

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

# The Child Grant 0-2 Programme in Mozambique





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# Executive summary

This is one of a series of case studies that aim to provide internal learning for UNICEF on linkages between social protection and maternal and child nutrition programming. The Child Grant 0-2 programme in Mozambique demonstrates how cash, nutrition Social Behaviour Change Communication (SBCC) and individual case management can be delivered as a package of support to vulnerable households to enhance child development, growth, and wellbeing.

## Mozambique's poverty and nutrition situation

Mozambique is one of the poorest countries in the world, with an estimated 63% of the population living on less than USD2 per day and 46% of children living in multi-dimensional poverty. An estimated 38% of children under five years in Mozambique are stunted and 5.2% are wasted. Child undernutrition is driven by poor infant and young child feeding (IYCF) practices, poor maternal nutrition, widespread poverty and gender inequalities. Achieving positive child outcomes requires multi-sectoral strategies that address these issues in the same vulnerable populations.

## Evolution of the Child Grant 0-2 programme in Mozambique

The Child Grant 0-2 start-up phase was an externally funded social assistance programme under the Government of Mozambique's National Institute of Social Action (INAS) that targeted 15,000 children aged 0-24 months in four districts in Nampula province between 2018 and 2021. Child Grant participants were identified with the help of health workers and targeted with both cash and care components from enrolment at age 0-6 months until the child's second birthday.

The cash component involved a monthly flat transfer of 540 Mozambique meticals (MZN) (around 9 USD) per month, distributed bi-monthly at payment points. The care component involved nutrition support on payment days for all participants and case management for especially vulnerable households. Nutrition SBCC was delivered by INAS Permanentes (social assistance volunteers) who were trained by health workers to deliver simplified health, nutrition and Early Childhood Development (ECD) messages. INAS Permanentes also supported social workers to deliver case management services through the identification of vulnerable households and provision of basic psychosocial support and ECD messages.

Results of the impact evaluation showed that the Child Grant 0-2 programme had wide-ranging benefits for poor and vulnerable children and their families including improved minimum diet diversity, minimum meal frequency and consumption of legumes, dairy, meat and fish, eggs, vitamin A foods and other fruits and vegetables. There was no change in nutrition outcomes likely due to short project duration and the poor health environment. The programme led to reduced household poverty and food insecurity, improved caregiver wellbeing, and reduced material poverty for older children. Households were also better able to buffer the shock of the COVID-19 pandemic. Benefits were less pronounced among adolescent caregivers. Impacts were attributable largely to the cash component, although positive changes in some indicators such as caregiver well-being and birth registration were also attributable to case management. SBCC was delivered late and was therefore not evaluated.

The Government has committed to expanding the Child Grant programme to reach 250,000 children by 2026, in 9 out of 11 provinces with the support of donor funding and ongoing UNICEF technical support.



## Challenges and opportunities

Target households received the correct value of cash over the programme period, but transfers were lumpy and unpredictable. A lower-than-expected proportion of eligible households received case management services and referrals were hindered by low social welfare workforce capacity. Nutrition sessions at payment points were delivered late but, once underway, were successfully delivered by volunteer social assistance staff, despite this being outside the normal scope of their role. Programme linkages were supported by coordination and regular communication between government departments at district-level.

During the next iteration of the programme all components (cash, SBCC and case management) will be delivered simultaneously and stronger linkages will be made with the health and social welfare systems. Future evaluations will provide information on cost to inform scale up.

## Lessons learned

**Cash, SBCC and case management services can be delivered as a package** to address multiple, complex vulnerabilities that households face to improve child health and wellbeing.

**Social welfare volunteer staff cadres** (INAS Permanentes) can step outside of their normal role to take on additional nutrition and child protection tasks when provided with training, supportive supervision and structured links with health and social welfare workforces.

**Cash delivery points provide an opportunity to deliver multiple services** to vulnerable households, including social protection, nutrition, health, and early childhood development. Other multi-sectoral services (WASH, livelihoods, and agricultural support) could also use this platform.

