Learning from the integration of social protection and nutrition in Eastern and Southern Africa

Stawisha Maisha Nourishing Life Programme in Tanzania:

Enhancing infant and young child nutrition through the national social safety net

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Executive summary

This is one of a series of case studies that aims to provide internal learning for UNICEF to strengthen the synergies between social protection and maternal and child nutrition programmes. This case study uses the '*Stawisha Maisha* - Nourishing Life' programme in Tanzania to illustrate how Social Behaviour Change Communication (SBCC) can be integrated into the national social safety net to enhance infant and young child feeding (IYCF) practices and access to nutritious foods.

Tanzania's poverty and nutrition situation

The United Republic of Tanzania reached lower-middle-income country (LMIC) status in 2020 following two decades of sustained growth. However, wealth is unevenly spread. Only 10% of the population is economically secure and 88% of children live in multi-dimensional poverty. Tanzania also has high levels of child stunting (31.8%), key drivers of which are rural poverty and poor infant and young child feeding (IYCF) practices.

Integrated social protection and nutrition programming

The Productive Social Safety Net (PSSN) II programme (2020-2023) is a large-scale social assistance programme managed by the Tanzania Social Action Fund (TASAF). The scheme targets 1.2 million recipients in chronically poor households in 187 project implementation areas (PAAs). Regular cash transfers are provided to poor and vulnerable households identified by a common targeting system. Households with no labour capacity receive unconditional cash transfers ("direct support") and those with labour capacity participate in public works for cash during the lean season. All households with children also receive a variable cash transfer conditional on the uptake of health, nutrition, and education services.

UNICEF supported the inclusion of design elements within the PSSN II to improve nutrition outcomes. For example, recipients are proactively linked to health and nutrition services and pregnant women are excluded from public works until their child's second birthday (during which time they receive "temporary direct support").

UNICEF also worked with TASAF between 2018 and 2019 to pilot the ***Stawisha Maisha Cash Plus programme*** in two districts. *Stawisha Maisha* tested the efficacy of delivering additional SBCC sessions to PSSN II households to enhance IYCF practices alongside PSSN II cash transfers to increase access to nutritious foods. Peer-led SBCC sessions were delivered to caregivers and other household members at PSSN payment sites on the six payment days throughout the year.

Achievements and challenges

The planned 2022 mid-term evaluation of the PSSN II will reveal the extent to which nutrition design elements have been implemented. Early reports suggest it has been challenging to link PSSN recipients with health and nutrition services due to low service coverage, reliance on paper-based registries, and a lack of coordination between health and social protection staff.

In terms of the *Stawisha Maisha* pilot, 10,837 caregivers were reached with SBCC sessions at 127 payment sites and 85% of participants attended all six sessions. Weaknesses in evaluation methodology meant that definitive conclusions could not be drawn on programme impact. However, an endline review showed that the approach was well accepted by participants, activities were successfully integrated into the social protection workforce, and IYCF knowledge of participants increased. A key weakness was the use of written materials among a largely illiterate audience. The inclusion of older household members was found to be unnecessary unless these members had a direct role in caregiving.

Planned future action

UNICEF and TASAF worked together to design a second iteration of the *Stawisha Maisha* programme, planned for wider implementation in Lake Zone in 2022. Design changes made in response to phase one learnings include: increased frequency of group meetings (to weekly), meetings within communities rather than at payment sites, targeting of mothers and direct caregivers, and use of radio as the main communication channel. Sessions will be supported through the distribution of wind-up radios, improved SBCC materials, and ongoing supervision by PSSN workers.

Robust monitoring, evaluation and learning systems will established and indicators selected along the nutrition impact pathway. A mixed methods evaluation will provide quality evidence of impact and operational insights and detailed cost information will be collected to inform scale up. UNICEF is brokering stronger relationships between nutrition and social protection actors to support system linkages and advocating for investments in the PSSN to enable scale up in response to shocks.

Lessons learned

Social protection programmes provide an opportunity to target poor and vulnerable households with **social behaviour change communication (SBCC)** to support positive changes in nutrition practices, alongside cash transfers to support access to nutritious foods.

The impact of SBCC activities can be enhanced by **targeting household individuals with caregiving and decision-making responsibilities and designing materials with the audience in mind**, i.e., using appropriate and varied media tailored to levels of literacy.

