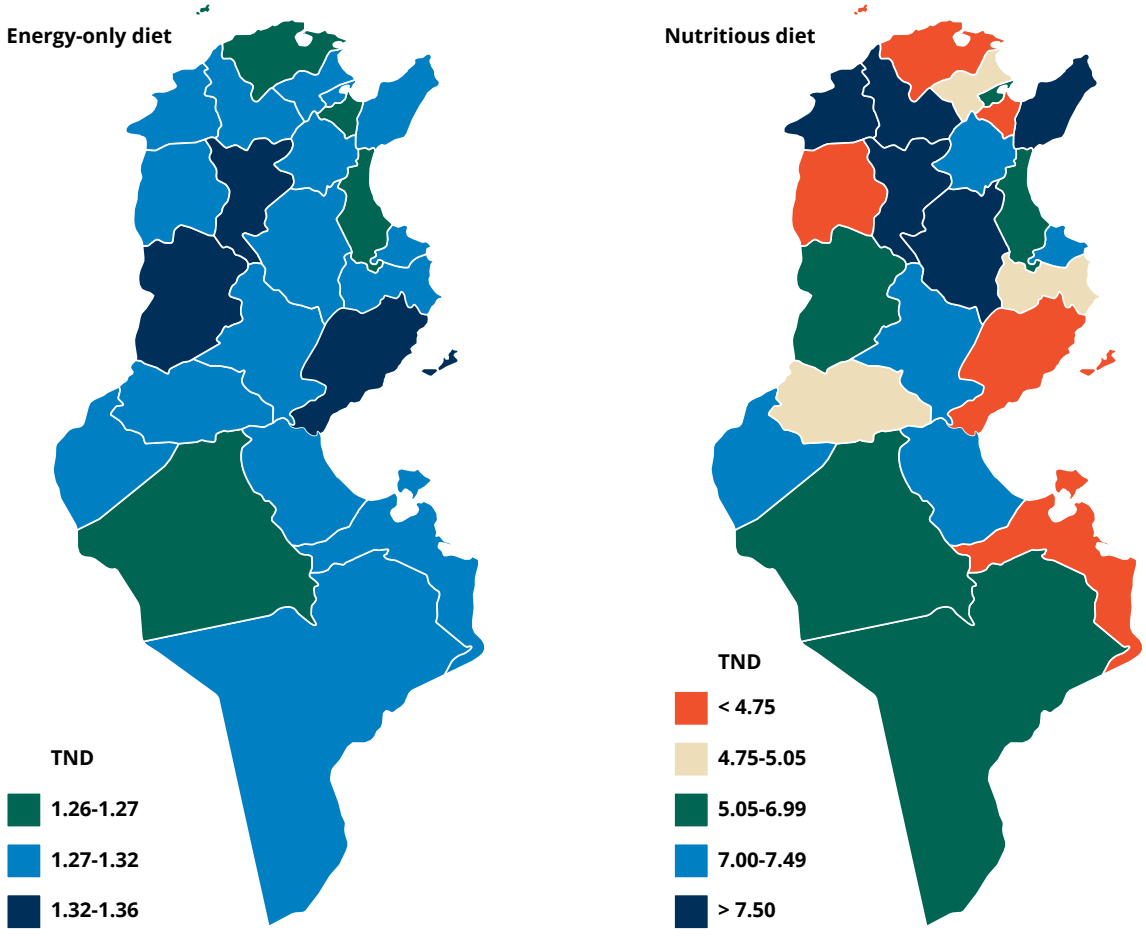
Throughout the FNG process, consultations were held with a variety of stakeholders including representatives of ministries, nongovernmental organizations and UN agencies across the health, agriculture, social protection and education sectors. Through those engagements, stakeholders identified entry points to improve nutrient intake and affordability of nutritious diets for target groups. As part of this process, the contribution of existing programmes towards improving access to nutritious foods was reviewed. The FNG analysis identified overlaps and potential alignment of programmes across sectors to strengthen the nutrition response.