**Health workers can support delivery of cash programming** through identification of vulnerable households for participation, and can use payment days as a platform to target multiple health and nutrition services (e.g. wasting screening and micronutrient supplementation).

**Transfer values must be high enough** to influence productive assets to have long-term impacts on sustainability and at a minimum must account for inflation. **Payments must also be regular and on time** to maximise household impacts.

Child focused cash transfer programmes can be used to provide **cash top ups during emergencies** to provide an additional buffer to external shocks such as the COVID-19 pandemic.

Successful linkages between social assistance, health and protection systems require **coordination at multiple levels** (including district-level), the development of clear referral pathways between systems, and sustained workforce capacities.

Short project durations may not demonstrate impact on child nutrition outcomes. **A longer duration of eligibility** (during pregnancy and/or beyond the child's second birthday) may result in reduced rates of low birth weight, wasting and stunting.

To improve child nutrition, programmes may need to go beyond cash transfers and SBCC messaging and **link to other systems (food, health, agriculture, WASH)** to address other determinants of child undernutrition, such as a clean environment, and availability of nutritious foods for children.

In areas with high rates of child marriage and adolescent pregnancies, cash transfers, case management and nutrition SBCC may need to be **tailored to the specific needs of younger caregivers** to address the specific barriers they face.

# Introduction

This is one of a series of case studies that aim to provide internal learning for UNICEF on linkages between social protection and maternal and child nutrition programming. The Child Grant 0-2 programme in Mozambique demonstrates how cash, nutrition Social Behaviour Change Communication (SBCC) and individual case management can be delivered as a package of support to vulnerable households to enhance child development, growth, and wellbeing.

## 1 Background

### Development situation

Mozambique has great economic potential due to its large labour pool, vast areas of arable land, ample water, energy and mineral resources, and a wealth of recently discovered offshore natural gas (World Bank, 2022). However, despite this and decades of economic growth, the economy is severely hampered by debt distress and corruption and Mozambique remains one of the poorest countries in the world (World Bank, 2022). Sixty three percent of the population live on less than USD2 per day (UNDP, 2020) and 46% of children live in multi-dimensional poverty<sup>1</sup> (UNICEF, 2020). This situation is exacerbated by frequent cyclones and droughts, and ongoing conflict and population displacement in the northern Cabo Delgado Province. An estimated 1.9 million people in Mozambique are highly food insecure and in need of humanitarian assistance (IPC, 2022).

### Nutrition situation

Thirty eight percent of children under five years in Mozambique are stunted and 5.2% are wasted (Household Budget Survey, IOF, 2019/2020). Immediate drivers of child undernutrition are poor infant and young child feeding (IYCF) practices and maternal undernutrition. Under half of children under six months are exclusively breastfed and only 13% of children aged 6-23 months receive the minimum recommended diet (MISAU, INE, and ICFI, 2011). Fifty four percent of women of reproductive age are anaemic (MISAU, INE, and ICFI, 2011) and 14% of infants are born with low birth weight. The latter is partly driven by the high rate of adolescent pregnancies (46.4% of adolescent girls began childbearing between the ages of 15 and 19) and HIV infection (13%) both of which predispose pregnant girls and women to undernutrition before and during pregnancy (INS, INE and ICFI, 2015).

### Relationship between poverty, gender, and undernutrition

Undernutrition is strongly linked to poverty in Mozambique, evidenced by the high rate of child stunting in the lowest wealth quintile (51% compared to 25% in children in the highest wealth quintile) (MISAU, INE and ICFI, 2011). Children are also at higher risk of stunting in rural areas, and in the food insecure provinces in the North (UNICEF, 2020).

Both undernutrition and poverty have strong gender dimensions. Women in Mozambique are disproportionately disadvantaged by low levels of education, limited economic prospects, pressure to marry young, and health risks. Children of female headed households are more likely to be stunted, and women with no education are more likely to have stunted children compared to women educated to secondary or higher levels (49% versus 27%) (UNICEF, 2020 MISAU, INE and ICFI, 2011).

