Social Protection Pathways to Nutrition

Case studies:
Ghana | Mali | Mauritania | Nigeria

October 2025

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Case Studies
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Catherine Chazaly[1], Ana Ocampo[1], Nicolas Diaz Castellanos[1], Jan Menke[1], Leila Masson[1], Laurent Michiels[1], Bronwen Gillespie[2], Emilia Fernandez[2]

1 World Food Programme, Regional Bureau for Western and Central Africa, Dakar
2 Institute of Development Studies, University of Sussex, Brighton, UK

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1. Background

The Social Protection Pathways to Nutrition study is a partnership between the Institute of Development Studies (IDS) 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 Western and Central African region on nutritional outcomes, by building a robust evidence-base focused on 'what works', 'how' and 'why', to contribute to enhanced wellbeing in the region. It draws evidence and learnings and proposes policy and programmatic pathways in the contexts of Ghana, Mali, Mauritania, and Nigeria. 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. As such, 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

- Describe the social assistance system and its linkages to food security and nutrition, focusing on the burden of malnutrition and connecting linkages to food and health.
- 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 or inadequate performance and their potential impacts on food security and nutrition.
- Identify current challenges faced by social assistance systems and their linkages to wider nutrition outcomes, recognizing the internal and external factors that foster or hinder social assistance programmes to lead to positive food security and nutrition outcomes.
- Document lessons learned from the implementation of social assistance programmes.

3. Methodology

The case studies have used mainly secondary information and primary data, collected by targeted interviews with key stakholders. For each case study, rapid (non-exhaustive) review of relevant literature, which includes grey literature (e.g., policy documentation, evaluation reports) has been conducted. Primary data collection entails a limited number of semi-structured interviews with targeted nutrition and social assistance actors . To collect a nuanced view of the programmes and systems selected, the case studies 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, 33 interviews have been conducted, and 40 persons were interviewed, 10 in Ghana, 7 in Mali, 7 in Mauritania, and 9 in Nigeria.

4. Findings

BACKGROUND

Ghana is one of the world's fastest-growing economies supported by stable governance structures. Even though it reduced extreme poverty by half, from 52.7 per cent in 1992 to 24.2 per cent in 2012, poverty reduction has stagnated from 2012 (Government of Ghana et al, 2017; World Bank, 2020). The country still registers high levels of inequality, with **socioeconomic needs varying significantly across different parts of the country.** Poverty rates, for instance, are higher in the Upper West, Upper East, and Northern regions (GSS and ICF, 2024). Expectedly, a high prevalence of food insecurity is recorded in these same regions. According to data from the 2022

Annual Household Income and Expenditure Survey, about half of the Ghanaian population was food insecure, with food insecurity rates rising to 61.8 per cent in the Upper West, 73.7 per cent in the Upper East, and 65.5 per cent in the North-East regions (NAFCO, n.d.).

While Ghana has also made **progress in reducing chronic malnutrition in children under five** (17.5 per cent) as well as acute malnutrition (6.8 per cent), inequalities persist. According to the 2022 Demographic Survey Report, the Northern and North-East regions in particular experience high rates of chronic malnutrition (30 per cent) and acute malnutrition (14 per cent) (GSS, 2024).

Additionally, Ghana is facing a **high prevalence of overweight and micronutrient deficiencies** among segments of the population, with 19.3 per cent of adult women and 5.6 per cent of adult men living with obesity, and anaemia affecting 35.4 per cent of women aged 15 to 49 years. (Global Nutrition Report, n.d.). Moving the needle on poverty, food insecurity, and malnutrition is challenged by a c**onfluence of global crises,** including economic downturns and supply chain interruptions that lead to inflation, in addition to conflict and security concerns in the Sahel with spillover effects on regional stability.

Extreme weather events driven by climate change accentuate an already complex vulnerability profile of communities. As such, the multifaceted nature of vulnerability has in great part contributed to a high number of people facing acute food insecurity, a figure surging from 560,000 in 2021 to 823,000 in 2022 (CARE, 2023). This coincides with the highest levels of food inflation recorded in sub-Saharan Africa (122 per cent), according to the World Bank (WFP, 2021).

Especially over the course of the last 20 years, and in response to rising needs and the increasingly complex vulnerability profile facing the country, the Government of Ghana has introduced a wide range of social protection programmes, including the national flagship social safety net programme – the **Livelihood Empowerment against Poverty programme (LEAP)** – in 2008. A national social protection policy in 2015 also set broad objectives to address the multiple risks and vulnerabilities facing the wider Ghanian population. While

the country has a variety of social protection programmes, coverage and adequacy remain low.

Despite considerable improvements to the different pillars of the national social protection system, there is still a lack of an effective mechanism to respond to shocks and as well as **poor linkages with nutrition and food systems.** This has contributed, in part, to a limited impact of social protection programmes on improved food security and nutrition outcomes.

SOCIAL PROTECTION LANDSCAPE

Programme objectives, target populations, and key elements of design

Ghana's Social Protection Policy, adopted in 2015 (Ministry of Gender, Children and Social Protection, 2015), portrays **a vision for Ghana moving towards a social protection floor,** composed of access to basic health care for all as well as minimum income security to meet the basic needs of children, people of working age, and the elderly. The policy also specifies three target groups to be prioritized by public services and social protection programmes: **(i)** chronically poor people, **(ii)** individuals identified as economically at risk, and **(iii)** individuals identified as socially vulnerable segments of the population. The policy further envisions Ghana **achieving universal social protection coverage** by 2030 (Younger et al, 2023).

The Ministry of Gender, Children and Social Protection (MoGCSP) is charged with overseeing and implementing the Social Protection Policy, supported by the Social Protection Sector Working Committee and the Social Protection Technical Working Committee.

While Ghana is considered a social protection pioneer in the region, a **decline in public social protection expenditures** has been observed since 2018. The current administration further envisions cuts to social protection investments, including by cutting social protection programme benefit values. Ghana allocates the equivalent of only 1.4 per cent of its gross domestic product (GDP) to social protection, most of this going to social insurance programmes. Spending on social assistance programmes specifically accounts for only 0.2 per cent of GDP (Younger et al, 2023).

Ghana's social protection system includes social insurance (pensions, health insurance) and social assistance (cash transfers, school feeding, and labour-intensive public works), collectively reaching about 25.2 per cent of the population, with an expenditure equivalent to only 1.2 per cent of GDP (ILO, 2024). Worth noting is that, until recently, social insurance pensions were limited to retirees who worked in the formal sector. As for social assistance programmes, these generally target the poorest segments of the population, with certain programmes aiming to respond to vulnerabilities due to increasing climate risks. However, programme coverage rates remain limited, and benefit amounts are low vis-a-vis levels of need (Younger et al, 2023).

Ghana has five social protection flagship programmes: **(i)** LEAP and **(ii)** the Ghana School Feeding Programme (GSFP), both under the MoGCSP, **(iii)** the Labour-Intensive Public Works (LIPW) under the Ministry of Local Government and Rural Development, **(iv)** the National Health Insurance Scheme (NHIS) under the Ministry of Health, and **(v)** Exemptions and Basic Education Capitation Grants, under the Ministry of Education.

In addition to these programmes, the social protection system also includes energy and utility subsidies, the provision of school uniforms, books and transport support for school children, supplementary feeding programmes, national youth employment programmes, national forest plantation programmes, integrated agricultural input support, a social security and national insurance trust, and community-based rehabilitation programmes for people living with disabilities, among other schemes and interventions.

LEAP was launched in 2008 to improve basic household consumption and nutrition, increase access to health care services, promote school enrolment, and facilitate access to complementary services. With these aims in mind, LEAP provides cash transfers to approximately 350,000 households living in extreme poverty across 260 out of the country's 261 districts, with 70 per cent of programme caseloads concentrated the northern parts of the country. As of March 2025, LEAP transfer values varied from GHS 512 (US $33) for one eligible household member, up to GHS 848 (US $55) for four and more eligible household members (MoGCSP, 2025b).

In addition, LEAP beneficiaries are also entitled to be registered in the National Health Insurance Scheme (NHIS), if they are:

- 65 years of age and above without any form of additional support;
- Living with severe disabilities that prevent or limit their productive capacities;
- Orphaned and vulnerable children;
- Extremely poor or vulnerable households with pregnant women and mothers with children (a vulnerability criterion introduced in 2016) (MoGCSP, 2025a).

This last criterion for inclusion of LEAP beneficiaries into the NHIS was added after the LEAP 1000 programme pilot was implemented by UNICEF in 10 districts of the Upper East and Northern regions between 2015 and 2017, looking to improve nutrition outcomes.

The **LIPW** programme operates in about half of Ghana's districts and is funded by the World Bank. It provides poor rural households, selected through a sequenced geographical and self-targeting approach, with employment and income-generating opportunities, particularly during periods of shortages in labour demand and in response to external shocks. Women and LEAP beneficiaries are prioritized during the LIPW targeting process. Wages are pegged to above the national minimum wage, but remain below the agricultural wage rate, and employment is limited to 180 days (no more than six hours per day) over two consecutive agricultural off seasons.

The **GSFP** is implemented by the MoGCSP across all 16 regions, benefiting over 3.8 million schoolchildren in 2023. The programme aims not only at increasing school enrolment and attendance, but also at addressing hunger and malnutrition needs, and has a strong focus on leveraging local agricultural production and fostering local employment opportunities, particularly for women.

The **NHIS** provides facilitated access to health care to legal Ghanaian residents through specific schemes for people working informally and for other exempt groups; those working informally pay premiums, while members of the exempt group do not. As a complement to the NHIS, the Integrated Social Services (ISS), led by Ghana Health Services (GHS) and UNICEF, support government service coordination in the areas of health, education, social protection, and social welfare at the local level. The ISS has been initiated in 133 of Ghana's 261 districts. The GHS (supported by WFP) also carries out a nutrition-oriented programme, offering vouchers for nutritious foods, which are linked to a complementary nutrition counselling programme offered at health centres, thereby encouraging health centre visits for nutrition-related and other needs.

In terms of social protection information systems, eight programmes are currently using the **Ghana National Household Registry (GNHR)**, created in 2015. It currently includes 809,368 households (12 per cent of the population) and it has a quality assurance mechanism and a functional grievance and redress mechanism (Barca et al, 2023). It is being updated to become an integrated beneficiary registry as well. The GNHR aims to cover the entire population and is developing a dynamic registration system through a census in the poorest areas and through on-demand modalities in other areas. Household data in the GNHR is therefore used to identify needs and target social protection assistance and facilitate access to social services.