IV. Findings of the FNG

COST AND AFFORDABILITY OF THE NUTRITIOUS DIET

The FNG found that an energy-only diet for the five-person modelled household would cost on average TND 1.30 (USD 0.60)[3] per household per day, or TND 39.20 (USD 18.06) per household per month. The cost of meeting nutrient needs would be about 4.5 times as much. The nutritious diet would cost TND 5.80 (USD 2.67) per modelled household per day, or TND 177.30 (USD 81.71) per household per month. The cost of the nutritious diet ranged across governorates from as low as TND 133 (USD 61.29) per household per month in Bizerte to as high as TND 239 (USD 110.14) in the central Governorate of Siliana (Figure 1).

Figure 1: Daily cost of the energy-only and the nutritious diets in Tunisia in 2016 (TND per five-person modelled household)

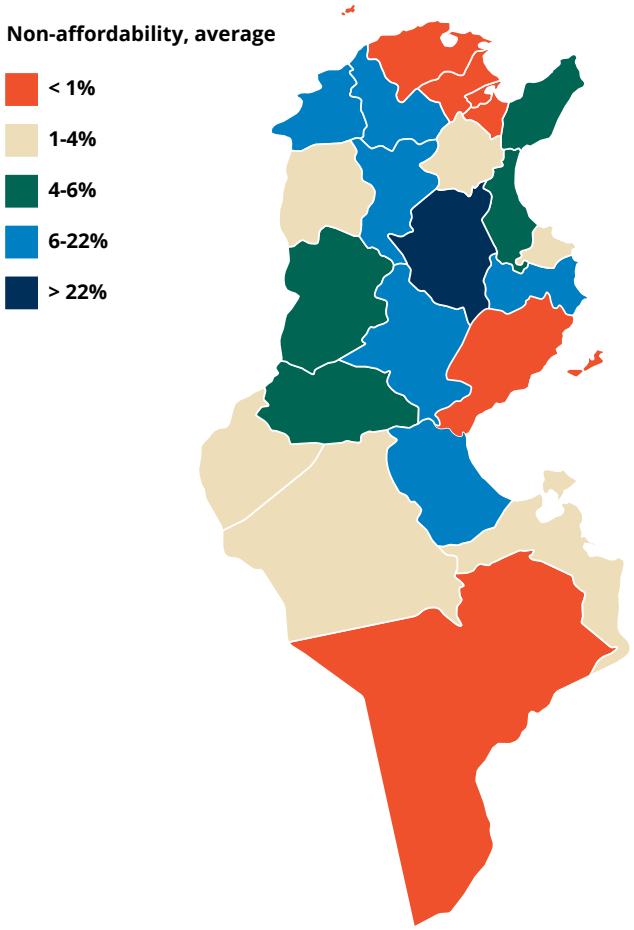


Comparing the cost of the nutritious diet with current food expenditure, the analysis showed that 6 percent of households would not be able to afford the lowest cost nutritious diet. However, affordability of nutritious diets also varied greatly by geographic areas, as shown in Figure 2, with non-affordability reaching 34 and 24 percent in the governorates of Kairouan and Siliana respectively. In Tunis and other coastal governorates, and in Sfax and Tataouine, nearly

3 Rate, USD 1.00 = TND 2.17

all households were able to afford the cost of a nutritious diet. However, it is also important to highlight that the cost of the nutritious diet is the lowest cost possible, such that when food practices and preferences are factored in, this cost would most likely go up, making the nutritious diet unaffordable to households in higher expenditure deciles.

Figure 2: Non-affordability of a nutritious diet by region (FNG 2018, using data from 2015)