SBCC and cash transfers alone may not be enough to improve nutrition outcomes. Vulnerable households must also have access to **quality health and nutrition services** for the treatment and prevention of malnutrition. Building the complementarity of UNICEF health and social protection programmes will support this. Vulnerable households may also need food security and livelihoods support to ensure a diverse diet.

Pilot programmes must have **robust monitoring and evaluation methods** built into their design to maximise learning. Nutrition outcomes should not only be measured, but also **indicators along the nutrition impact pathway** (diets, practice and services) and across multiple sectors (nutrition, food security, health, health environments and women's empowerment).

Rigorous cost analysis of pilot programmes should be performed to inform Government and partners on the feasibility of future implementation and scale up. Government systems and structures should also be used wherever possible to support scale up and lessons learned.

Social policy, health and nutrition sectors (including national technical bodies and coordination platforms) should be engaged in all stages of pilot and demonstration programmes to encourage linkages, collaboration, and joint programming.

Introduction

This is one of a series of case studies that aims to provide internal learning for UNICEF to strengthen the synergies between social protection and maternal and child nutrition. The case studies aim to demonstrate how social protection programmes can influence diets, practices and services along the pathway to improved nutrition outcomes. This case study uses the '*Stawisha Maisha* - Nourishing Life' programme in Tanzania to illustrate how Social Behaviour Change Communication (SBCC) can be integrated within the national social safety net to enhance infant and young child feeding (IYCF) practices and increase access to nutritious foods.

1 Country context

Development situation

The United Republic of Tanzania, made up of mainland Tanzania and several offshore islands including Zanzibar, reached lower-middle-income country (LMIC) status in 2020 following two decades of sustained growth. However, economic benefits have been unevenly spread. Only 10% of the population is currently economically secure (UNDP, 2020), 19% of children live in households below the national poverty line, and 88% of children live in multidimensional poverty[1] (NBS & UNICEF, 2019). Although access to healthcare and education have improved in recent years and child mortality has fallen, Tanzania's Human Capital Index (HCI) remains well below the average for LMICs and the country ranks 163 out of 189 countries on the Human Development Index (HDI) (UNDP, 2020). The secondary impacts of the COVID-19 pandemic have slowed economic growth and poverty reduction strategies, threatening to push an additional 600,000 people below the national poverty line (World Bank Group, 2021). The country also faces climate-related disasters in specific regions and a protracted refugee situation in Kigoma.

Nutrition situation

Although child stunting has decreased significantly from 50% in 1996, levels remain "very high" at 31.8%, with some mainland regions exceeding 40%. Wasting also remains a problem, although levels have fallen dramatically from 27% in 1996 to 3.5% in 2018 (Tanzania National Nutrition Survey, 2018).

Key drivers of child undernutrition are maternal undernutrition (28.8% of women of reproductive age are anaemic), low birth weight (6.3%), and poor infant and young child feeding (IYCF) practices. Only 53.5% of mothers initiate breastfeeding early, 58% exclusively breastfeed their infant under six months of age, and only 30.3% of children aged 6-23 months have a minimum acceptable diet (Tanzania National Nutrition Survey, 2018). These issues are exacerbated by low coverage of health facilities, weak delivery of community-based health and nutrition services, and poor access to services for the most vulnerable sections of society (World Bank Group, 2019).

Relationship between poverty, gender, and undernutrition

Stunting is most prevalent in the lowest income quartiles in Tanzania, demonstrating the strong link between poverty and child undernutrition (NMNAP, 2016). Both poverty and stunting are more prevalent in rural areas, particularly in the remote western and southwestern border areas, where

1 A child in Tanzania is defined as living in multidimensional poverty if he/she suffers deprivation in three or more key dimensions of poverty: nutrition, health, protection, education, information, sanitation, water and housing.

households rely on subsistence agriculture and are vulnerable to climate-driven and seasonal food insecurity (Aston & Jones, 2012; NMNAP, 2016; Joseph *et al*, 2019). Addressing rural poverty in Tanzania will help to prevent child undernutrition and addressing undernutrition is a key strategy for preventing multi-dimensional child poverty.

