

SAVING
LIVES
CHANGING
LIVES



Making cash do more for nutrition

From immediate humanitarian support to longer term development interventions, WFP works with governments and partners to improve people's nutrition and well-being by ensuring availability of, access to, demand for and consumption of safe, affordable, nutritious foods that constitute a healthy diet.

Cash-based assistance can potentially improve nutrition, provided it leads, directly or indirectly, to enough dietary improvement and/or reduction of disease burden among the target groups most at-risk of malnutrition. The pathways leading to nutrition improvement must be part of programme design, and nutrition objectives must be included. For example, how could cash: enable households to purchase more nutritious, healthy and safe foods and medicine; encourage uptake of health and water, sanitation and hygiene

(WASH) services and practices, and; free up caregiver time for caring including food preparation and feeding of young children? The cash transfer value relative to needs, availability of nutritious foods in the market, and people's choices on how to use the cash – which may require a good strategy for social and behavior change communication (SBCC) – all affect the potential impact that cash can have on nutrition.

WFP Nutrition is seeking ways to increase the impact that the provision of cash can have on nutrition, such as through examining the amount that is provided, integrating programme components including cash and specialized nutritious foods (SNFs), implementing specific behaviour change strategies, and carefully evaluating their impact ([see box 1](#)).

BOX 1. EXAMPLES OF WFP PROGRAMMES AND RESEARCH INVOLVING CASH AND NUTRITION

Results from a 2011 study in **Niger** showed that a combination of SNF and cash was twice as effective for reducing the incidence of acute malnutrition than either SNF or cash alone.

In **Bangladesh**, a study from 2012-2014 found that cash conditional on attendance to regular and thorough behaviour change communication sessions reduced stunting by 7.3 percentage points in two years.

A 2014 intervention in **Mali** included the distribution of lipid-based nutrient supplements-medium quantity

(LNS-MQ) to children aged 6–24 months and/or a small cash transfers to women attending prenatal follow-up, postnatal visits, and children’s growth monitoring sessions. The combination of LNS-MQ and cash resulted in a decrease in the prevalence of wasting, from 8% to 7%.

In early 2018, WFP launched a stunting prevention pilot in **Ethiopia** using fresh food vouchers to improve dietary diversity among pregnant and breastfeeding women and children 6-23 months old. The pilot was scaled-up in 2019 and reached more than 94,000 women and children. Monitoring and evaluation will determine the impact on local markets and dietary diversity among household members.

WAY FORWARD

WFP will continue to refine transfer value calculations and Minimum Expenditure Basket (MEB) estimates to obtain a more comprehensive picture of nutritional needs in order to better meet them.

The use of cash as a modality means that beneficiaries purchase through retail outlets which poses challenges regarding the supply and demand of nutritious foods which WFP is well positioned to explore. WFP seeks to ensure that cash transfers promote broader programme results, including improvements in nutrition, rather than focusing solely on the delivery of cash.

Through guidance and advocacy, the Nutrition Division aims to make cash transfers more nutrition-sensitive. The Fill the Nutrient Gap (FNG) situation analysis

supports the generation of evidence on the availability, cost, affordability and accessibility of nutritious diets at the country and sub-national level. A Cost of the Diet assessment as part of this process produces a figure for the cost of a nutritious diet which can be used to inform programme design, including mixed modalities. The findings from the FNG analysis have influenced decision-making for national nutrition as well as social protection policies and programmes, including a combination of cash transfers and provision of nutritious foods (fresh or fortified) for specific target groups to improve the potential impact on nutrition.