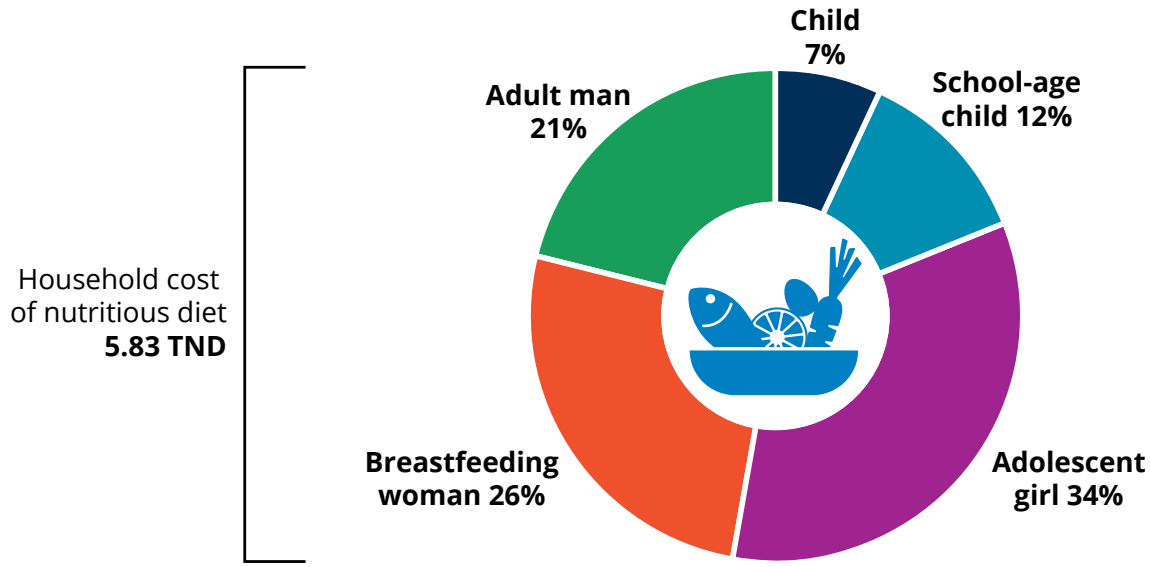


VULNERABLE GROUPS

Adolescent girls and pregnant and breastfeeding womn have relatively higher requirements for specific nutrients such as iron, folic acid and vitamin B12. In the modelled household, this is reflected by the adolescent girl and breastfeeding woman together having the highest cost of nutritious diets within the household, representing 60 percent of the household's cost of a nutritious diet (see Figure 3). Actual intra-household food allocation may not consider these differential nutrient needs and the corresponding greater need for diversity in the diet, which comes at a higher cost, and therefore targeted interventions such as supplementation are often needed to help cover the nutrient requirements of nutritionally vulnerable individuals.

The nutritious diet has a lower cost for the child aged 12–23 months compared with other household members, as the child consumes less food and the modelled diet assumes optimal breastfeeding which covers a large proportion of their nutrient needs. This age group, however, is nutritionally vulnerable as their smaller stomachs mean that meals have to be provided at higher frequency and must include nutrient dense foods to cover nutrient requirements (18).

Figure 3: Distribution of the daily cost of a nutritious diet for the modelled household across individual household members in Tunisia in 2016



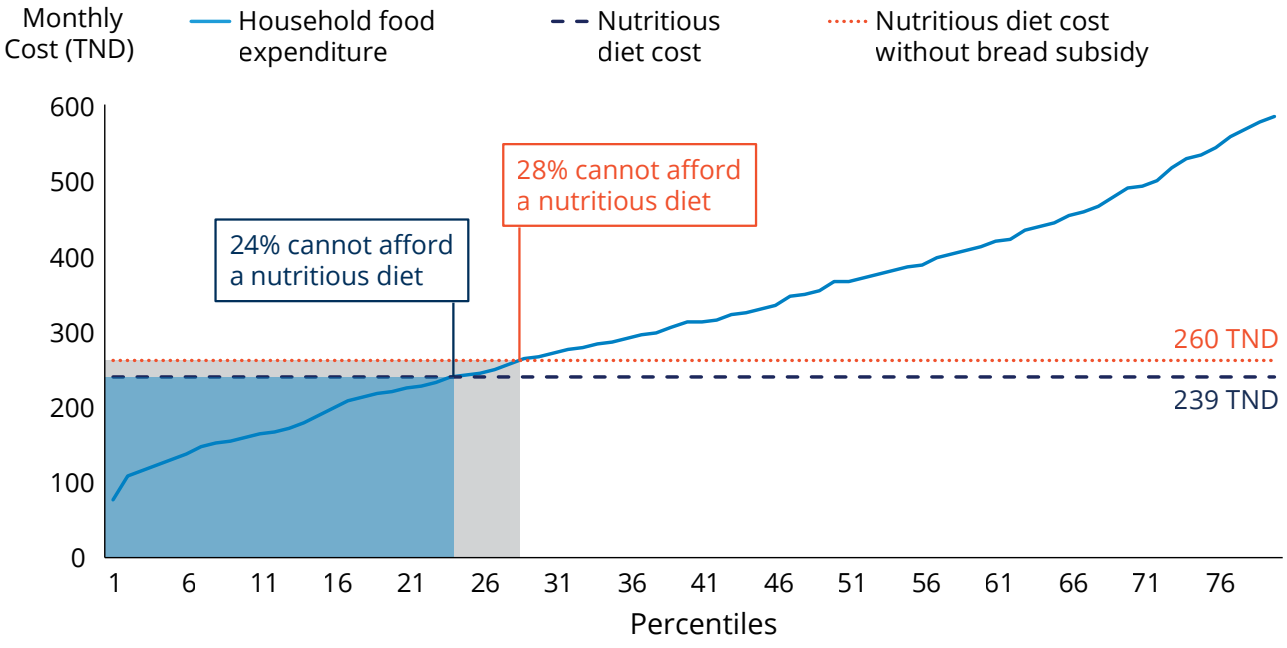
V. Using the FNG to inform social protection programmes