STRENGTHENING THE NATIONAL SOCIAL PROTECTION SYSTEM

Successes and challenges and integration with nutrition objectives

Both the GSFP and LEAP programmes enjoy popular support and government buy-in and have made progress towards more nutrition-sensitive approaches. Studies reveal that LEAP has had strong positive effects on food security, consumption, and financial standing of beneficiaries (Handa et al., 2021). The endline evaluation of LEAP 1000 pilot also highlighted a **reduction in poverty and an increase in food security and dietary diversity** (UNICEF et al, 2018). In terms of child health and nutrition, gains were recorded in terms of increased frequency of prenatal care and exclusive breastfeeding rates, but limited positive outcomes on nutrition status, particularly with regards to stunting. The revision of the LEAP targeting criteria, following the LEAP 1000 pilot, allowed for the inclusion of pregnant and breastfeeding women, as well as children under five.

As for the GSFP, it has shown positive impacts in **increased school attendance**. Efforts are ongoing to improve the nutritional quality of school meals offered, with the support of WFP, including through fostering of market linkages and support to local economies, in addition to mobilizing complementary financing. The Government has already allocated additional resources, increasing the previous GHS 1 per day (since 2016) allocation to GHS 1.50 per child per day for the 2023/2024 academic year, with further increments to GHS 2 envisioned for the 2024/2025 academic year.

Despite these efforts, the effectiveness, including on nutrition outcomes, is still limited, as the benefit amount remains low vis-a-vis nutritional needs, in great part due to public budgetary constraints. This is in addition to low or underdeveloped programme components that can respond to nutritional needs in the face of shocks. There is also room to improve in terms of a more efficient targeting of nutritionally vulnerable populations.

All in all, LEAP and GSFP transfer values remain low compared to the average monthly cost of a nutritious diet. The latest Fill the Nutrient Gap Analysis (FNG) (WFP, 2023) recommends an allocation of GHS 3 per child per day for the GFSP and identifies the cost of nutritious diet at GHS 24 for a household of five people. The unaffordability of nutritious diets varies widely across regions, from 30 per cent of households unable to afford a nutritious diet in the Central region to 81 per cent in the Northern region, with a correlation identified between unaffordability of diets and the prevalence of stunting.

Worth noting is the fact that LEAP beneficiaries reported being able to invest in productive assets when the transfer amount was first established in 2011, but inflation has eroded the purchasing power, as the transfer amount has not been reevaluated to adjust for rising costs and needs.

Accurate targeting remains a challenge for both the LEAP and GSFP programmes, especially in their efficacy in reaching the poorest households (Younger et al, 2023). This may be in part because the data in the GNHR is not regularly updated and still has limited coverage. **Dynamic registration** is currently being developed (Barca et al, 2023) and could allow the inclusion of the most nutritionally vulnerable individuals. Beneficiary lists are also not reviewed frequently enough, which can prevent the swift integration of new families in need.

The LEAP and GSFP programmes in Ghana face challenges in accurately targeting and updating beneficiaries. LEAP uses community-based targeting, and a proxy means test but suffers from inclusion and exclusion errors, with enrolment occurring only during specific registration periods and exits poorly formalized. GSFP targets children in public primary and kindergarten schools, enrolling them mainly at the start of the academic year, but coverage gaps persist, especially for mobile or newly vulnerable children. Both programmes would benefit from regularly updated household and school data, dynamic registration, formalized exit procedures, and stronger monitoring to ensure the poorest

and most nutritionally vulnerable populations are reached.

Cross-functional and inter-sectoral coordination has improved in recent years, resulting in more comprehensive social protection services for the most nutritionally vulnerable, partly through the ISS. Since LEAP and GSPF beneficiaries are automatically covered by the NHIS, both LEAP and GSFP programmes share data with the national health system. The social welfare information system allows services to track and follow up on cases (i.e., child protection and domestic violence cases) and ensures that the social welfare workforce is aware of the relevant referral pathways.

Similarly, LEAP cash transfer recipients at risk of malnutrition are referred to relevant malnutrition prevention services as well. LEAP is also alerted when vulnerable children are identified at schools so that their families can be considered for future LEAP benefits. Malnutrition prevention top-up vouchers, accompanied by nutrition counselling, have also been piloted to improve health service uptake during the first 1,000 days window. In addition, facilitators across programmes coordinate home visits and offer information on all programmes so that households have a centralized source of information. While the programme has facilitated referrals to malnutrition prevention services and integrated nutrition counselling, the absence of a formal voucher system suggests that these interventions are part of broader health service linkages rather than standalone components. Further research and programme evaluations would be necessary to assess the effectiveness and potential scalability of such voucher-based interventions in the Ghanaian context.

Whenever LEAP and LIPW reach the same beneficiaries, LEAP recipients are **prioritized for public works opportunities** allowing for additional income support to vulnerable households. Local farmers are actively engaged in supplying nutritious food for school meals, for instance, empowering communities and promoting economic growth (WFP, 2022). However, the volume that can be sourced locally remains limited due to limited credit systems to producers. WFP has also piloted rice fortification efforts for school meals in six districts to help address micronutrient deficiencies, in addition to developing an advocacy plan for a national policy to back the mandatory use of fortified rice in school meals. (WFP, 2022).

Moreover, joint monitoring of the GSFP carried out by the GHS and the Ministry of Education, involving the Ministry of Finance and the Ministry of Agriculture, is a best practice on coordination and cross-sectoral complementarities. Through the Nutrition-friendly School Initiative, for instance, the GHS collaborates with the education sector on various thematic areas, such as water, sanitation, and hygiene, vaccination, deworming, nutrition supplementary support, nutritious menu guidance, school cook training, and initiatives enabling a healthy environment for schoolchildren.

However, the capacities of social and health workers and teachers remain insufficient, for instance on providing counselling on nutritional guidance to social protection beneficiaries and to carry out these and other activities at scale. Many LEAP beneficiaries, for example, are not aware of their right to access the NHIS free of charge or access financial and training services that can unlock the full benefit of the cash transfers they receive. In addition, in cases where available health services are limited or of insufficient quality, users are pushed to pay for private services that would otherwise be covered under the NHIS. This points to the need to strengthen both social protection and accompanying services that social protection programmes aim for beneficiaries to access.

Furthermore, social protection programmes are not yet anchored in **robust policy, legal and financial frameworks** that can support their development and scale up. In the absence of a national social protection law, the application of a rights-based approach in the delivery of

social protection programmes is undermined. Also looking at existing frameworks, the 2015 Social Protection Policy does not recognize food security and nutrition as a key priority. Although the policy identifies the chronically poor, the economically at-risk, and the socially vulnerable as key target groups, such as smallholder farmers, persons living with HIV/AIDS, and female-headed households, pregnant and breastfeeding women and children under 5 are not specifically acknowledged under these vulnerability categories. What's more, Ghana's Social Protection Bill is still pending despite calls for the Parliament to expedite its passage. The bill does, however, aim to address key issues, such as delays in the disbursement of funds and the duplication of efforts across programmes.

Overall, a strategic vision and the technical capacities among certain policymaking bodies stand to be strengthened, especially with relation to understanding social protection as a value investment for **long-term human capital development**. At present, there is still an emphasis on social protection as a short-term poverty alleviation tool (Akufo-Addo, 2017), which has led to reductions in budgetary allocations and, by consequence, in the coverage and adequacy of ongoing social protection programmes.

ASSESSMENT OF SOCIAL ASSISTANCE DIMENSIONS

While only 25.2 per cent of the Ghanian enjoys access to at least one social protection benefit (ILO, 2025), **coverage** rates of the poorest and most vulnerable groups are higher, thanks to the GSFP and the revision of LEAP targeting in 2018. As for the NHIS, it only covers 35.3 per cent of the population and has remained stagnant in terms of coverage since 2013 (World Bank, 2020). LEAP, for its part, covers 1.5 million people out of the 2.5 million people considered as living in extreme poverty. In mid-2023, the Government announced an expansion of the LEAP programme as well as improving its targeting to reach these 2.5 million people living in extreme poverty by 2024 (Sarpong, 2023). Looking at the LIPW, only 14,000 individuals are working under this public works scheme. Finally, the GSFP provides school meals to 55 per cent of primary school children across the country (WFP, 2022).

The recent improvement in the ISS has increased the **comprehensiveness** of the national system. As such, several programmes include design features that create linkages to other programmes for synergies and complementarity. For instance, by facilitating NHIS enrolment for LEAP beneficiaries and integrating nutrition and health education within the GSFP — thereby enhancing access to essential health services and promoting better health and nutrition outcomes for vulnerable households.

Despite these gains, transfer values of the main social assistance programmes remain low, shedding light on their limited adequacy to address food and nutritional needs, and highlighting the need to better align social assistance with health and nutrition interventions, such as linking cash transfers to maternal and child health services or nutrition support programmes to improve diet quality and health outcomes.

In terms of **quality** of the social protection system in Ghana, limited accountability and awareness of the services and benefits, as well as late and irregular payments, low penetration of digital payment tools, and low digital inclusion constraints are key challenges that remain to be addressed.

What's more, the social protection system in Ghana does not yet integrate shock-response components in a systemic way, so its **responsiveness** to rising or shifting needs is limited. The country's current risk profile is characterized by recurring climate-related shocks (droughts or floods), localized food insecurity, and health-related crises, which increasingly affect vulnerable populations. Rather than creating entirely new programmes, there is significant potential to expand and adapt existing social

protection mechanisms—such as LEAP and GSFP—by scaling coverage, adjusting transfer values, and strengthening targeting and delivery systems, to make them more flexible and responsive to emerging risks.

While the COVID-19 crisis response provided the opportunity to test out different delivery modalities, social assistance programmes were underprepared to respond. For instance, the GSFP is currently not suited to adapt or respond to emergency situations where needs augment or shift, for instance. As for LEAP, its potential for shock-responsiveness is limited due to insufficient earmarked funding and underdeveloped or absent early-warning mechanisms.

KEY LESSONS CAPTURED AND WAY FORWARD

Ghana has strong governance and government-led social protection programmes. Even though the fiscal space has become more constrained in recent years, the Government has renewed its commitment to provide social assistance to the most vulnerable Ghanaians by working towards enhanced coverage and increased adequacy of benefits. Progress is being made in the design and functionalities of the social registry and key flagship programmes, however, the scope of and delivery on nutrition objectives are still limited and not yet supported by a conducive policy framework.