Gender is also an important dimension of undernutrition and poverty. Low maternal education is associated with child stunting, linked to income and knowledge around optimal care practices (NMNAP, 2016). Many rural women also have a high domestic and agricultural burden, which constrains time spent engaging in optimal care and feeding practices (Ha, 2013).

2 Policy, governance and financing

Both nutrition and social protection policies are anchored within the Government's five-year Development Plan III (2021-2025). In terms of nutrition, the National Multi-Sectoral Nutrition Action Plan (NMNAP) 2021-2026 provides a framework for the outworking of the 1992 National Food and Nutrition Policy (NFNP).[2] In September 2021, the Government also launched a framework to improve the diets of children aged 6-23 months by improving access to and consumption of nutritious, affordable, safe, and sustainable diets. Both this and the NMNAP include social protection as a key strategy. Nutrition policy and action are coordinated across multiple ministries and stakeholders by the High-level Steering Committee for Nutrition, convened by the Prime Minister's Office. The Tanzania Food and Nutrition Centre (TFNC) is the technical nutrition arm of government under the Ministry of Health and Social Welfare (MoHSW) that spearheads the national response to malnutrition and ensures a coordinated approach.

Social protection programmes in Tanzania are multi-sectoral and implemented by several line ministries, departments, and agencies. A 2015 Social Protection Policy and 2016 implementation plan guide social protection programming in Zanzibar. On mainland Tanzania, UNICEF is supporting the transformation of the National Social Security Policy (2003) into a comprehensive National Social Protection Policy. Under the new policy a High-level Steering Committee (HLSC) on National Social Protection will be responsible for inter-ministerial coordination and implementation monitoring, with technical support from a multi-sectoral NSPP technical committee, and implementation support from a Social Protection Secretariat under the Prime Minister's Office - Labour, Youth, Employment and Persons with Disability (PMO-LYED). Four thematic working groups will coordinate programming in i) contributory programmes, ii) productive inclusion, iii) social services and iv) non-contributory programmes.

Government expenditure on social protection is currently at around 2.54% of total Gross Domestic Product with a pattern of increasing investment. Social assistance programmes in Tanzania are largely financed by World Bank credit with additional funding from individual donors (Ajwad *et al*, 2018).

3 Social protection system

Social assistance programmes

The ***Productive Social Safety Net Programme (PSSN II)*** is a large-scale cash transfer and public works programme managed by the Tanzania Social Action Fund (TASAF) under the President's Office, expanded from previous iterations. The current four-year phase (2020 to 2023) targets

2 The 2016 NFNP is currently still in draft.

1.2 million households in villages/ shehias in 187 project implementation areas (PAAs) under a common targeting system.[3] Components of the PSSN II are described in Box 1. To support recipient households during the COVID-19 pandemic, conditionalities were waivered for August and October 2020 and benefits expanded to cover newly unemployed people (World Bank, 2021).

Box 1: Components of the Productive Social Safety Net Programme (PSSN II)

The objective of the PSSN II is to improve access to income-earning opportunities and socio-economic services while enhancing and protecting the human capital of children. The scheme has four components:

Firstly, **cash transfers** (daily value between USD 5.3 and USD 24.1) are provided to recipient households depending on their eligibility for:

A **basic conditional cash transfer** - for all recipient households, conditional on participation in savings groups for households with labour capacity, and unconditional for households without labour capacity ("direct support"). Once a household enrols in public works, this cash transfer ceases.

A **vulnerable groups cash transfer** - for all recipient households with a child aged 0-18 years and any person with a disability.

A **variable human capital transfer** – for all recipient households with children, subject to compliance with health or education co-responsibilities, which vary according to the child's age and education status.

Cash transfers are mainly provided as cash in hand at payment points six times per year, although in some areas payments are made electronically (bank or mobile phone transfers).

Secondly, a **public works scheme** offers temporary employment to PSSN households with labour capacity to provide additional income. Public works projects focus on creating productive assets at community level. Individuals engage in 60 days of work over six months during the agricultural lean season in exchange for USD (US Dollar) 1.3 daily.

Thirdly, a **livelihoods enhancement and capacity building** component is targeted to households in 44 of the poorest PAAs who are invited to participate in savings groups (which can receive grants of up to USD 225) and awareness-raising/ skills training sessions.

The fourth component is **targeted infrastructure development** in education, health, and water sectors in selected PAAs.