CONTRIBUTION OF SOCIAL PROTECTION TO REDUCING THE AFFORDABILITY GAP

Tunisia's social safety nets rely heavily on the use of direct subsidies, including food subsidies. However, these have come under much criticism in recent years for being regressive and there are concerns that resources from subsidies could be better directed at targeted programmes for vulnerable individuals.

The FNG analysis modelled the impact of subsidizing bread, Tunisia's main staple, on the affordability of nutritious diets for the poorest households. The modelling focused on Siliana which has one of the highest poverty and non-affordability rates and is one of the few governorates where WFP has direct operations. In the modelled diets, bread was selected as the main and only staple. The analysis showed that, in the absence of the bread subsidy, the cost of the nutritious diet would increase by TND 21 (USD 9.68) per modelled household per month, from TND 239 (USD 110.14) to TND 260 (USD 119.82) per month. This represents a 9 percent increase in the monthly diet cost and would increase the share of households who cannot afford a nutritious diet by 4 percent from 24 to 28 percent.

Figure 4: Adequacy of the daily minimum wage by region (adapted from FNG 2018, data from 2015)



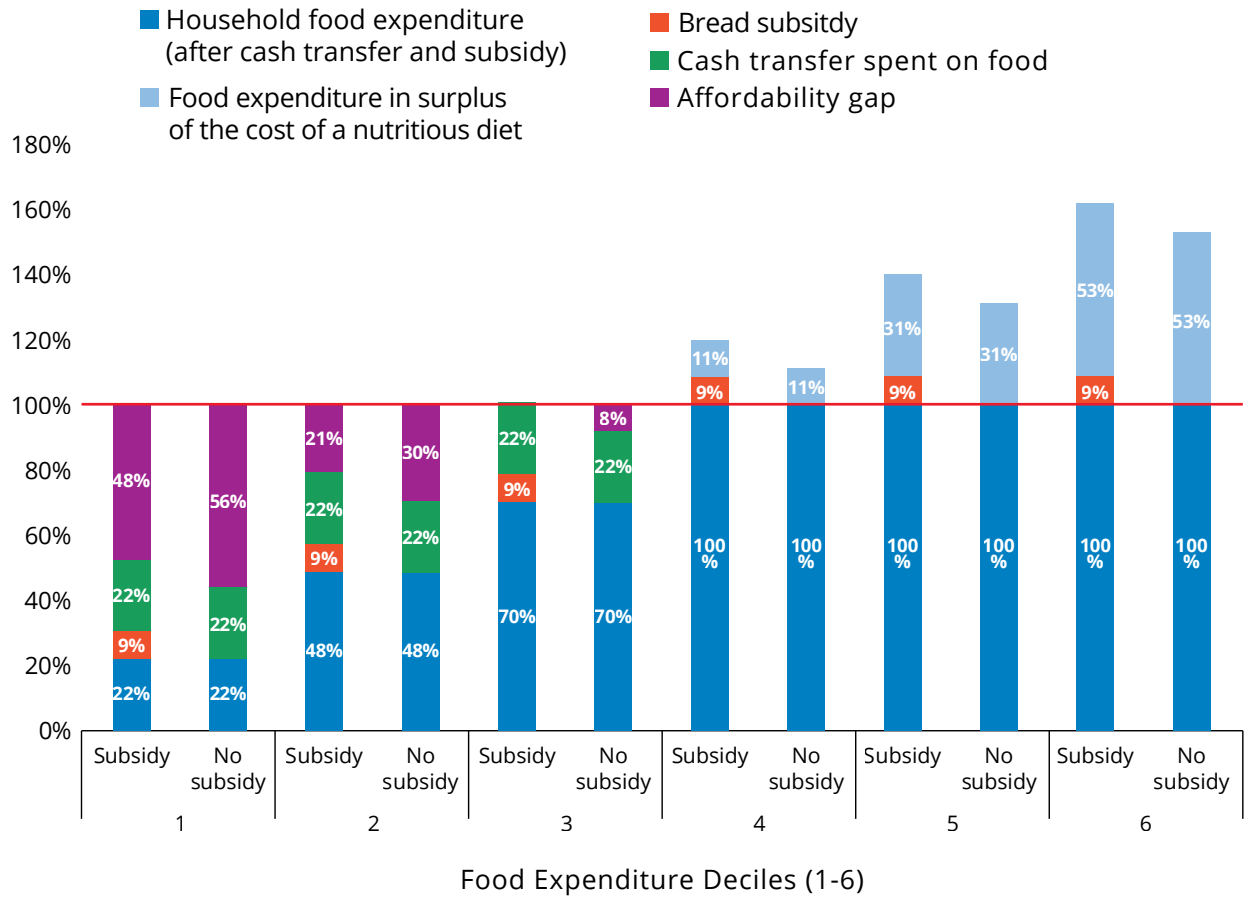
To understand the contribution of the subsidy in closing the affordability gap in Siliana, the FNG analysis modelled the impact of removing the subsidy as well as of the PNAFN cash transfer on the most vulnerable households. The modelling assumed that 37 percent of the transfer value[4]