Social protection policy architecture
PROSPECTS AND LESSONS LEARNED

- Update existing policy and legal frameworks to include nutrition objectives, including into social protection and school feeding bills, together with a costed policy implementation plan.
- Promote dialogue on nutrition-sensitive social protection with the Government and in the relevant national multi-stakeholder coordination groups, including to identify support pathways for the development of national capacities (including through South-South cooperation knowledge exchanges).
- Support and foster conversations on fiscal space analyses and budget allocations to identify evidence-based inroads through which to increase the adequacy, coverage and sustainability of social protection coverage.
- Leverage technical and financial partnerships to advocate for nutrition-sensitive social protection, as part of a joint communication and advocacy action plan.
- Develop the evidence base on investment cases and social protection programme cost-effectiveness for a long-term impact on poverty reduction and human capital development, disseminating evidence as part of capacity strengthening and advocacy efforts.
- Promote the rollout of pilot projects to support policy advocacy for the expansion and innovation of social protection programmes and schemes (e.g., LEAP 1000, WFP nutrition top-up to LEAP, WFP Gates digital inclusion).

Social protection programme features
PROSPECTS AND LESSONS LEARNED

- Assess gaps and opportunities around the nutritional value of school meals to build on a GSFP that has already successfully increased school enrolment, particularly in rural areas, and has improved the nutritional intake among children.
- Address funding challenges of the LIPW and identify alternative funding mechanisms at the service of some of the most vulnerable groups, considering that the LIPW has fostered economic empowerment and increased the nutritional intake of people living with HIV.
- Strengthen complementarities between LEAP and accompanying measures and programmes, especially as it relates to economic empowerment and improved health outcomes, considering findings showing LEAP having a significant impact on women's economic empowerment and access to healthcare.
- Align and coordinate complementary programmes in the same geographical areas to ensure holistic targeting of the most vulnerable, and work towards an enhanced coverage of multidimensional needs among households covered by more than one intervention.
- Leverage the ISS initiative and local and community-based partnerships to identify needs and opportunities for multiple programmes and interventions to build on each other.
- Informed by fiscal space evidence, review transfer values regularly using commonly agreed tools to improve the adequacy of interventions vis-a-vis rising needs.
- Support technical developments of the GNHR to ensure dynamic household data updates, enhance food security and nutrition elements of household data, and improve management information systems for the different programmes slated to be able to use GNHR data for targeting.
- Leverage digitalization opportunities and promote digital inclusion to improve programme quality (e.g., GSFP menus and budgeting, including when supporting local producers in meeting demand for school meal ingredients), data interoperability, accountability, and monitoring.

BACKGROUND

Mali has been affected by complex crises over the past decade due to conflict and insecurity, political instability, and weather extremes, all leading to forced displacement and rising needs among an already fragile context.

Insecurity is also driven partly by conflict over access to natural resources, which is exacerbated by the impacts of climate change and demographic pressures. Mali, the second most populous country in West Africa, whose population is expected to double by 2035, is **also among the most vulnerable to climate change** (World Bank, 2024; World Bank, n.d.). In recent years, political instability has significantly constrained economic growth, access to finance and international assistance.

Mali's poverty rate is estimated to have increased from 42.5 per cent in 2019 to 44.4 per cent in 2021, pushing an additional 375,000 people into extreme poverty (World Bank, 2024). In 2025, over 6 million people, or one-fourth of the population, are estimated to need humanitarian assistance (GHO, 2025), with 1.5 million people facing crisis and above levels of acute food insecurity (CH/IPC3+) (Cadre Harmonisé, 2024).

Despite these challenges, Mali has shown progress towards reducing chronic malnutrition among children under 5, but its prevalence still sits at an alarming 24.8 per cent. Acute malnutrition also remains high, with 11.6 per cent of children under 5 affected, with noteworthy geographical disparities (Republique du Mali, 2024). In addition, anemia is particularly high, with eight out of ten children under 5 affected, as well as 59 per cent of women aged 15 to 49 (Republique du Mali 2018). The proportion of the population that is overweight has also been increasing, currently affecting 14.9 per cent of adult women and 5.8 per cent of adult men (Global Nutrition Report, n.d.).

Looking at the prevalence of acute malnutrition, it is significantly higher in the arid northern and pastoral zones, where **chronic food insecurity intersects with a protracted and complex security crisis**. The southern regions—despite hosting the bulk of the population and national agricultural output—remain predominantly reliant on low-input, rain-fed subsistence agriculture, which limits resilience to shocks and contributes to underlying vulnerabilities, including food insecurity and malnutrition, but at lower rates than in other parts of the country. Overall, barely **half of Malian households can afford a nutritious diet**, which costs twice as much as a calorie-sufficient diet (WFP, 2021).

Looking at the country's social protection frameworks, the first national social protection policy (*Politique Nationale de la Protection Sociale - PNPS*) was launched in 2015, followed by a national social protection strategy, covering the 2021-2025 period. The country's first national safety net programme – ***Jigisémèjiri*** - was piloted in 2013, funded by the World Bank, and its expansion was supported by the development of one of the largest national social registries (Registre Sociale Unique – RSU) in the region, launched in 2019.

There are several social assistance, social insurance and active labour market programmes in Mali. However, sector financing has been affected by the country's instability, and only 12.6 per cent of the population is covered by at least one type of social protection benefit (ILO, 2024). The flagship safety net Jigiséméjiri programme came to its conclusion in 2023, as part of a World Bank-funded project. Financing is concentrating on social insurance and healthcare, and most programmes are concentrated in the southern part of the country.

SOCIAL PROTECTION LANDSCAPE

Programme objectives, target populations, and key elements of design

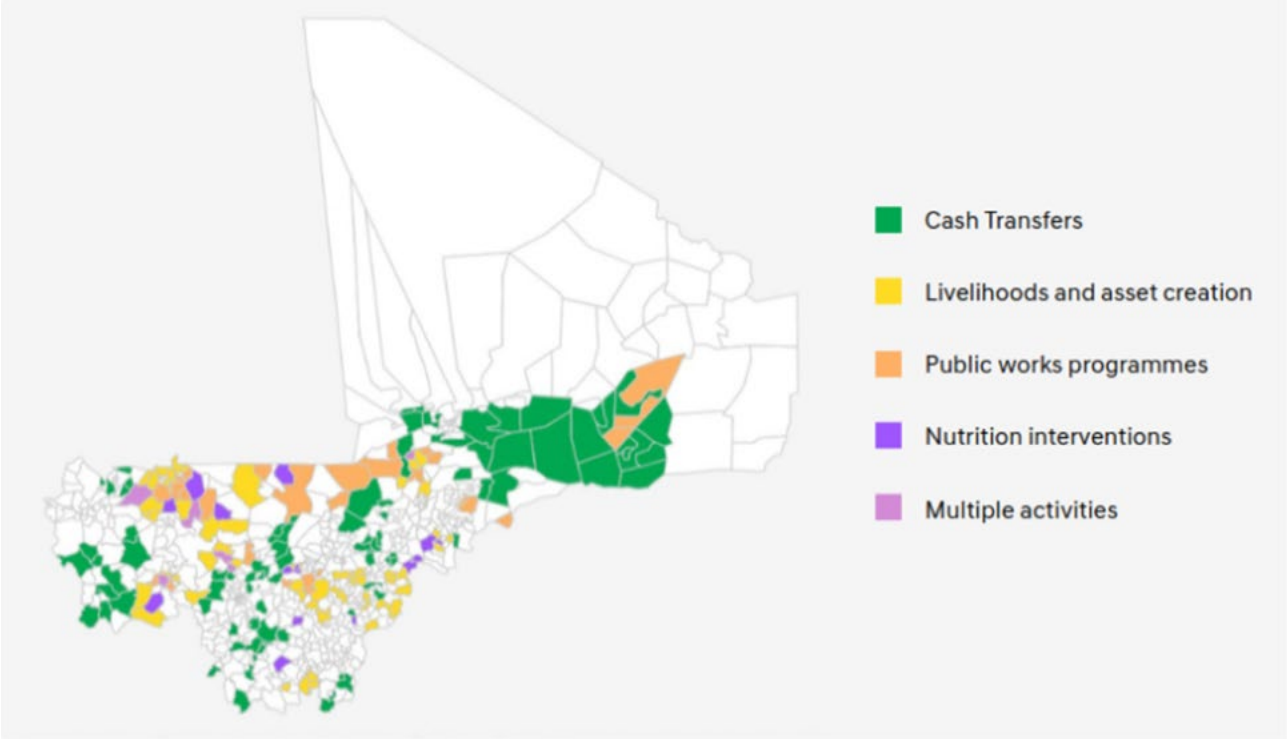
Mali's National Social Protection Strategy (2021–2025) lays out the country's vision for social protection, which includes the reduction of poverty by expanding social assistance and strengthening the national social protection system at large, including the capacities of key institutions, including mutuality and solidarity-based organizations.

To **integrate social protection, food security, and nutrition**, a National Food Security and Nutrition Policy (*Politique nationale de sécurité alimentaire et nutritionnelle*) was developed in 2019, covering the 2020–2024 period. The policy identifies several weaknesses in the social protection system, including that targeting and intervention methods often do not make it possible to reach the most vulnerable populations, including those most at risk of food insecurity and malnutrition. The policy also notes challenges in ensuring strategic alignment with food security and nutrition interventions (WFP, 2021).

Despite strong political will and commitment, Mali's social protection system remains **fragmented and underfunded**. The Government has increased its investment in social protection over the past decade, from an equivalent of 0.6 per cent of GDP in 2016 to 2.2 per cent in 2020, up to 4 per cent, according to latest estimates (ILO, 2024). However, most of this spending has gone to social insurance (contributory schemes), predominantly for employees in the formal economy. This is despite recent increases of coverage under the World Bank-funded social safety net project, Jigiséméjiri, and the National Medical Assistance Agency (RAMED) health insurance programme, both of which aim to reach the most vulnerable segments of the population. Coverage also varies greatly across population groups and regions. For instance, 14 per cent of men are covered by at least one social protection benefit compared to 10 per cent of women, and the coverage of the children population 0-15 years of age has increased recently, but only to 15.7 per cent.

Jigiséméjiri, launched in 2013, implemented by the Ministry of Finance. By 2023, Jigisèmèjiri provided up to 105,000 poor households (576,000 people) with three years of cash transfer equal to support XOF 15,000 (US$ 23) per month, to mitigate the impacts of food insecurity and promote the development of human capital. Communication activities and distributions of preventive nutrition packages provide pregnant and breastfeeding women and young children with micronutrient supplements (IFA, BEP, MNPs), counselling, and seasonal fortified food support to prevent malnutrition and improve maternal and child health. Public works and/or income-generating activities complemented the delivery of cash transfers. Nutrition interventions, however, were fragmented and not predominant across project interventions and target populations (Figure 1).