The PSSN II is currently limited in its capacity to be ***shock-responsive***. This is largely because it relies on proxy means testing for the targeting of recipients - a method that tends to identify chronically poor households, and not those that are transiently poor or prone to shocks (Silva-Leander, 2021). UNICEF and World Food Programme (WFP) are advocating for investments in the PSSN to enable it to scale in response to crises. Technical support is also being provided to the government to consider shock response in the updated national social protection policy.

Two ***'cash plus' interventions*** have been piloted within the PSSN II by TASAF and UNICEF to improve outcomes for children and young people. The first, Ujana Salama Cash Plus, targeted more than

3 The common targeting system involves geographic targeting according to the poverty index, community targeting within identified villages to identify poor and vulnerable households, proxy means testing of identified households, and community validation of the results.

2000 adolescents in PSSN recipient households in Mbeya and Iringa regions with entrepreneurship training and support and sexual and reproductive health awareness. Based on positive evaluation findings, the programme is now being expanded to five more districts in Kigoma and Songwe regions. UNICEF also supported the piloting of '*Stawisha Maisha*', a cash plus programme designed to enhance nutrition outcomes for young children (described in detail below).

Other social assistance programmes include the ***disaster relief programme*** through which free or subsidised food is provided to households affected by disasters, and targeted ***food supplementation***. The latter targets food rations to households with wasted children and nutrition education to households in areas of the country with high levels of child stunting. Both programmes have relatively low coverage. The ***Most Vulnerable Children (MVC) Response System*** also exists to provide children who are abandoned, orphaned, or affected by the AIDS crisis with basic services.

To date the national ***school feeding programme*** has been limited in scale. In March 2021, the government launched a new School Feeding guideline that details its intention for an integrated model of school feeding through which children receive meals based on locally produced foods, alongside a package of essential nutrition, education, health, and development services.

Other forms of social protection

The main form of ***social insurance*** in Tanzania is an old age pension system, which is made up of five defined benefit schemes that provide coverage to private sector workers and government employees. Labour social protection is provided through the livelihoods enhancement component of the PSSN II (Box 1), as well as the national agricultural input voucher scheme that provides subsidies to small scale farmers for agricultural inputs, and the fisheries subsidies scheme that provides support for assets in fishing communities.

4 Design of integrated social protection and nutrition programmes

Nutrition-sensitive design elements of the PSSN II

The PSSN II includes a specific objective to increase household food consumption – a critical element along the impact pathway to improved nutrition. Design elements have also been included to increase nutrition impact through improved nutrition practices, access to nutrition services, and women's empowerment (described in Box 2). There has been no evaluation of PSSN II to date, therefore it is not yet known how fully these elements have been implemented.

Box 2: Nutrition-sensitive design elements of the PSSN II

Inclusion of health service conditions: Cash transfers to recipient households with children aged 0-5 years are conditional on regular attendance at health facilities for child health services.

Reduced work burden of pregnant women and caregivers: Where the only working-aged person in a household is a pregnant woman or caregiver of an infant, the households will receive a temporary waiver from work until the child reaches 24 months of age. During this time, the household will continue to receive the cash transfer ("temporary direct support").

Gender-sensitive public works: Women will be facilitated to actively participate in community prioritization of public works projects to ensure they meet the needs of women and children. Consideration will also be given to the development of childcare services at or near public works sites for children aged two years and over.

Linking recipient households with nutrition services: In areas where there are community-based nutrition sessions and/or home visits exist, the PSSN recipient list will be shared with service providers (respecting confidentiality) so that service providers can track their attendance and follow up with recipients not accessing available services.

Including nutrition in PSSN community sessions: In areas where community-based nutrition services exist, recipients will be made aware of these services during routine PSSN community sessions. Feedback on access constraints will be gathered and shared with service providers. In areas with high stunting prevalence where nutrition services do not exist, nutrition and early childhood development education will be included within PSSN community sessions.

Source: World Bank Group, 2019

Stawisha Maisha (Nourishing Life) Cash Plus Programme I

Between 2018 and 2019, TASAF and UNICEF implemented a small-scale pilot programme to test the efficacy of delivering additional SBCC sessions to enhance IYCF practices alongside PSSN II cash transfers to increase access to nutritious foods (Figure 1). The *Stawisha Maisha* programme targeted women, caregivers, and senior members of PSSN households at payment points in Kaskazini B district (Zanzibar) and Mbeya DC (Mainland) – two areas with high stunting rates.