Achieving positive child outcomes in Mozambique requires multi-sectoral strategies that address poverty, gender inequality and undernutrition in the same vulnerable populations.

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<sup>1</sup> A child in Mozambique is defined as living in multidimensional poverty if he/she suffers deprivation in three or more key dimensions of poverty: family, nutrition, education, child labour, health, WASH, participation, and housing) (UNICEF, 2020).

## 2 Policy, governance, and financing

### Social protection

The Government of Mozambique (GoM) prioritizes social protection in its National Development Strategy (ENDE) (2015-2035) and five-year plan (2020-2024). The National Basic Social Security Strategy is now in its second iteration (2016-2024) (ENSSB II), a key objective of which is to improve nutrition among vulnerable populations to develop human capital. Social protection is led and coordinated by the Ministry of Gender, Children and Social Action (MGCAS), and managed operationally by the National Institute of Social Action (INAS).

Government budget allocations to social protection have increased steadily since 2010, although contributions remained low at 0.94% of Gross Domestic Product (GDP) in 2021 – far below the ENSSB II target of 2.23% of GDP (UNICEF, 2021). Around 51% of social protection resources came from external sources in 2021, with the biggest contribution from World Bank credit (UNICEF, 2021).

### Nutrition

Nutrition programming is guided by the Multisectoral Plan for Reduction of Chronic Malnutrition (PAMRDC) 2011-2015, and the Food Security and Nutrition Strategy (ESAN II) and its action plan (PASAN) 2008-2015. An updated strategy, action plan and National Policy for Food Security and Nutrition are currently awaiting approval from the Council of Ministers. This will detail actions across multiple sectors, including social protection.

Nutrition-specific interventions are housed institutionally under the Ministry of Health (MoH) Department of Nutrition and multi-sectoral nutrition and food security under the Ministry of Agriculture Technical Secretariat for Food Security and Nutrition (SETSAN). The National Council for Food Security and Nutrition (CONSAN) under the leadership of the Prime Minister, is a key platform for multi-sectoral nutrition coordination, and is replicated within each province (COPSAN) and some districts (CODSAN). Other multi-sectoral coordination platforms also exist, including the soon to be launched Food Security and Nutrition Forum (under SETSAN) which will bring together government and external partners on nutrition and food security.

## 3 Systems

### Social protection system

Guided by the ENSSB II, the social protection system in Mozambique is organized under four 'axes':

#### **Axis 1: Strengthening consumption, autonomy, and resilience of the poor and vulnerable**

The **Basic Social Subsidy Programme (PSSB)** targets cash transfers to poor and vulnerable groups across the life cycle, including the elderly, people with disabilities and children. Cash transfers for children include the Child Grant 0-2 (the focus of this document), and cash transfers for poor and vulnerable orphaned children and child-headed households. The **Direct Social Action Programme (PASD)** targets food vouchers to child-headed, shock affected, highly food insecure households and those with sick or malnourished members. The **Productive Social Action Programme (PASP)** offers vulnerable households with work capacity participation in public works projects in exchange for cash and training and education opportunities.

In 2021, over 1.7 million beneficiary households were reached with social assistance compared to 540,531 in 2017 (Table 1). This dramatic increase is due to rapid roll out of the emergency PASD-PE

COVID-19 response which registered over one million new poor and vulnerable households severely affected by the secondary impacts of the COVID-19 pandemic.

**Table 1: Households registered for social assistance in 2021**

| Basic Social Security Programmes   | Number of households registered in 2021 |
|--|---|
| Basic Social Subsidy programme (PSSB)                                    | 454,291                                 |
| Productive Social Action Programme (PASP)                                | 100,502                                 |
| Social Unit Attendance programme (PAUS)                                  | 7,006 (users)                           |
| Direct Social Assistance for Emergency Response (PASD-PE) IDAI           | 70,068                                  |
| Direct Social Assistance for Emergency Response (PASD-PE) COVID response | 1,087,691                               |
| <b>Total</b>   | <b>1,719,558</b>                        |

### **Axis 2: Improvements in nutrition and access to the health and education services**

Complementary actions for vulnerable sections of society include 'waiting homes' near to health facilities for mothers in the final days of pregnancy, exemption from health fees, and school social welfare including targeted free school meals. Actions to support nutrition among vulnerable young children are also integrated within the **Child Grant 0-2** (described below).