Figure 1. Jigisèmèjiri activities and intervention areas as of 2021 (Marcelin *et al*, 2024).



Source: Mali Social Safety Net Program Jigisémèjiri Program Activity Monitoring Report January 1 to December 31, 2021

Beneficiaries of Jigisémèjiri have been identified through the RSU, which was developed with support from the World Bank. The RSU was officially launched in 2019 and institutionalized by presidential decree in 2022. Mali's RSU has **one of the highest coverage rates** in West Africa (37 per cent), but remains geographically fragmented, prioritizing mostly areas with high prevalence of food insecurity. It covers individuals who were directly selected and registered during specific project implementation activities, as well as those from other government programmes, especially Jigisémèjiri and RAMED.

While it was not a nationally owned regular programme, Jigisémèjiri helped respond to the COVID-19 crisis, for instance, delivering emergency cash transfers to 400,000 people. This points to the need for a nationally owned programme, embedded in legal frameworks and with an earmarked budgetary allocation, as there is both need and room for scalability in a context of rising and increasingly interconnected needs.

To date, few social protection programmes use the RSU for targeting. Even though household registry data should be updated every three years, and national capacities are not sufficient to allow for this, fixed point and on-demand updates are currently being piloted to expand coverage and to allow households to update their household vulnerability status (Barca et al, 2023). However, some key users of the RSU have reported not being able to fully leverage the potential of the RSU for their targeting exercises, such as the National Medical Assistance Agency (ANAM), leading the RAMED expansion, which in 2021 tried to use the RSU to identify 3 million people living in extreme poverty (CDP, 2024).

Moreover, Mali's **national school feeding programme**, which provides meals to primary school children throughout the school year, reaches 20 per cent of primary schools and is complemented by externally funded schemes, mainly by WFP. The programme is designed to improve food security, improve access to

education and foster academic retention, improve child nutrition, health and well-being outcomes, and contribute to local development through the local procurement of food for nutritious school meals. The government scheme prioritizes the 166 most vulnerable communes and plans to expand, as funding and operational capacities increase.

As for **RAMED**, it provides health insurance to people living in poverty or at high levels of vulnerability. RAMED is largely Government-funded (65 per cent), together with local authorities. In 2022, it had a budget of XOF 672,556 million (US $1.167 million). Eligibility for the programme is granted by the municipality where beneficiaries and their dependents live, through a specific verification process. This health insurance covers consultations, outpatient care, hospitalization fees, medication, and maternity benefits, for which 914,618 users have already been registered (ANAM, n.d.).

Furthermore, the joint project 'Responding to COVID-19 through Social Protection Systems in the Sahel', funded by BMZ through KfW and jointly implemented by UNICEF and WFP, supports the government to build more shock-responsive, nutrition- and child-sensitive social protection systems and expand the coverage of social assistance programmes. As part of this joint project, from August 2020 and as of January 2025, a total of 175,445 households have been targeted (1,052,670 individuals) with cash transfers and complementary services. These interventions are linked to existing nutrition programmes, such as community-based growth monitoring or therapeutic feeding programmes. Households with children aged 6-23 months or pregnant and breastfeeding women also receive a monthly malnutrition prevention top-up payment of XOF 6,000 (US $10) per child or XOF 12,000 (US$ 20) per woman. These **cash transfers and malnutrition top-ups** act as a social protection programme by providing predictable support to vulnerable households while linking directly to government nutrition and health services, strengthening coordination and service delivery across sectors.

Additionally, the Government implements emergency response programmes with the support of partners, such as WFP, the Red Cross, and the European Union's department in charge of civil protection and humanitarian aid (ECHO). Including with this bilateral donor support, the Food Security Commission (Commissariat à la sécurité alimentaire - CSA) develops and implements Mali's annual response plan for food insecurity during the lean season. The CSA focuses mainly on food distribution but is increasingly moving towards livelihood support as well.

STRENGTHENING THE NATIONAL SOCIAL PROTECTION SYSTEM

Successes and challenges and integration with nutrition objectives

The National Social Protection Policy launched in 2015 emphasizes gender equality as a guiding principle and stresses the importance of reaching particularly vulnerable groups: the elderly, people living with disabilities, children and women, unemployed people and people living with HIV.

For its part, the National Food Security and Nutrition Policy (*Politique national de sécurité alimentaire et nutritionnelle au Mali*) established in 2019 notes the need to extend coverage to women, young people, and people with disabilities. In turn, the Strategic Framework for Economic Recovery and Sustainable Development (*Cadre stratégique pour la relance économique et le développement durable*) highlights social protection and gender equality as important principles and components for poverty alleviation. Still, even though gender equality and social inclusion feature widely across key policy documents, the distinct vulnerabilities affecting women and other vulnerable groups have not yet been explicitly

defined (CDP, 2024). Moving forward, this leaves room for a more granular understanding of vulnerabilities across different groups and dialogue opportunities around the necessary policy and programmatic tools that Mali can leverage, such as nutrition- and gender-sensitive social protection, to respond to these needs.

Faced with persistent challenges at the **intersection of poverty, food insecurity, and malnutrition**, the Government of Mali, in collaboration with its national and international partners, has pursued multisectoral and multi-stakeholder coordination to strengthen the national social protection system. This aims to mobilize synergies between key sectors and line ministries – health, agriculture, education, social protection, water, sanitation and hygiene, among others – to sustainably improve nutrition outcomes, while supporting the promotion of decent work and sustainable development.The Multisectoral Nutrition Action Plan (*Plan d'Action Multisectoriel de Nutrition - PAMN*) 2021–2025 is the main strategic tool used to this end. It articulates interventions around six interrelated axes, including Axis 3, which is dedicated to constructing integrated social protection and education systems to help guarantee access to essential nutritional services and practices.

The coordination and advocacy role of the Nutrition Coordination Unit (*Cellule de coordination à la nutrition*), created in 2015, has enabled progress in nutrition governance and in integrating nutrition across programme planning. The fact that it works as an independent, apolitical body and not responsible for programmes, helps it better influence planning and policy deliberations and decision making across sectors.

Nevertheless, coordination and promotion of nutrition planning at the sub-national level remains one of the unit's main challenges. As for the implementation of Jigiséméjiri, it helped foster vertical coordination within the decentralized structures of the Ministry of Humanitarian Action, Solidarity, and the Elderly, at regional and district levels and within local NGOs.

The Jigisémégiri programme also enabled the scale-up of the RSU, which built a strong household database based on poverty-targeting criteria, in addition to including nutrition-oriented criteria for registration and targeting. Social protection partners and programme implementer have used the RSU for a variety of nutrition-sensitive targeting strategies for specific projects. UNICEF, for example, triangulated data from the RSU to select beneficiary households for nutrition top-up cash transfers, together with other sources, such as the health facility nutrition treatment records and feedback from community-led women group volunteers from nutrition support groups (*Groupe de soutien aux activités de nutrition - GSAN*). UNICEF also relied on women community leaders - Mama Yeleen - to validate the selection of potential beneficiaries.

Emergency response programmes have also used RSU data to target pregnant and breastfeeding women and girls, for instance. However, the RSU is not updated regularly enough to provide the most accurate information for these population groups, and numbers are often underestimated leading to exclusion and inclusion errors. Unsuccessful attempts to providing nutrition top-up cash transfers to Jigiséméjiri beneficiaries in 2021 and 2022 through the WFP CRIALCES (*Réponse à la Crise Alimentaire au Centre Sahel*) was one such example of a lack of reliable data preventing a more accurate response. The CRIALCES project in Mali was a multi-sectoral initiative aimed at improving nutrition and building resilience among vulnerable populations in conflict-affected regions. Implemented in collaboration with UNICEF and FAO, the project focusesed on strengthening food systems, enhancing women's empowerment, and providing nutrition education to address the compounded challenges of food insecurity, climate shocks, and displacement.

Moreover, nutrition outcomes are often considered by different programmes. Seasonal food and nutritional assistance, for instance, aimed to prevent the deterioration of nutritional status among vulnerable households; this was aligned with supplementation programmes and focused particularly on children aged 6–23 months and pregnant and breastfeeding women and girls, using nutrition-based targeting. Another example is the assistance to people living with HIV (PLHIV), which combined nutrition-sensitive cash transfers with nutritional counselling. The transfer value was based on the cost of a nutritious diet and was embedded within a temporary social protection mechanism to support highly vulnerable households registered in the RSU.

The impact evaluation of Jigiséméjiri found that nutrition-related accompanying measures, including **counselling and behaviour change communication** sessions, had a positive impact on the timely introduction of complementary feeding, the prevalence of minimally acceptable diets, and a reduction in diarrhoea prevalence among children 6 to 23 months. It did not measure an immediate impact on the nutritional status and growth of children. Evidence also suggests that the Jigiséméjiri programme decreased interpersonal violence in polygamous households, even if men were the main cash recipients (World Bank, 2024). Attribution is challenging because targeting errors and limited overlap between households receiving general social assistance and nutrition top-ups make it difficult to determine whether observed improvements in feeding practices or reduced diarrhoea are directly due to the Jigiséméjiri programme or other concurrent interventions. It is therefore unclear whether observed improvements were driven primarily by the cash transfers, the nutrition-specific measures (counselling, behaviour change sessions), or a combination of both.

Behavioural change communication activities continue to be carried out as part of the joint UNICEF-WFP social protection project, including by supporting the Mama Yeleen network and the GSAN to track programme implementation and by measuring its outcomes through data collection on nutritional status, enrolment rates, programme compliance and household spending on nutritious foods. The joint UNICEF-WFP social protection project also integrates child protection referrals and the promotion of the access to education. UNICEF and its partners have also supported and reinforced community-based child protection mechanisms to detect, identify and refer cases of gender-based violence. Overall, community-level women's groups involving local leaders (e.g. a midwife or a religious leader) such as the GSAN and Mama Yeleen serve as a valuable mechanism through which to reach families for preventative work on multi-causal aspects of malnutrition.

ASSESSMENT OF SOCIAL ASSISTANCE DIMENSIONS

Mali has improved the reach of many programmes, including for nutritionally vulnerable populations. Overall social protection **coverage** is now estimated at 12.6 per cent of the national population and 15.7 per cent for children 0-15 years old. The RSU includes over 1.1 million people in the most food insecure areas of the country, and the national school feeding programme covers 20 per cent of eligible schoolchildren, which amounts to 581,000 children. Mali is in line with the average social assistance coverage for low-income countries, which currently stands at 18 per cent (WFP, 2022).