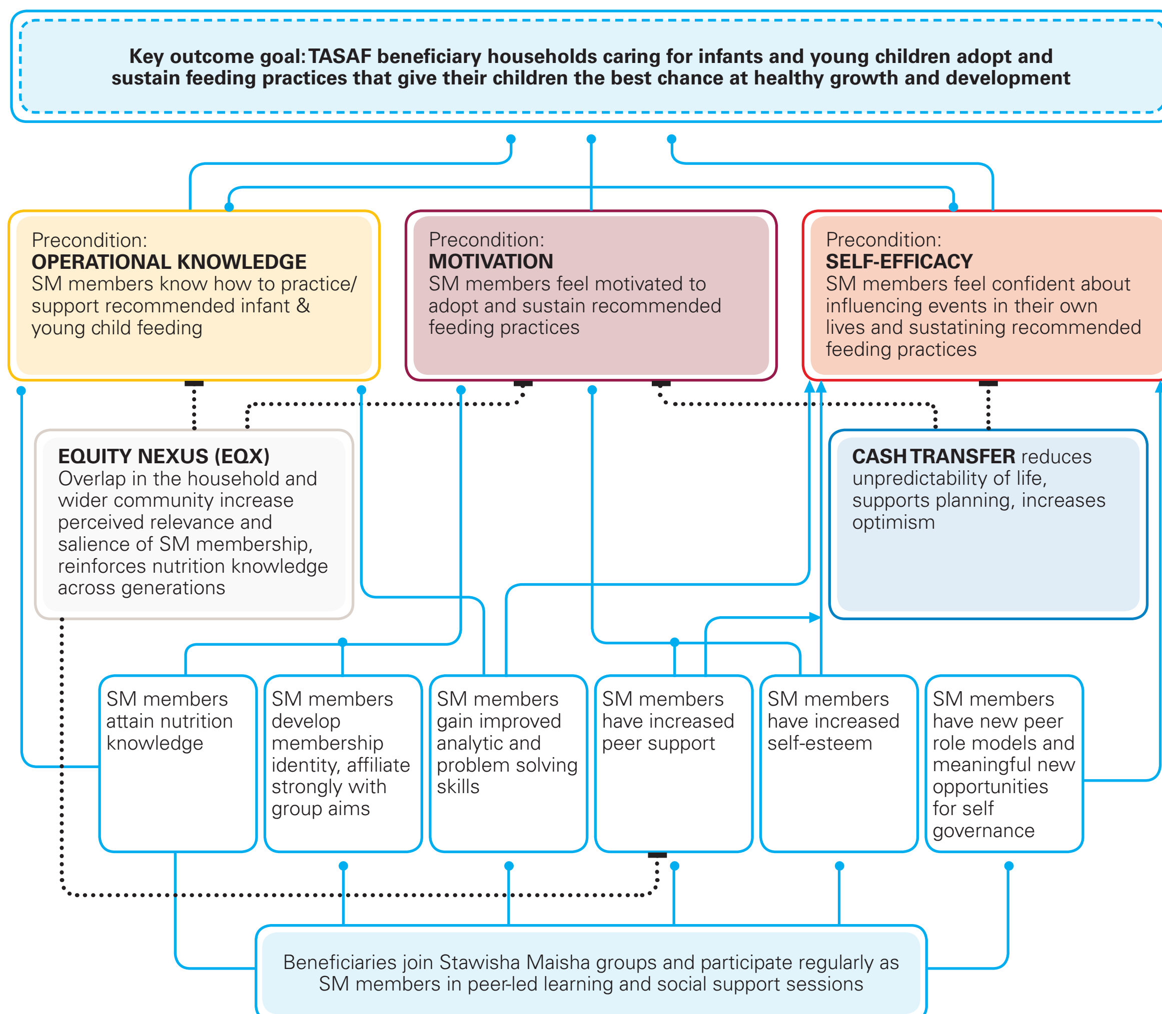
Members were organized into groups of 10 to 12 and a volunteer peer leader led the group through a series of activity-based sessions on all six payment dates throughout the year. Sessions were designed to improve IYCF self-efficacy, knowledge, attitudes, skills, and motivations. Groups were provided with written SBCC materials and facilitation was supported by Community Management Committees (CMC) and government district extension officers.