### **Axis 3: Prevention of and response to social risks**

The social welfare system delivers basic prevention and protection services. A programme of social assistance services (PAUS) provides residential care and institutional support for vulnerable and abandoned children and elderly people, homeless people, and victims of violence. The Social Action Services Programme (ProSAS) under District Health, Women and Social Welfare Services (SDSMAS) aims to strengthen the capacity of communities and families to prevent and respond to social risks, including domestic sexual violence, child marriage, abuse and neglect, isolation, and discrimination.

### **Axis 4: To develop the institutional capacity to implement and coordinate the basic social security sub-system**

A major constraint in the implementation of social protection programmes is the lack of skilled social workers. In Nampula and Tete provinces there is only one qualified social worker for 144,000 and 115,000 inhabitants respectively. Other challenges include the lack of financing for social protection and the lack of standardised systems and processes for case management, technical supervision, coordination, monitoring, and accountability. Actions under this axis aim to address these constraints to enable full rollout of the ENSSB II.

## **Health and nutrition system**

Access to healthcare services is highly constrained in Mozambique. Health centres are mandated to provide nutrition education to pregnant and lactating women through the training of 'lead' or 'model' mothers who lead community mother/ support groups. Children with uncomplicated severe wasting are treated through the Nutritional Rehabilitation Programme (PRN). Agentes Polivalentes Elementares (APEs) are community health workers mandated to implement the government Package of Nutrition Interventions (PIN), including screening and referral of children with severe wasting and nutrition education and home visits for children aged 0-24 months. However, coverage of APEs across the country is uneven. Vitamin A Supplementation and Deworming (VASD) are delivered during routine visits to health centres and by APEs at community-level.

# 4 Design of integrated social protection and nutrition programming

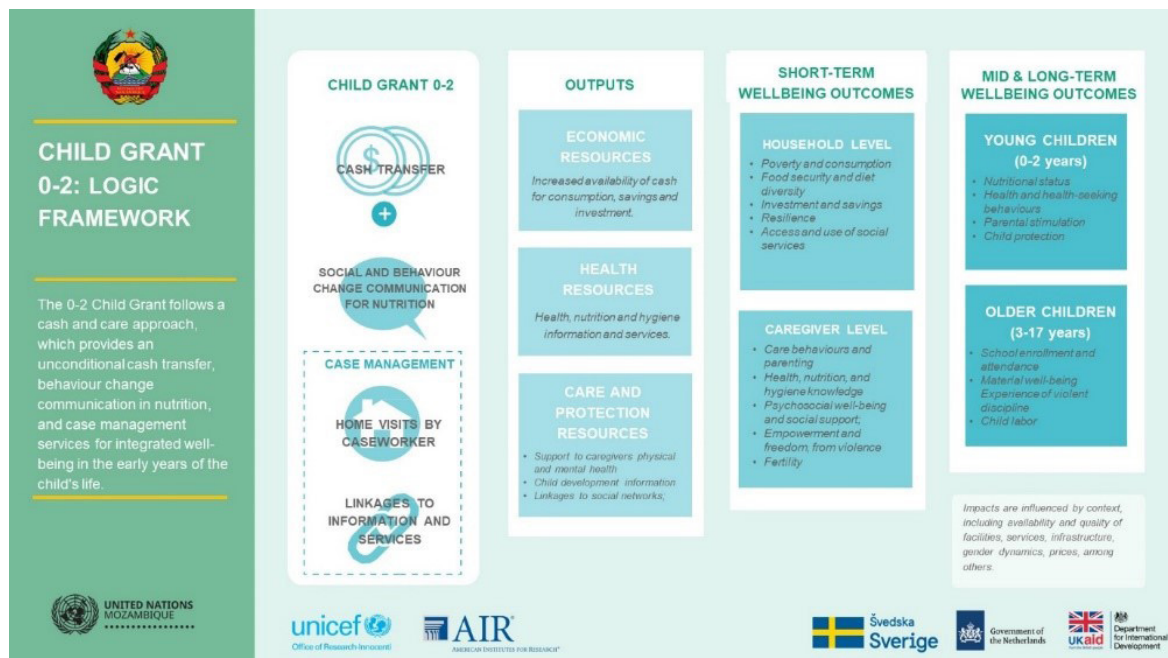
## Child Grant 0-2 start-up phase (2018 to 2021)