As for health insurance coverage, the RAMED has registered 937,283 users between 2011 and 2021 alone, leading to increased basic healthcare coverage to mothers and children. The Jigisemégiri programme, for its part, has reached up to 576, 000 people. . The most nutritionally vulnerable areas in Mali are generally concentrated in the northern and central regions, where conflict, displacement, and climate shocks such as droughts and floods exacerbate food insecurity. These conditions disrupt agricultural production, limit access to markets and health services, and increase the risk of acute malnutrition, particularly

among children and pregnant or lactating women, highlighting the need for targeted social protection and nutrition interventions.

The transfer value of Jigisemégiri cash transfers is seen as **adequate** to ensure a nutritious diet. The evaluation of the programme (World Bank, 2024a) highlighted that the cash transfers and accompanying activities improved beneficiary households' food security, dietary diversity, and overall dietary quality. The benefit value of XOF 15,000 (US $23) was equal to 9.5 per cent of the national poverty line. WFP's FNG analysis, moreover, evaluated the cost of a nutritious diet at XOF 1,103 per day per household (US $1.84). However, the cost of a nutritious diet varies considerably between regions, with more than half of the population still unable to afford nutritious diet on a per-day basis. The nutrition top-up payments provided by the joint UNICEF-WFP social protection project, for their part, contributed significantly to making nutritious diets more affordable to the poorest households, thus shedding light on the value of vertical expansion of benefits, including through top-up payments specifically designed to address malnutrition challenges.

Most social assistance programmes have been providing an integrated package of activities to ensure **comprehensiveness**. Jigiséméjiri and the national school feeding programme, for instance, have been complemented and coordinated with other components to improve nutrition-sensitivity, through nutrition education sessions and counselling. The joint UNICEF-WFP social protection project supported the integration of cash transfers with community-based nutrition monitoring, child protection and the prevention of gender-based violence.

Mali has also made progress to improve the **responsiveness** of social assistance programmes, notably by using the Jigisemégiri programme as part of the COVID-19 response. However, humanitarian and emergency response programmes remain an effective instrument to reach vulnerable people during nutrition crises, especially in support of community-based initiatives for monitoring and early detection of nutrition needs, such as the ones conducted by the GSAN and Mama Yeleen.

Quality remains a challenge in social assistance programmes. A basic grievance redress mechanism (GRM) has been put in place by the Jigisemégiri programme, for instance, allowing the collection of detailed feedback. Cash transfers are mostly received by men as heads of household, even though a project in Koulikoro provided evidence that targeting women by mobile payments is feasible (World Bank, 2024a). In the context of Mali, programme quality in social assistance hinges on coverage, targeting, and comprehensiveness. While initiatives like Jigiséméjiri reached hundreds of thousands during crises, coverage remains geographically fragmented and often prioritizes high food-insecurity areas, leaving gaps in other vulnerable populations.

Targeting challenges persist due to incomplete or outdated household registries, affecting the timely inclusion of nutritionally vulnerable families. Comprehensiveness is also critical: integrating cash transfers with nutrition services, grievance redress mechanisms, and gender-sensitive delivery—such as directing mobile payments to women—can improve programme responsiveness, equity, and the ability to address multiple dimensions of vulnerability simultaneously.

KEY LESSONS CAPTURED AND WAY FORWARD

Mali has made considerable progress in strengthening its social protection system despite a still nascent institutional and financial environment. Non-contributory social protection programmes demonstrate clear design elements with nutrition and gender-sensitive outcomes, however, their coverage and quality remain unequal and limited.

Social protection policy architecture
PROSPECTS AND LESSONS LEARNED

- Ensure national policies are associated with appropriate action plans, financing and monitoring and evaluation frameworks to implement their commitments.
- Institutionalize a regular national safety net programme, with earmarked financing, to ensure predictability, timeliness, shock-responsiveness, and nutrition sensitivity of social protection.
- Develop contingency plans and financing options to cope with fragility and shocks.
- Improve coordination and mobilize technical and financial partners to continue strengthening the social protection system, including with respect to measurable nutrition outcomes.
- Establish monitoring and evidence generation systems to inform policies, strategies and advocacy efforts to support the scale-up of nutrition-sensitive social protection interventions.

Social protection programme features
PROSPECTS AND LESSONS LEARNED

- Continue to promote integrated programming with nutrition-sensitive accompanying measures, as this has proven to have a clear and positive impacts on food security, dietary diversity, and the quality of diets (World Bank, 2024).
- Layering and convergence of social safety net programmes with complementary support measures—such as vouchers, micronutrient supplements, promotion of home-grown nutritious foods, income diversification, and post-harvest loss reduction—not only create synergies but also amplify their impact, improving access to nutritious diets, reducing costs, and addressing multiple dimensions of vulnerability simultaneously.
- By deliberately coordinating and stacking interventions, the same beneficiaries can be reached through multiple channels, ensuring that cash, nutrition, and livelihood support reinforce each other for more sustainable and resilient outcomes (WFP, 2021).
- Support improvements to the household registration efforts of the RSU to increase its geographical coverage, leveraging technical contributions from different actors to improve the data relevance to nutrition and improve the useability of registry data for nutrition programming actors.
- Monitor and regularly revise cash and voucher transfer values, based on evidence on fiscal space and evolution of household vulnerability, including examining the feasibility of having transfer values that reflect different costs and needs in different parts of the country.
- Promote the coordination with the education sector and schools as an entry point to strengthen community participation in food and nutrition security (e.g., including through efforts as WFP's 'Nutrischool' programme)
- Continue engagement and support with community-led women groups such as the GSAN and Mama Yeleen, as an inroad to empower local leaders and support them in the development of self-reliance pathways.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BACKGROUND

Mauritania is a lower middle-income country, with a population of million. While it succeeded in halving monetary poverty between 2008 and 2014 (WFP 2024a), the multi-dimensional poverty rate remains high, at 56.9 percent, despite abundant natural resources (WFP, 2024b). The highest poverty rates are among rural populations in the southern parts of the country (Watson, 2023).

Mauritania has also made progress in improving nutrition outcomes since the early 2000s, particularly between 2007 and 2021. However, chronic and acute malnutrition remain high, and the country faces **a complex nutrition burden** driven by multiple factors, including undernutrition, micronutrient deficiencies, and rising overweight and obesity rates. According to the 2019–2021 Demographic Health Survey (DHS), 26 percent of children under the age of 5 were stunted, compared to 32 percent in 2007. During both periods (2007 and 2019–2021), stunting was highest in the North and East of the country. Wasting among children has stagnated during this period, with 6 per cent of children experiencing wasting conditions in 2019.

According to the SMART 2022 survey, chronic malnutrition affected 24.8 per cent of children aged 0–59 months, with severe chronic malnutrition observed at 7.6 per cent. Stunting was significantly higher in rural areas (29.4 per cent) compared to urban areas (19.8 per cent). At the same time, excess weight and obesity are an increasing problem, particularly among women and urban populations. From 2019 to 2021, 54 per cent of women of reproductive age were classified as overweight or obese. Anaemia is a public health concern as well, affecting 56 per cent of women of reproductive age in the 2019–2021 period. Among children aged 6–59 months, 77 per cent were anaemic, with its prevalence exceeding 80 per cent in some areas (WFP, 2024a).

The country is vast and arid with low agricultural production affected by seasonal food and nutrition crises, exacerbated by the climate crisis. The increasing frequency and severity of **extreme weather events** contribute to persistently high levels of malnutrition and food insecurity. While politically stable, Mauritania has also experienced increasing fragility in recent years, due to the economic consequences of the COVID-19 pandemic, the Ukraine crisis, and the continuing conflict in neighbouring Mali.

A National Social Protection Strategy (SNPS) was launched in 2013 and established a government-owned and led social protection system, including several programmes and initiatives such as the **Tekavoul** social safety net programme for the poorest households, the **El Maouna** safety net programme for the lean season, the **nationwide school feeding programme**, the Emel boutiques in 2012, and a national social registry used by different social programmes for targeting and delivery. An updated version of the National Social Protection Strategy (SNPS II) was drafted and is awaiting adoption by the Council of Ministries. The social protection system development sped up when the current government came into power in 2019 and announced social protection as a presidential priority.

Mauritania has also been committed to addressing malnutrition in all its forms for several years, including joining the Renewed Effort Against Child Hunger (REACH) initiative as a pilot country in 2008 and the Scaling Up Nutrition (SUN) movement in 2011. The First Intersectoral Action Plan on Nutrition was also developed in 2011. Mauritania further reaffirmed its commitment to nutrition through the approval of the Multisectoral Nutrition Strategic Plan 2025–2030, which builds on earlier initiatives like REACH and SUN.

SOCIAL PROTECTION LANDSCAPE

Programme objectives, target populations, and key elements of design

The Government's focus on social protection contributed to building the core structures and mechanisms centred around shock-responsive social protection. With the support of its partners, including WFP and the World Bank, it drew inspiration from the experiences of other countries, specifically Senegal and Niger. The updated SNPS II has been finalized and reflects the social protection sector's evolution since 2013.

The main national social protection actors are the Commission for Food Security (*Commissariat à la Sécurité Alimentaire – CSA*), which sits under the authority of the Prime Minister; the General Delegation for National Solidarity and the Fight against Exclusion (Taazour) established in 2019, which sits under the President (Watson, 2023) and oversees a number of programmes and the Social Registry; and the Ministry of Social Action, Childhood and Family (*Ministère des Affaires Sociales, de l'Enfance et de la Famille – MASEF*).

Taazour hosts the Government's social safety net programmes targeting the country's most vulnerable population, mainly through the following programmes:

- **Dari**: construction and rehabilitation of social housing to improve the living environment of disadvantaged populations and reduce the shortage of decent housing.
- **Cheyla**: development of social infrastructure to guarantee universal access to basic services, particularly education, health, drinking water, and energy.
- **Al Barka**: economic inclusion and support to entrepreneurial initiatives among vulnerable households, through the financing of income-generating activities and the support to micro-projects.
- **Tekavoul**: a regular national safety net programme providing quarterly cash transfers to households in extreme poverty over a five-year cycle, currently reaching around under 152,000 households, with additional support to strengthen their resilience. with transfers conditional on beneficiaries' participation in awareness-raising activities, Tekavoul-shock is a pilot expansion of the value under the regular Tekavoul programme, providing an increased benefit as part of the National Response Plan for seasonal food insecurity.
- **El Maouna**: Under the coordination of Taazour, CSA implements El Maouna, the government's main shock responsive social safety net programme providing seasonal unconditional cash transfers during the lean season (June-September) to people identified as acutely food insecure (CH/IPC3+). This is designed to respond to recurrent seasonal livelihood and food security shocks linked to variable rainfall and lean season food shortages. Historically, the response to shocks was the responsibility of the CSA, but with the establishment of Taazour, the CSA shifted to becoming El Maouna's implementing partner, while Taazour took over the programme's administrative and financial supervision.
- **Temwine** :the new name of the former Emel boutiques, focuses on food security and price stabilization for staple foods through a subsidized distribution network, guaranteeing access to basic products for disadvantaged populations.