The programme was run at 107 payment sites (773 groups with 8,029 recipients) in Mbeya DC and 20 payment sites (285 groups and 2,808 recipients) in Kaskazini B. Around 90% of participants were women. Session attendance was high at over 85%. An endline review[4] found mixed evidence of impact on knowledge (Box 3), however, methodological weaknesses meant that firm conclusions could not be drawn.

Qualitative evidence revealed that participants, CMC members and district officers had enthusiasm for the approach and participants enjoyed the sessions and retained lessons learned. Challenges included the use of written materials within a largely illiterate population, and the inclusion of many older participants who were too old to have a practical role in feeding children. More men participated than was expected, but this was well accepted and regarded as beneficial.

4 The review was based on an endline quantitative survey of 252 participants (compared to a baseline survey of 303 participants), plus 11 individual interviews, 22 focus group discussions and 10 key informant interviews.

Figure 1: Theory of Change for *Stawisha Maisha*



Note: Read from bottom up

Source: Kajula, 2020

Box 3: Findings of the *Stawisha Maisha* I review

- Participants with high self-efficacy scores *slightly increased* (84.2% baseline vs 88.5% endline)
- Participants who would advise an additional meal for a pregnant woman increased (74% baseline vs 82% endline)
- Participants who would advise giving a nutritionally balanced meal for a pregnant woman *decreased* (82% baseline vs. 79% endline)
- Participants who would advise a mother to breastfeed exclusively from birth to six months in Mbeya DC *increased* (71% baseline vs. 75% endline), but decreased in Kaskazini B (28% baseline vs 25% endline)

- Participants who would advise complementary feeding from six months to two years *significantly increased* (17% baseline vs. 73% endline in Mbeya DC and 7% baseline vs. 27% endline in Kaskazini B).
- Participants recommending balanced complementary feeding (i.e., selection of at least three nutritious components with continued breastfeeding) *increased* for the 6–9-month age category (34% baseline vs. 50% endline); *decreased* for the one-year age category (48% baseline vs. 1% endline) and *increased* for the two-year age category (33% baseline vs. 52% endline).