The Child Grant 0-2 programme was launched in 2018 as a component of the PSSB in four districts of Nampula province, managed by the INAS under the MGCAS. The programme was financed by One UN Joint Programme on Social Protection, funded by the UK Foreign and Commonwealth Development Office (FCDO), Swedish International Development Cooperation Agency (SIDA), Embassy of the Kingdom of the Netherlands, and other partners. UNICEF provided technical support and regular input was also given by an MGCAS-led technical working group.

The Child Grant 0-2 targeted 15,000 children aged 0-24 months in poor and vulnerable households in four districts. Objectives were to reduce poverty and child stunting, improve child wellbeing, and promote access to social services. Districts were selected according to poverty incidence, nutrition outcomes, institutional capacity, sub-national structures, and availability of UNICEF technical support. Health workers in target districts identified poor and vulnerable pregnant women attending maternal health services for participation and selection was validated at community-level.

Child Grant participants were targeted with both cash and care components. The cash component involved a monthly flat transfer of 540 Mozambique meticals (MZN) (around 9 USD) per month, distributed bi-monthly at payment points to participating households with a child aged 0-6 months at enrolment until the child's second birthday. During the COVID-19 pandemic, the Government of Mozambique expanded the cash component vertically by providing top-ups to participating households (and all PSSB households) to the value of three months of payment (1,620 MZN or around 27USD). The care component involved nutrition support targeted to all Child Grant participants and case management for especially vulnerable households (Figure 1).

Figure 1: Child Grant 0-2 logic framework



Source: UNICEF Mozambique. (2018). Child Grant Communication Materials.



Nutrition support involved the delivery of ten Social Behaviour Change Communication (SBCC) messages at payment points on each of the six payment days per year. SBCC was originally intended to be delivered by APEs as part of the PIN package. However, due to limited APE capacity in target districts, female INAS Permanentes (social assistance volunteers) were trained by health workers to provide ten simplified messages around nutrition, health, hygiene, and early childhood development – the ‘PIN de Permanante’ (Box 1). INAS Permanentes received an album with pictures, key messages, and guidance to support delivery. District health workers and APEs attended payment days where possible to support SBCC, provide cooking demonstrations and take anthropometric measurements of children at baseline and endline.

**Box 1: Key messages in the PIN de Permanante**

1. Let’s wash our hands well to avoid diseases
2. Let’s all use latrines to avoid diseases
3. Let’s treat our water before we drink
4. Let’s eat well to be healthy
5. We will make sure that pregnant and breastfeeding women eat well
6. We will give only breast milk up to 6 months
7. We will feed children according to their age
8. Good and bad snacks for our children
9. Let’s help our children to eat well
10. Children learn and develop when they play and talk



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INAS Permanentes were also trained by SDSMAS social workers to assist with case management. This involved supporting social workers in the identification of vulnerable households, development of individual case plans, and provision of basic psychosocial support and ECD messages. Young caregivers and adolescent mothers were prioritized for this component (among other groups) and families could be referred to social services for more support where needed.

Delivery of cash and care components together were hypothesized to increase household-level economic, health, care, and protection resources, leading to increased food security and savings; improved care practices and psychosocial wellbeing; and improved child nutrition and wellbeing (Figure 1). Results of the impact evaluation (Box 2) show that the Child Grant 0-2 programme had wide-ranging benefits for poor and vulnerable children and their families. Impacts were attributable largely to the cash component, although positive changes in some indicators such as caregiver wellbeing and birth registration were also attributable to case management. SBCC was delivered late and was therefore not evaluated. Late delivery of SBCC may explain the lack of impact on caregiver knowledge.