Partners such as the World Food Programme (WFP), Save the Children, Action against Hunger, and World Vision have in the past also contributed

with cash transfer programmes, mainly during the lean season responses (Kreidler et al., 2022), in addition to cash or in-kind top-ups, complementing, for example, El Maouna benefit payouts programme, under the Government's leadership and coordination.

A UNICEF-WFP Sahel social protection joint project (started in 2020, entering a new phase in 2025 through 2028) supports the expansion of safety net programmes, in addition to supporting the Government's data analysis, monitoring and evaluation of lean season responses, among other social protection systems building efforts. Since its inception, it has also supported an increase in the coverage and benefit value of COVID-19 response and supported disability-inclusive social protection programmes through the MASEF. (UNICEF and WFP, 2023).

The **Social Registry** was launched in 2016 and has been scaled up to include a comprehensive list of all vulnerable people of Mauritania (covering over 325,000 households in 2025). The Social Registry stands to incorporate data on household dietary diversity, maternal and child nutrition indicators, and access to health services. At present, it is used to target beneficiaries for Tekavoul and El Maouna as well as for about 30 other social programmes implemented by State and non-State entities, including WFP. A complete update has been underway, to be completed by 2025, through which it will cover 100 per cent of the population and will contain detailed information on the country's 40 per cent most vulnerable, from which all social protection programmes (regular and ad hoc) would be able to identify potential beneficiaries according to specific programme criteria.

As for the **National School Feeding Programme**, housed within the Ministry of Education, it includes components financed by the Government (via Taazour), WFP, and Counterpart International. WFP support is underway for a new pilot to distribute cash to schools rather than providing in-kind commodities for the school feeding programme, which will serve to strengthen community management and purchase products locally. It includes an integrated support package to strengthen food cooperatives and provide nutrition education alongside the cash.

STRENGTHENING THE NATIONAL SOCIAL PROTECTION SYSTEM

Successes and challenges and integration with nutrition objectives

Mauritania has worked towards making social protection programmes more nutrition-sensitive through innovative programming and systems strengthening efforts.

Nutrition is part of the broader social protection agenda and Government's interest in strengthening social protection systems. Since nutrition is a crosscutting thematic overseen by several line ministries, a **multi-sectorial nutrition strategic plan** was developed for the 2016-2025 period, building on Mauritania's participation in the Scaling Up Nutrition (SUN) initiative since 2011. A subsequent strategic plan for the 2025-2030 period has been approved since late 2024, for which relevant documentation (i.e., policy, multisectoral strategic plan, common results framework) was updated to consider the evolution of nutrition-related needs and opportunities moving forward, since 2016.

The SUN government focal point is embedded into the Ministry of Economy and Sustainable Development, and a national multi-stakeholder platform was set up in 2016. The platform enables advocacy efforts for nutrition in each of the sectors represented by the different line ministries. Moreover, while coordination between partners and the Government around social protection, humanitarian response, and lean season assistance has been prevalent, multisectoral coordination for nutrition specifically remains an important challenge. Food security response, compared to nutrition support, has seen comparatively higher political backing and seen as a value investment amidst limited resources.

Integrated nutrition approaches have been piloted either as part of social protection or by partners, with success. Women's support groups that combine nutrition education with cash transfers have shown positive results, for example (Watson 2023). Groups for learning and monitoring optimal feeding practices for infants and young children, already in existence, were linked in some cases to cash transfers, so that participants receive the cash and the nutrition education sessions at the same time. Participants in these groups have indicated that the guidance received on the use of cash, particularly for nutrition and health expenses, was useful.

In addition, a new approach to the national school feeding programme is being piloted as part of the 2025-2026 academic year, which will support local food production and enable local food procurement, combined with nutrition education and community involvement. Cash support, rather than in-kind support, is also being piloted to help diversify local food production and quality of school meals.

Furthermore, in 2023, WFP piloted **malnutrition prevention cash top-up payments** to lean season assistance for households with pregnant and breastfeeding women, as well as children under 2, known to be the most vulnerable categories of people during shocks. Guidelines for this initiative were drawn up from evidence demonstrating the relevance of using cash top-up payments for malnutrition prevention and the potential for impact during lean periods. Positive results on food security and dietary diversity were identified, as part of these pilot exercises. Previously, during the lean season, WFP offered in-kind blanket supplementary feeding and organized culinary demonstrations as complementary activities. The in-kind distributions have since switched to cash transfers in locations where markets are functional and where there are behavioural change communication activities available to accompany the cash transfer distributions.

One initiative that stands to improve food security and nutrition involves working with the network of Temwine shops (formerly known as Emel) with subsidized food products that are spread across the country. However, available products do not necessarily meet minimum nutritional values, and fortified foods are not always available. Further, beneficiaries of safety net programmes, such as Tekavoul and El Maouna, are not given priority access to the goods offered at the Temwine shops. There has also been a series of documented challenges, such as long queues to access the shops, perceived tensions around the quantity of subsidized food items each household can purchase, and a low availability of products to begin with. Monitoring systems provide feedback to ensure quality and gain insight from participants as well as offer some indications vis-à-vis the impacts of the programmes.

The evolution of a national Social Registry, managed by Taazour, has been fruitful and continues to advance to enable the targeting of diverse beneficiary groups and respond to the needs of multiple government agencies and partners. A full update of registrations and household data is expected in 2025, supported by a multi-partner working group, which will expand coverage to 100 percent of the population and provide detailed data on the country's 40 percent most vulnerable. While efforts are underway to integrate nutrition-related indicators—such as household dietary diversity, maternal and child nutrition, and access to health services—the registry currently lacks sufficient nutrition-specific data to inform the design and targeting of nutrition-sensitive interventions.

ASSESSMENT OF SOCIAL ASSISTANCE DIMENSIONS

Overall, social protection **coverage** was just 6.6 percent prior to the COVID-19 Pandemic, and the effective coverage is now estimated to 11.2 percent (ILO, 2024). However, coverage is not systematically responding to household nutrition needs, with men often enjoying better coverage than women and adult populations receiving more coverage than youth and children. Successful coordination between and amongst the Government and partners has meant that coverage of programmes does not overlap. The various cash transfers programmes are very well harmonized in terms of geographical distribution. The Social Registry has national coverage; its continuous useability would depend on regular updates moving forward and the inclusion of nutrition household data.

In terms of the affordability of nutritious diets, the Fill the Nutrient Gap study conducted in 2021 identified that 54 per cent of households could not afford the lowest cost of nutritious diet, with large regional variations observed; higher rates of households unable to afford nutritious diets were observed in pastoral zones (WFP, 2021). The **adequacy** of the social assistance programmes is monitored through regular market monitoring, but transfer values stand to be revised to better support households shoulder the cost of minimum nutritious diets.

A group of social protection actors recommend providing an integrated package to ensure the adequacy and **comprehensiveness** of social assistance programmes. WFP, for its part, aims for an integrated package of infrastructure, health, education, cooperative support, school feeding, cash transfer and other activities within the same community. Also, WFP malnutrition prevention top-up payments include complementary activities such as home visits, culinary demonstrations and counselling on cash transfer use, and have shown positive results as per the 2023 pilot, which is being enhanced and scaled up.

Social assistance programmes have faced challenges in terms of **quality**. Mauritania has significant gender disparities (ranking 135th out of 156 countries in the World Economic Forum's Global Gender Gap Index 2020). In addition, economic and financial inclusion of the most vulnerable population groups remains a challenge. While all cash transfer programmes aim to give cash benefits directly to women and provide them with accompanying services and sensitization initiatives, including the prioritization of health and education expenses, in practice there have been concerns of low levels of decision-making autonomy among women with respect to the cash benefits; women-recipient of cash transfers may hand the cash to their partners, who may return a part to her for certain expenses.

Generally, the social protection sector has demonstrated its **responsiveness** to shocks and crises through specific programmes and programme components: notably the shock responsive safety net programme for the lean season, El Maouna, and the shock response component of the annual Tekavoul safety net programme. Shock responses are supported by a solid coordination of geographic and beneficiary targeting, including non-governmental players. Timeliness remains an issue as distribution could only reinitiate after government permission, hampering its regarding efficiency to address urgent needs.


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KEY LESSONS CAPTURED AND WAY FORWARD

Despite major progress in the past years in strengthening the social protection system to respond to poverty and seasonal and shock-related food insecurity and malnutrition, social protection programme design features still do not systematically consider improved nutrition outcomes, in part due to nutrition technical capacities still lacking across some programme design, implementing, and monitoring units.

Social protection policy architecture
PROSPECTS AND LESSONS LEARNED

- Embed nutrition improvement objectives as part of social protection programme design features, ensuring coherence with existing or updated policy and budgetary frameworks, which should also more systematically include nutrition-specific objectives as part of a wider vision for social protection.
- Strengthen coordination between social protection actors based on key lessons learned from food security response efforts., and work towards clarifying the roles of different actors within Government as well as amongst implementing actors.
- Build on Government Decree 029-2022 setting out the new regulatory framework for the improved governance of nutrition and its reflection in social protection programme design.
- Improve accountability by adopting a common results framework and operationalizing plans at the sub-national level.
- Invest in and leverage evidence generation to inform strategy and decision making on scaling up nutrition-sensitive interventions.