Stawisha Maisha (Nourishing Life) Cash Plus Programme II

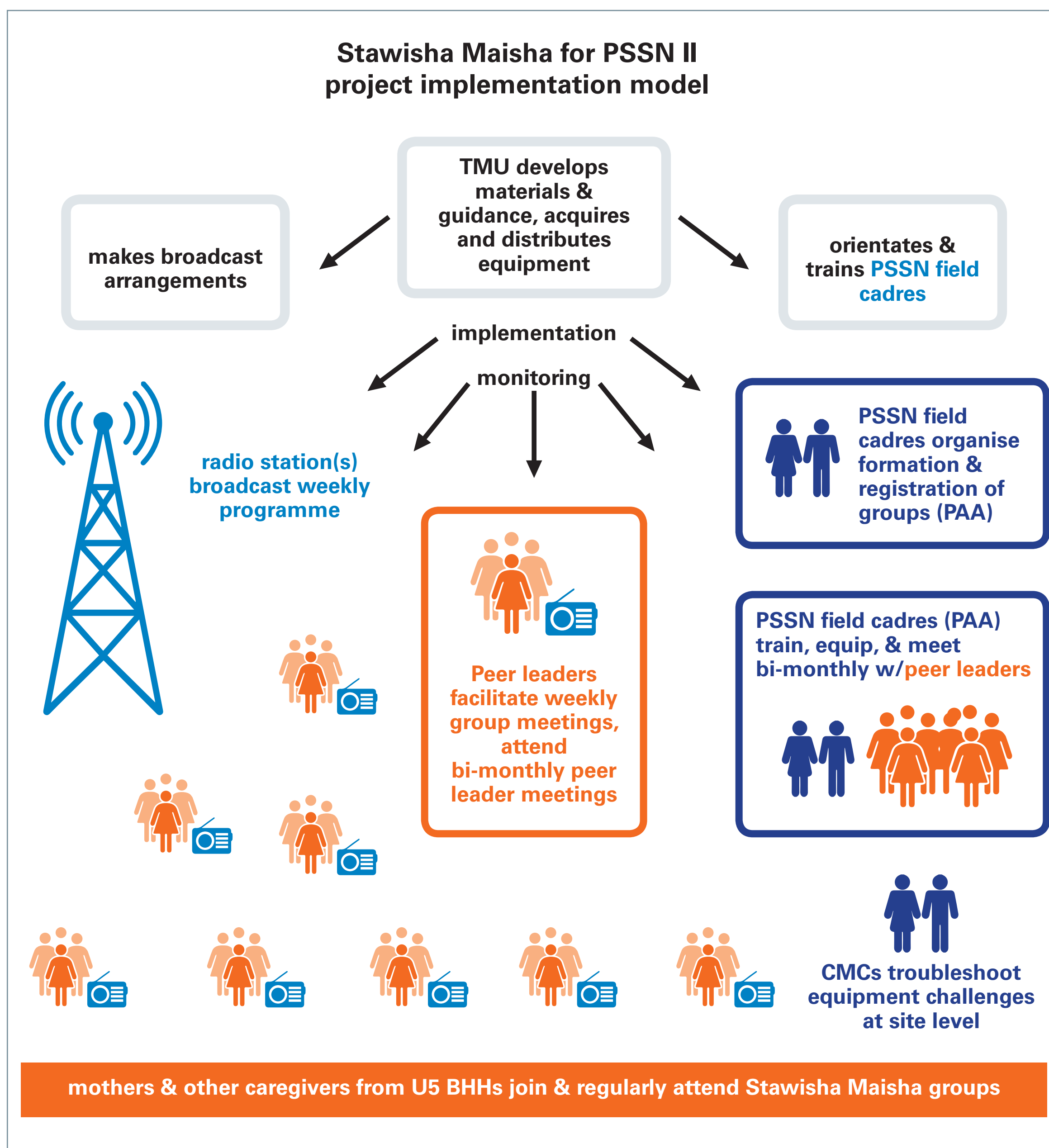
UNICEF and TASAF used the experiences and findings of Stawisha I to inform the design of phase II which is planned for rollout in Lake Zone in 2022. This iteration will be larger in scale, targeting 30% of total PSSN recipient households with children under five years (43,804 households in total) (Figure 2). Several important design changes have been made to enhance impact, described in Box 4.

In preparation for rollout, six months of weekly radio broadcasts have been recorded promoting positive health and nutrition practices, such as uptake of antenatal care visits, and practices to support maternal diet and dietary diversity. A drama series is included as well as short complementary broadcasts to address specific issues as needs arise. Improved SBCC materials have also been developed and field tested and are now being validated.

Box 4: Design changes to *Stawisha Maisha* Phase II

- The programme will target all PSSN households with children under five years with SBCC messages.
- The programme will target mothers and caregivers that play a role in childcare to increase the likelihood of changes in caregiving practices.
- Adolescent girls will be included as a secondary target group to build their knowledge as future parents.
- Written materials will be replaced with weekly radio broadcasts, given that radio is the main communication platform in rural Tanzania and literacy rates are allow in programme areas. Wind up radios will be provided to each group to facilitate this.
- High quality SBCC materials will be provided to groups to use alongside radio broadcasts to facilitate discussion and group activities based on broadcast themes.
- Groups will meet more frequently (weekly) and within their communities rather than at payment sites.
- Mobile phone messages will be used to reinforce concepts and enable feedback from recipients.

Figure 2: Implementation model for scale up



5 Implementation, workforce, and delivery mechanisms to support nutrition-sensitive social protection

There have been challenges in the implementation of the PSSN II. During 2019, only one out of six payments due throughout the year were paid due to funding shortages. New development partner funding has since been made available and regular cash payments have resumed. As the current phase has not been evaluated, it is not yet known what impact this had on participant outcomes.

Programme reports cite difficulties linking social protection and health systems at facility-level. Specifically, low coverage of health and nutrition services has made it impossible to link PSSN recipients with services in some areas. Where services exist, reliance on paper-based systems has made it difficult for health facility staff to identify and target services to PSSN recipient households. A nation-wide digital social registry is currently being developed which could help to resolve this issue.