## Box 2: Results of the Child Grant 0-2 (2019-2021) evaluation

A longitudinal impact evaluation was carried out to compare treatment arms (cash only and cash and case management) to a comparison group (no intervention).

### Young child impact (0-2 years)

Results show strong and sizable positive impacts of both treatment arms on **children's birth registration** (150% increase) and nearly all **dietary diversity and IYCF indicators**, including number of meals, minimum dietary diversity (100% increase over endline comparison mean), minimum meal frequency and consumption of legumes, dairy, meat and fish, eggs, vitamin A foods and other fruits and vegetables. There was no change in nutrition outcomes (underweight, wasting and stunting). This may have been due to short programme duration, as well as the poor health environment and high rates of diarrhoea (>40% reporting episodes in the last two weeks at endline).

### Household impact

Moderate impacts were found on **household expenditure, poverty rates, and food insecurity**. The transfer value was low (13% of the monthly household expenditures at baseline) and was mostly used on regular consumption and expenditures with little evidence of investment in productive assets. Households receiving the Child Grant were 54% less likely to be negatively affected by the COVID-19 pandemic in comparison to the control group which shows that the programme was successful in providing a **buffer to an external shock**.

### Caregiver impact

No consistent or strong impacts were found on health and nutrition knowledge of caregivers, but strong impacts were found on **caregiver well-being** including reduced depression, reduced stress, life satisfaction, autonomy, reduced acceptance of intimate partner violence (IPV) and reduced IPV experiences. Benefits were seen more regularly among older caregivers (aged 24 years and above) with less improvements among adolescent caregivers, which indicates the need for more 'adolescent friendly' services.

### Older child impact (3-17 years)

Strong impacts were found on the material wellbeing of older children (aged 3 to 17 years) with a 21% increase in children having shoes, a change of clothes and a blanket. There were weaker impacts on education outcomes (possibly due to school closures during the COVID-19 pandemic). Children spent less time in domestic and productive activities, and there were reductions in violent discipline of children – both of which were attributable to the case management component.

## Child Grant 0-2 scale up

Based on the positive evaluation results, the Government of Mozambique has committed to expanding the Child Grant programme to reach 250,000 children in 9 out of 11 provinces by 2026. The Child Grant remains entirely donor funded, with limited indications from the government on domestic funding. UNICEF will support the expanded programme financially and technically to reach 40,000 children in selected districts of Nampula and Cabo Delgado provinces, using funding from Canada, Finland, Sweden, the UK and KfW. The World Bank will partially fund the remaining "gap", targeting around 100,000 children per year.

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

The evaluation revealed that target households received the correct value of cash transfers over the programme period, but transfers were lumpy (on average delivered over 4.6 payments over the period, rather than 10) and unpredictable. This is partly explained by the COVID-19 pandemic which severely challenged implementation during 2020.

A lower-than-expected proportion of eligible households received case management services (27% of case management eligible sample and 11% of the overall sample) and those that did received less visits than expected (2.3 on average). Ad hoc reports suggest that linkages with social workers to support more complex cases were hindered by very limited social welfare workforce capacity.

Implementation of the nutrition sessions at payment points was severely delayed by APE capacity constraints and the need to mobilise and train INAS Permanentes. However, once the programme was underway, SBCC messages were successfully delivered by this volunteer staff cadre, despite being beyond the scope of their normal role. The identification of Child Grant participants by health workers was also successful. Attendance of health workers and APEs at payment days was sporadic and dependent on local health workforce capacity. Programme linkages were supported by coordination and regular communication between INAS, SDSMAS and health staff at district-level who share the same office space.

To support stronger delivery in the next iteration, all components of the package (cash, SBCC and case management) will be delivered simultaneously. INAS Permanentes will remain the first provider of all programme components, but stronger institutional linkages will be made to support delivery of additional health and nutrition services on payment days, and to strengthen health, nutrition, and social welfare referral pathways. Wider systems strengthening efforts are needed alongside the programme to build health worker and social worker capacities.