Social protection programme features
PROSPECTS AND LESSONS LEARNED

- Promote an integrated package of assistance, including community-level resilience building, support for school feeding, and income generation, accompanying the cash transfers for the most vulnerable.
- Strengthen food cooperatives, provide nutrition education, and increase community involvement as part of the national school feeding programme.
- Combine behavioural change communication activities that can leverage the full impact of social cash transfers on improved nutrition outcomes.
- Enhance gender-sensitive programming to address the specific needs and nutritional status of women and girls, while strengthening their access to and decision-making power over quality food. This should include responding to the complexity of intra-household gender dynamics by applying the Gender Equality and Social Inclusion (GESI) tool to better assess and influence head-of-household decisions related to family finances and resource allocation.
- Continue to support the expansion and the dynamic updates of the Social Registry to capture nutrition sensitive information and to help inform a more accurate targeting of nutritionally vulnerable households moving forward.
- Continue working with the Government in its work to promoting locally produced fortified food products to be used in social protection programmes, including as in-kind top-up transfers, as part of subsidized products in Temwine shops, and as part of more nutritious meals offered through the national school feeding programme.
- Expand the mandate around national crisis prevention and response to better address the food security and nutritional impacts stemming from multifaceted shocks and overlapping crisis, including those that would call for shock-responsive and nutrition-sensitive social protection response efforts.

BACKGROUND[1]

Nigeria has nearly halved the proportion of people suffering from hunger over the past 25 years (WFP, 2023). However, this progress has been reversed during the past decade as economic growth slowed down. In 2023, the number of acutely food insecure people in Nigeria was the second highest globally (24.8 million people). Moreover, the 2022 Nigeria Multidimensional Poverty Index Survey (Government of Nigeria, 2022) estimates that 63 per cent of Nigeria's population (133 million people) are multidimensionally poor. Of those, 65 per cent (86 million) live in the northern States.

Nigeria also faces a **multiple burden of malnutrition**, with high rates of child and maternal undernutrition existing alongside overweight and obesity, which also disproportionately affects the northern parts of the country. Some 31.5 per cent of children under 5 are stunted and 6.5 per cent of children under 5 are wasted, both higher than the average for the entire African continent. Nigeria has also the highest level of under-5 child mortality. What's more, in 2019, 55 per cent of women of reproductive age were reported to be anaemic and 49 per cent were overweight or obese (Global Nutrition Report, n.d.).

Over the past 14 years, the conflict in the northeastern part of the country has also led to forced displacement and acute humanitarian needs. **Conflict, food insecurity, malnutrition, and the impacts of climate change** are closely interlinked, with the Northwest and Northeast regions showing the highest numbers of poor, food insecure, and malnourished people. Recent international and national economic crises and downturns have further deteriorated local food production and consumption.

Social protection in Nigeria dates to before its independence, when the country implemented social security schemes for formal workers and the civil workforce. Social assistance, additional forms of social insurance, and labour market schemes also became part of the successive development plans and policies. A present-day social protection vision for Nigeria is anchored in the country's new National Social Protection Policy, adopted in 2022 to cover the period of 2022-2025. It aims to provide a more comprehensive coverage of social protection needs and to improve collaboration between different implementing stakeholders, including line ministries, government agencies, and development partners. One of the policy's main objectives is ensuring the provision of social welfare and improving food security and nutrition outcomes.

Despite improvements over time, the coverage of social protection programmes remains low in Nigeria, with only 14.8 per cent of the Nigerian population covered by at least one social protection benefit. This figure stands at only 10.5 per cent for coverage of the population under 15 years of age. (ILO, 2025).

1 This case study focuses on the national level. As a Federal State, Nigeria's Federal social protection programmes are implemented by each of its 36 States. The 774 local governments (LGAs) have the responsibility of providing community-based services and infrastructure for social protection programmes implementation.

Nigeria's estimated total expenditure on social protection (excluding health) as a percentage of GDP stands at only 0.7 per cent, one of the lowest in Africa (Ibid). The bulk of the budget is dedicated to the national pension fund, followed by social assistance programmes. As for the response to covariate shocks and the impact of climate change, these are considered in the National Social Protection Policy, but this has not yet been integrated into the programme design of social protection programmes, termed in Nigeria as national social investment programmes (NSIP).

Looking to the overall governance of the social protection sector, a newly created agency – the National Social Investment Programme Agency (NSIPA) – oversees social protection implementation. However, the implementation structure is fragmented across federal ministries, State governments, and local governments with different levels of capacities and resources across government levels.

SOCIAL PROTECTION LANDSCAPE

Programme objectives, target populations, and key elements of design

Recognition of the importance of social protection in Nigeria's socioeconomic development context is growing, with many bilateral donors and implementing partners involved in supporting the Government in strengthening systems and delivering support to the most vulnerable, amidst rising and interconnected needs.

Contributory schemes, mainly pension schemes and health insurance, and labour market intervention programmes, still offer limited coverage vis-a-vis the level of needs. The National Health Insurance Scheme (NHIS) was created in 1999 and a new bill in 2004 sought to improve its coverage. Nonetheless, the NHIS remains limited to federal government employees and some organized private sector employees. Some States have developed their own health insurance and community health insurance, which is now open to the informal sector, including workers involved in artisan work.

Regarding social assistance programmes, the country has ensured broad coverage through flagship initiatives such as: **(i)** the Household Uplifting Programme (HUP), commonly known to as the conditional cash transfers programme (HUP-CCT), **(ii)** the Home Grown School Feeding Programme (HGSFP), **(iii)** the N-Power, previously called the Youth Employment and Social Support Operation (YESSO) programme, which aims at promoting youth employment, and **(iv)** the Government Enterprise Empowerment Programme (GEEP), aimed at alleviating poverty by providing access to funds for entrepreneurs.

The National Cash Transfer Office (NCTO) implements the nationwide HUP-CCT, launched in 2016, providing cash transfers to over 1.9 million households selected from the National Social Registry (NSR). prioritizing the poorest and most vulnerable households. The HUP-CCT aims to improve food consumption and strengthen the human capital of targeted households. The HUP-CCT is designed to provide monthly cash transfers of NGN 5,000, complemented by an additional monthly transfer of NGN 5,000 to those who participate in activities selected by each State government, including activities spanning education, environmental protection, health, and nutrition promotion schemes. Some targeted households are also eligible to receive livelihood support.

The national HGSFP was also launched in 2016 and renamed in 2023 to the Renewed Hope National Home-Grown School Feeding Programme. It is implemented by the National Social Investment Agency (NSIPA) of the Federal Ministry of Humanitarian Affairs and Poverty Alleviation. Up until its operational suspension in January 2024, the programme had been providing daily meals to 10 million schoolchildren from

grades 1-3, prioritizing healthy meals made of food products purchased from local farmers and cooked on-site, incentivizing **enhanced school attendance, improved child nutrition, and early cognitive development**.

As a key pillar of the national social protection system, the NSR, managed by the National Social Safety Net Coordinating Office (NASSCO), is designed to serve as a foundation for delivering social assistance. To date, over 19.3 million households have been registered countrywide (NASSCO, n.d.). The NSR uses a combination of geographic and community-based targeting to identify households to be integrated into the registry. The coverage of the NSR has grown steadily in recent years, with plans for continued updates and expansions. Eligibility for the HUP-CCTs is determined through a proxy means test scoring method.

In the northern States, the parts of the country with the highest rates of food insecurity and malnutrition, development partners have been supporting the design and implementation of social assistance schemes targeting mothers and children. These efforts have led to the development of State-led policies and programmes. Among them are the Child Development Grant Programmes supported by the Foreign, Commonwealth and Development Office of the United Kingdom (FCDO) and Save The Children between 2013 and 2019, in Zamfara, Katsina, and Jigawa States, as well as the Sokoto Girls' Child Educational Empowerment Programme, launched in 2014 by UNICEF. The United Nations Joint Sustainable Development Goals Fund had also been supporting a joint project working to strengthen social protection in Sokoto State, jointly implemented by UNICEF, the World Food Programme (WFP), the International Labour Organization (ILO), and the United Nations Development Programme (UNDP) between 2020 to 2022. This project facilitated access to healthcare services for pregnant and breastfeeding women and children under 5. In Adamawa State, the European Union and UNICEF supported a maternal newborn and child health social protection scheme. Finally, a World Bank-funded project on accelerating nutrition has been recently launched to test community-based nutrition-sensitive social protection in 12 States. However, most of these State programmes are no longer implemented.

STRENGTHENING THE NATIONAL SOCIAL PROTECTION SYSTEM

Successes and challenges and integration with nutrition objectives

Nigeria's National Social Protection Policy adopted in 2022 includes policy measures that point to working towards enhanced nutrition outcomes (such as through the provision of school meals, healthcare services provided to specific vulnerable groups, such as pregnant and breastfeeding women, children under 5, the elderly and people living with disabilities), cash and in-kind food transfers during emergencies, cash and food grants to the poorest families, and non-contributory pension schemes. The policy has allowed WFP to engage with the Federal Government on the development of **nutrition-integrated national protocols** for shock-responsive social protection in 2023 (WFP, 2023); the protocols are not yet operational.

Some social assistance programmes have demonstrated positive nutrition outcomes. Studies have shown that the HGSFP, for instance, has reduced malnutrition and increased access to education and school enrolment (Edeh, 2019; Oladele et al, 2020). As for the pilot Child Development Grant Programmes in the northern States, these have inspired State policies and programmes, as they demonstrated a positive short-term impact on food security and on the use of health services (OPM, 2019), as well as a medium-term impact on stunting (Carneiro et al, 2020) Government services to ensure the provision of adequate services.

Since the inception of the HGSFP, the nutritional value of meals has been a salient area of concern that could be improved. The budgetary allocation per meal per child started at NGN 70 (US$ 0.24) per child in 2016, rising by February 2023 to NGN 150 (US $0.32) per child. WFP supported advocacy efforts to revise the operational procedure and provided capacity strengthening towards the menu design process and contributed to the development of a nutrition handbook. With the programme currently under review, WFP is advocating for the review of the budget to ensure nutrition quality is improved and consistent with nutritional needs of schoolchildren.

Nigeria has also witnessed improvements in care practices over the past two decades. Breastfeeding practices notably have shown improvement. Between 2008 and 2018, exclusive breastfeeding among children aged 0-5 months increased from 17 per cent to 29 per cent, and the mean duration of exclusive breastfeeding increased from 1.8 months to 2.8 months (National Population Commission and ICF, 2019).

Looking at the **HUP-CCT flagship programme**, it includes nutrition components through the nutrition top-up payments' that States can opt for, accompanied by a suite of social and behavioural change (SBC) activities. Latest information reveals that no States have implemented these top-up payments yet. This may be the result of insufficient resources through which to disseminate key information across States and implementing actors on the viability and applicability of these nutrition top-up payment modalities, in turn leading to low levels of implementation. The HUP-CCT has also faced challenges in the implementation of SBC activities, which have been closely monitored and have been reviewed in the past to improve their quality and outcomes, including with the technical assistance of WFP.