Stawisha Maisha I showed that it was possible to integrate additional responsibilities within the social protection workforce to support nutrition elements. Government district extension officers were able to supervise the SBCC intervention at cash delivery points and had enthusiasm for the approach. The implementation of phase II will similarly be integrated into the social protection system with the PSSN II workforce supporting implementation and supervision.

To date, integration of the approach within the health system has been challenging. At programme level, the low coverage of health and nutrition services has made integration difficult. External capacity is being explored for use in phase II to bridge this gap, and system strengthening efforts continue to address the wider capacity problem. Another constraint has been the lack of integration and coordination between the social protection and health systems, both at lower and higher levels. To overcome this and pave the way for future linkages, UNICEF is proactively building awareness of *Stawisha Maisha* among key nutrition and health stakeholders.

6 Monitoring, evaluation, and learning of nutrition-sensitive social protection

A mid-term evaluation of PSSN II is planned during 2022. Indicators related to food consumption are being measured, which will give some indication of impact of the programme on the food to nutrition pathway. It is not yet clear if other nutrition-related indicators will also be measured, for example related to services, practices and diets.

In terms of *Stawisha Maisha*, phase I lacked a robust monitoring and evaluation system due to funding constraints. Impact of both the cash and SBCC elements on IYCF practices are therefore unknown. Learning from this experience, a much greater emphasis is being put on monitoring, evaluation and learning in Phase II. Indicators along the nutrition impact pathway are being carefully selected for monitoring and a mixed method evaluation is planned to provide quality evidence of impact and operational insights. Systems are also being designed to rigorously track costs in this iteration to provide detailed information for future partners and donors on the feasibility scale up.

7 Overall lessons learned

Social protection programmes provide an opportunity to target poor and vulnerable households with **social behaviour change communication (SBCC)** to support positive changes in nutrition practices alongside cash transfers to support access to nutritious foods.

The impact of SBCC activities within social protection programmes can be enhanced by **targeting household individuals with caregiving and decision-making responsibilities** and **designing materials with the audience in mind**, i.e., using appropriate and varied media tailored to levels of literacy.

SBCC and cash transfers may not be enough to improve nutrition outcomes. Vulnerable households must also have access to **quality health and nutrition services** for the treatment and prevention of malnutrition. Building the complementarity of UNICEF health and social protection programmes will support this. Vulnerable households may also need food security and livelihoods support to ensure access to a diverse diet.

Pilot programmes must have **robust monitoring and evaluation methods** built into their design to maximise learning. Nutrition outcomes should not only be measured, but also **indicators along the nutrition impact pathway** (diets, practice and services) and across multiple sectors (nutrition, food security, health, health environments and women's empowerment).

Rigorous cost analysis of pilot programmes should be performed to inform Government and partners on the feasibility of future implementation and scale up. Government systems and structures should also be used wherever possible to support scale up and lessons learned.

Social policy, health and nutrition sectors (including national technical bodies and coordination platforms) should be engaged in all stages of pilot and demonstration programmes to encourage linkages, collaboration, and joint programming.

8 Future opportunities

Increase the impact of PSSN II by linking cash transfer recipients with **livelihoods interventions to support improved diets**. For example, agricultural extension to support the development of kitchen gardens, small livestock and crop biodiversity.

Leverage existing programmes such as Ujana Salama Cash Plus Programme to improve nutrition knowledge and ***positive nutrition practices among adolescents***, particularly girls.

Support health system strengthening strategies to ***build the supply side of quality health and nutrition services*** in areas with high stunting prevalence and build complementarity between UNICEF health and social protection programmes.

Link social protection and nutrition information management systems and registries at community-level to ensure that recipients of social assistance are efficiently referred to other services. The new digital social registry could be leveraged to support this.

Leverage the upcoming PSSN II mid-term evaluation ***to evaluate programme impact on diets, practices and services*** across multiple sectors and support the inclusion of indicators along the nutrition impact pathway in future iterations.

Broker stronger relationships between key actors (government, NGOs, UN) in the social protection and health and nutrition systems at both higher and lower levels to increase collaboration and build system linkages.

Continue to advocate for ***increased investments in shock-responsive elements of the PSSN*** and explore opportunities to build surge capacity within health and nutrition services.

Build an ***investment case for integrating nutrition within social protection programmes*** in Tanzania using UNICEF's technical expertise at implementation level to demonstrate expected financial returns.

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