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

The impact evaluation provided valuable information to inform scale up. However, the SBCC component was not evaluated due to late delivery, data collection was interrupted by the COVID-19 pandemic, and there was no evaluation of cost. Future evaluations will address these limitations to fully inform an investment case for further scale up. Monitoring the coverage of the different programme components and their population overlap is also a priority. Integration of indicators within the INAS monitoring and evaluation system will support programme sustainability.

## 7 Lessons learned

**Cash, SBCC and case management services can be delivered as a package** to address multiple, complex vulnerabilities that households face to improve child health and wellbeing.

**Social welfare volunteer staff cadres** (INAS Permanentes) can step outside of their normal role to take on additional nutrition and child protection tasks when provided with training, supportive supervision and structured links with health and social welfare workforces.

**Cash delivery points provide an opportunity to deliver multiple services** to vulnerable households, including social protection, nutrition, health, and early childhood development. Other multi-sectoral services (WASH, livelihoods, and agricultural support) could also use this platform.

**Health workers can support delivery of cash programming** through identification of vulnerable households for participation, and can use payment days as a platform to target multiple health and nutrition services (e.g. wasting screening and micronutrient supplementation).

**Transfer values must be high enough** to influence productive assets to have long-term impacts on sustainability and at a minimum must account for inflation. **Payments must also be regular and on time** to maximise household impacts.

Child focused cash transfer programmes can be used to provide **cash top ups during emergencies** to provide an additional buffer to external shocks such as the COVID-19 pandemic.

Successful linkages between social assistance, health and protection systems require **coordination at multiple levels (including district-level)**, the development of clear referral pathways between systems, and sustained workforce capacities.

Short project durations may not demonstrate impact on child nutrition outcomes. **A longer duration of eligibility** (during pregnancy and/or beyond the child's second birthday) may result in reduced rates of low birth weight, wasting and stunting.

To improve child nutrition, programmes may need to go beyond cash transfers and SBCC messaging and **link to other systems (food, health, agriculture, WASH)** to address other determinants of child undernutrition, such as a clean environment, and availability of nutritious foods for children.

In areas with high rates of child marriage and adolescent pregnancies, cash transfers, case management and nutrition SBCC may need to be **tailored to the specific needs of younger caregivers** to address the specific barriers they face.







## 8 Future opportunities to explore

- Improve the predictability and frequency of cash transfers and explore increasing the transfer value in line with the cost of a nutritious food basket to enhance impact.
- Explore delivery of SBCC within communities, possibly through community committees, to support programming goals in conflict-affected areas where payment days may be less regular, or electronic.
- Explore geographical coherence and convergence between the Child Grant 0-2 programme and sectoral programmes supported by other agencies (FAO, WFP and IFAD) to overlay delivery of multiple services to the same vulnerable populations.
- Explore strategic connections with the WASH sector to use the Child Grant 0-2 programme as a platform to deliver WASH services to vulnerable communities to address the poor health environment.
- Explore linkages with agricultural extension workers to support farming and livelihoods among Child Grant 0-2 households to support ongoing availability of nutritious foods for children.
- Adapt the delivery of the cash and care components of the Child Grant 0-2 programme to improve access to young caregivers and adolescent mothers and explore additional elements to support this group such as youth mentoring and wider efforts to prevent child marriage.
- Map health and social welfare workforce presence and partner with agencies to strengthen workforce capacities to enable stronger linkages with the Child Grant 0-2 programme.
- Build on learning from the expansion of the Child Grant 0-2 during the COVID-19 pandemic to add additional shock-response mechanisms to support delivery in conflict-affected areas.
- Develop an integrated monitoring system for the Child Grant 0-2 programme that monitors the delivery and uptake of multiple programme components.
- Use the government's new food security and nutrition multi-sectoral strategy and action plan as an entry point for multi-sectoral engagement on the Child Grant 0-2 programme.
- Explore options to incrementally increase the proportion of domestic investment for the programme to build sustainability.

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