The development of the NSR, its rapid expansion, and digitalisation efforts are considered a success in the Nigeria social protection sector and a key instrument to move towards a more comprehensive assistance and protection of vulnerable households, including through more accurate and timelier targeting and identification of needs across programmes.

Building on these gains, a World Bank-supported project – the Nigeria Basic Healthcare Provision Project – is planned to enhance the linkage between the NSR and healthcare service delivery. The NSR has also shown opportunities for improve coordination across programmes and implementing agencies and therefore stands to lead to increasing the interoperability across social protection programmes. However, NSR registration still does not consider nutritional dimensions, and updates are not regular enough to capture household information that can lead to a more nutrition-sensitive targeting and delivery of assistance, such as identifying the presence of children under 2 and of pregnant and breastfeeding women in households registered in the NSR.

As for coordination of actors and interventions across the social protection sector, these have traditionally been fragmented, with limited representation from the States and the different sectoral ministries, coupled with insufficient resources to ensure a more streamlined collaboration. Nonetheless, there have been efforts to institutionalize the Social Protection Technical Working Group, created to support the operationalization of the National Social Protection Policy, with its secretariat at the Federal Ministry of Finance, Budget, and Planning, and co-chaired by the Federal Ministry of Labour and Employment and the Federal Ministry of Humanitarian Affairs. The Social Protection Development Partner Group has also faced challenges in ensuring appropriate coordination and support to the Government. A noteworthy example of support to social protection coordination comes from a joint SDG Fund Project (2020-2022) implemented in Sokoto, which has helped build up the network of local actors and explored convergence in government programmes, including across health and nutrition sectors.

In addition, financial and political instabilities remain major challenges to ensure the development of appropriate policies and programmes and the development of comprehensive social protection system and coverage. For the past ten years, the Nigerian economy has seen challenges in meeting public financing needs as needs across the most vulnerable increase and become more complex and closely interlinked. Worth noting are the 2023 Presidential elections, with the new Government announcing major economic reforms that have impacted the financing of pathways through which to expand and strengthen the national social protection system.

ASSESSMENT OF SOCIAL PROTECTION DIMENSIONS

Social protection **coverage** remains low in Nigeria. Gaps include limited support for human capital development, such as early childhood development and adolescent and maternal health, as well as targeting of interventions meant to reach the most vulnerable groups, including those in need of malnutrition prevention assistance. Programmes also tend to cover the elderly insufficiently. What's more, coverage in terms of vulnerabilities spanning from crises and shocks, including climate-induced shocks, is also low or absent across programme design features. With the HUP-CCT reaching over 1.9 million households, this represented10.8 per cent of people living below the poverty line, in 2022. As for the HGSFP, it reached almost 10 million school-age children in grades 1 through 3, as of 2023. Following the pause in the programme's operations, WFP is advocating for its resumption by the fourth quarter of 2025.

Mindful of low coverage rates, Nigeria is working for social assistance programme coverage to increase, but large discrepancies across States and localities remain. By design, the flagship social assistance programmes have higher caseloads in the poorest and most vulnerable areas, mainly prioritizing rural areas. Programme implementation relies on State capacities, which can vary from State to State, and many of them also find themselves are the crossroads of rising insecurity and conflict, which can disrupt programme implementation and access to populations in need.

There is an observed trend whereby **adequacy** of social assistance programmes is sacrificed over expanded coverage. Certain social protection benefits amounts have not been adjusted to rising inflation, the purchasing power of households relying on cash transfers now impacted. This includes those households reporting having been able to accumulate savings and pursue productive activities thanks to the HUP-CCT support they received; for many, the productive value of their savings and investments has now been reduced. For instance, the HUP-CCT monthly transfer value of NGN 5,000 equated to $US 25 in 2016, and at present equates to US$ 3. In addition, in 2022, the Fill the Nutrient Gap analysis highlighted that one in three households in Nigeria could not afford the lowest-cost nutritious diet. The cost of a nutritious diet for a five-person household was estimated to be NGN 1,687 per day (US $4.09). As for the HGSFP, the overall programme budget was already insufficient to meet rising needs, with those preparing school meals faced with the challenge of preparing nutritious meals with limited funding, including as food costs were rising.

Limited coordination across social protection actors and slow progress on working towards a minimum level of social protection coverage (social protection floor), the **comprehensiveness** of the social protection programmes also remains limited. A missed opportunity for social protection to be more nutrition-sensitive is represented by the fact that the National Multi-Sectoral Plan of Action for Food and Nutrition (2021-2025) led by the Ministry of Finance, Budget and National Planning, does not make specific references to social protection programmes (Federal Government of Nigeria, 2020). Social protection actors report that while a wide range of line ministries and sectors are

involved, implementation of nutrition initiatives remains fragmented, with different initiatives taking place at the State level, but not necessarily in a coherent fashion to work towards improved nutrition outcomes through an integrated system approach. The only examples of integration of government systems include the alignment of the national health system with the NSR and the integration of SBC into the HUP-CCT community-based activities.

Social assistance programmes have also experienced **quality** concerns in their implementation, partly due to resource limitations and low levels of scale. The delivery of payments for both HUP-CCT and HGSFP have been irregular at times, affecting their outcomes and affecting the trust of beneficiaries. For instance, HUP-CCT payments experienced delays up to eight months, affecting households' food access and nutrition, even when catch-up payments were ensured, pointing to the importance of the timeliness of the arrival of benefit payments. As for the HGSFP, the main challenge encountered was around insufficient operational resources, including to scale up coverage and adequacy. The inconsistency in funding led to disruptions in school meal delivery and inconsistent quality of school meals and unequal implementation across States, resulting in reduced programme effectiveness.

While the national social protection system has shown levels of **responsiveness** to shocks and crises on an ad hoc basis, a systematic responsiveness to nutritional needs has nonetheless not been observed. In response to COVID-19, however, the Government expanded social assistance through the Nigeria COVID-19 Action, Recovery and Economic Stimulus (NG-CARES) Programme, using the NSR. Building on this experience, efforts continue to improve the coordination of social assistance and disaster management actors.

While the HUP-CCT and the HGSFP face continuity challenges during disasters, the HGSFP was adapted during the COVID-19 crisis to allow for take-home rations, with the support of WFP, to support rising nutritional needs among children. In 2023, a HUP-CCT scale-up was planned, referred to as the Direct Benefit Transfer Programme, in response to rising inflation, and in turn rising food costs and risks of food insecurity. This effort, aimed at providing NGN 25,000 to 15 million households for three months, but its implementation has faced operational and delivery challenges.

KEY LESSONS CAPTURED AND WAY FORWARD

Recent policy and programme developments demonstrate the Federal Government's commitment to nutrition-sensitive, and to some extent, to shock-responsive, social protection. Some individual States have also been advocating for and leading policies and programmes that address the acute and persistent nutritional needs, especially those brought about by climate change. However, the overall level of implementation remains low. The social protection system remains fragmented, with differing levels of implementation across programmes, regions, and government levels. Integration between social protection, nutrition, and emergency response programming stands to be improved as a result.

Social protection policy architecture
PROSPECTS AND LESSONS LEARNED

- In the context of limited resources and rising needs, improved multisectoral and multistakeholder coordination is required to support the implementation of both NSPP and the National Multisectoral Plan for Food and Nutrition to strengthen the national social protection system. Enhanced coordination could lead to efficiency gains and support to strategic advocacy efforts stands to increase the financing of nutrition-sensitive social protection.

- Available evidence and additional information should be better documented and disseminated to inform advocacy efforts, helping move towards more integrated programmes and more sustainable financing pathways.
- The existing evidence base can be strengthened by building on prior research, including the Fill the Nutrient Gap (FNG) analysis, evaluations of pilot projects, and progress achieved in certain states—such as Sokoto. These insights can inform the enhancement of monitoring and evaluation (M&E) frameworks and systems, thereby supporting more effective policy implementation.
- Some States have demonstrated their commitments to nutrition and nutrition-sensitive social protection and should be supported to become nutrition champions in support of the national policy implementation.

Social protection programme features
PROSPECTS AND LESSONS LEARNED

- The nutrition sensitivity of key programmes could be further enhanced through ongoing initiatives, including by expanding and effectively utilizing the NSR for targeting. This requires ensuring dynamic, on-demand, and remote-based updates to household registry information to better identify nutritional needs, particularly as household vulnerability profiles evolve over times.
- Social assistance adequacy levels have decreased in recent years, pointing to opportunities to review transfer values as part of a broader effort to ensure better alignment with evolving nutritional needs, together with improve service integration.
- Cash transfers should be accompanied by food supplementation when access to nutritious food is severely hampered by economic downturns and shocks. This should be systematically informed by updated market assessment.
- Social protection programmes have demonstrated that cash transfers should be accompanied by quality SBC to ensure enhanced nutrition outcomes. As such, SBC activities could be enhanced in both the HUP-CCT and the HGSFP, together with the implementation of essential health and nutrition practices, such as deworming.
- The local production and introduction of nutritious food and fortified food products represent an entry point to improving the quality of school meals under the HGSFP.
- In addition, mechanisms to monitor and follow up on the responsiveness of programmes to nutritional needs should be strengthened. This includes establishing operational feedback loops and adaptive management systems to ensure that programme adjustments—such as transfer values, targeting criteria, and complementary services—are informed by real-time data and evidence.

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Acronyms

CSA	Food Security Commission (Commissariat à la sécurité alimentaire) (Mali and Mauritania)
GDP	Gross Domestic Product
GEEP	Government Enterprise Empowerment Programme (Nigeria)
GNHR	Ghana National Household Registry
GSFP	Ghana School Feeding Programme
HGSFP	Home Grown School Feeding Programme (Nigeria)
HUP-CCT	Conditional Cash Transfer Household Uplifting Programme (Nigeria)
IDS	Institute of Development Studies
LEAP	Livelihood Empowerment against Poverty Programme (Ghana)
LIPW	Labour Intensive Public Works Programme (Ghana)
MoGCSP	Ministry of Gender, Children and Social Protection (Ghana)
NHIS	National Health Insurance Scheme (Ghana)
NSIPA	National Social Investment Programme Agency
NSR	National Social Registry (Nigeria)
RAMED	National Medical Assistance Agency (Mali)
RSU	Unique Social Registry (Registre sociale unique) (Mali)
UNICEF	United Nations Children's Fund
WFP	World Food Programme

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For further information, do get in touch with us at
socialprotection@wfp.org

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World Food Programme
Via Cesare Giulio Viola 68/70,
00148 Rome, Italy - T +39 06 65131

institute of development studies

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