4 PNAFN and child allowance combined for a family of five.

is spent on food. This assumption was based on the food expenditure of the poorest three deciles who would be eligible for the cash transfer. The cash transfer is also therefore only modelled for the three poorest deciles. Figure 5 shows the affordability gap for households in the bottom six deciles of the food expenditure distribution in 2015–2016.

Since the bread subsidy is implemented nationwide, removing it would increase the cost of the nutritious diet for all households, regardless of their food expenditure. However, households would not be impacted equally. Households in the lowest food expenditure deciles would be hit the hardest and the affordability gap would increase from 48 to 56 percent, representing more than half of the cost of the nutritious diet. For households in the third expenditure decile, the subsidy closes the affordability gap. In the absence of the subsidy, the affordability gap would increase from 0 to 8 percent. On the other hand, removing the subsidy would not create an affordability gap for households in the fourth, fifth and sixth expenditure deciles as their expenditure would still be more than the cost of the nutritious diet. This example shows that, while the subsidy is important for poorer households to access nutritious diets, it currently benefits all households, even those who would be well able to afford a nutritious diet without it.

Figure 5: Affordability gap in Tunisia after cash transfer and bread subsidy (2015–2016)



VI. Bridging research with policy and action

Following this analysis, and as part of the FNG process, the social protection sector recommended subsidies be tapered off gradually, while increasing the overall budget, coverage and adequacy of targeted social spending for the most vulnerable (19). In particular, stakeholders recommended that a regulatory framework be created to better target households in need of social assistance and that food sovereignty and access to nutritious foods be considered when reforming social protection programmes in Tunisia.

While it is important to recognize the role that food, and more generally, subsidies can play in supporting households, particularly in times of economic instability, and in maintaining social peace, their progressiveness has come under criticism (20). To improve nutrition and food security, subsidies need to be complemented or substituted by well targeted programmes aimed at closing the affordability gap for the most vulnerable households and nutritionally vulnerable individuals such as pregnant and breastfeeding women or adolescent girls. This is in line with recommendations from other actors such as the International Monetary Fund (IMF). A deal was proposed between the IMF and the Government of Tunisia, which had as a prerequisite the elimination of direct subsidies, including food subsidies, to create fiscal space for social support and an increase in targeted cash transfers (22). However, no progress has been made and a high reliability on subsidized bread remains, interacting with the spread of inflation and impacting household economic security.

Additionally, efforts have been made to expand Tunisia's School Feeding Programme. An original decentralized evaluation of school feeding was commissioned in 2018, which resulted in a large forum. Another evaluation is currently under way as much work remains to expand coverage and the adequacy of programmes. There is also ongoing work by the National Institute of Nutrition to perform a micronutrient study.

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