

Modality Decision Tool: Nutrition Addendum

Purpose

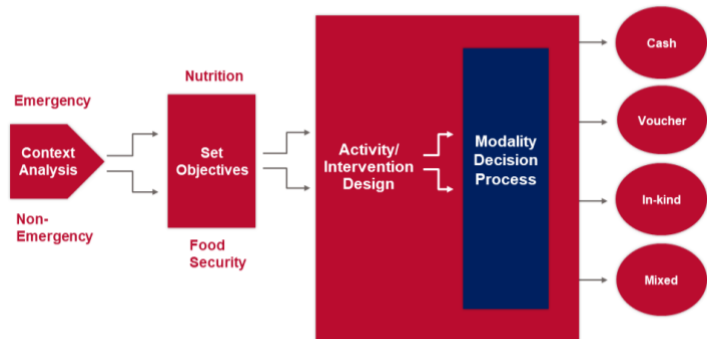
The *Modality Decision Tool (MDT) Nutrition Addendum* aids implementing partners (IPs) to apply a nutrition lens to the selection of appropriate food assistance modalities (cash, vouchers, or in-kind) for the nutritionally vulnerable. IPs are encouraged to use this addendum alongside the MDT when planning for the development of interventions for the Supplemental Nutrition Assistance (SNA) sub-sector as described in [Annex A of the Bureau for Humanitarian \(BHA\) Assistance Emergency Application Guidelines](#). The SNA sub-sector, found under the Nutrition Sector, aims to provide additional support to specific vulnerable groups to access adequate and diverse diets.

This addendum presents considerations in alignment with the four [MDT](#) concepts of *appropriateness, feasibility, objective, and cost*, providing nutrition-relevant questions that may relate to various steps in the program design process. It aims to assist IPs to optimize modality choice and enhance intervention design so as to better achieve nutrition and related food security outcomes. These considerations were informed by IP best practice and published evidence related to cash, voucher, and direct food distribution programs for vulnerable populations.

How to Use

This addendum is primarily oriented toward emergency activities but will also be applicable to development activities that provide a resource transfer to nutritionally vulnerable populations. IPs should apply the tool, where useful and appropriate, in the design phase (illustrated in figure 1) as well as when adapting programming in response to contexts changing over time (e.g., adaptive management). While offered in a logical decision order for modality selection, topics may be relevant to a range of IP program assessment and planning processes, especially those questions related to objectives.

Figure 1: Modality Decision-making in the Activity Design Process



This document does not intend to encourage emergency IPs to propose programmatic adjustments (such as ration composition) that might contradict Sphere or national Food Security Cluster coordination standards. IPs are expected to provide common transfer levels to ensure consistency in emergency response. Additionally, this document does not seek to address nutrition opportunities outside of transfers targeting the nutritionally vulnerable. Other avenues for cash/voucher nutrition-oriented interventions are detailed in the Nutrition Cluster’s [Evidence and Guidance Note on the use of Cash and Voucher Assistance \(CVA\) for Nutrition Outcomes in Emergencies](#), such as provision of transportation stipends for families taking children to nutrition treatment centers.

Introduction

First, program designers should understand the nutritional gaps that an intervention is expected to fill for a specific vulnerable population. When choosing a modality, the topics and questions presented can guide

partners in information gathering and refining programming approaches. While BHA references some topics in other guidance, this addendum combines questions for emphasis on key factors to consider. To determine likely access and availability of selected nutrient-rich foods in local markets, IPs need to establish the target food needs, cost of those foods, vendor capacity to meet those needs, and promote demand/consumption through that market mechanism. A nuanced understanding of the local food system includes market dynamics in times of scarcity or disruption.

While the concepts in this addendum are not new, further attention and analysis is required in modality selection and design given the increased recognition of the importance of dietary diversity and quality, building on the traditional focus on macro- and micro-nutrients. Seasonality and availability are significant factors for markets and consumption, not only for staple grains, but especially for nutrient-dense, plant- and animal-source foods. These considerations emphasize that not just cost, but also cost-effectiveness, is important when selecting a modality for supplemental nutrition assistance. Other considerations for modality selection and design include gender roles, social and behavior practices related to diet, and supporting interventions for water, sanitation, and hygiene, as well as health and protection.

Modality Decision Tool: Nutrition Considerations

1. APPROPRIATENESS – Is the modality appropriate given the market conditions?
Analysis and strategy - Given the typical or current food consumption patterns of the target populations, will increasing the purchasing power of and/or demand for nutritious foods on the part of the target population enable them to buy foods that fill the identified food consumption and micro- and macro-nutrient gaps?
Supply - Are diverse foods for an adequately nutritious diet available in sufficient quantities in local markets? Are both staple food and nutrient dense food prices stable or stabilizing relative to historical and seasonal trends? What affects the supply of nutritious foods in local markets? How are nutritionally dense foods traded and stored?
Market integration - Are local and regional food markets well integrated to adjust to fluctuations in supply and demand with market actors able to restock as necessary? Are there any significant barriers to food trade? If so, what food categories do those barriers affect?
2. FEASIBILITY – Do the proposed modality and delivery mechanism combinations have a reasonable chance of success and reduce programming risks for participants, the implementing organization, and local market actors?
Humanitarian actor and local alignment - Does the proposed intervention align with Food Security and/or Nutrition Cluster recommendations, other government requirements, and nutritional standards as outlined by updated 2018 Sphere standards?
Market infrastructure - Are vulnerable populations able to safely and predictably access markets within a reasonable distance from their home? Are there safe and reliable delivery mechanisms for conducting the modality-specific resource transfers? Will it be possible to monitor the supply, price, and quality (relative to local or applicable humanitarian standards) and price of key foods on the market?

Vendor engagement - Where cash/vouchers are considered, how/to what extent will you integrate with and/or inform market vendors of the nutrition-promotion support activities for the cash/voucher recipients?

3. OBJECTIVE – Which modality or modalities are best suited to increase nutrition-sensitivity of programming?

Preferences - Does the modality complement and integrate with the local diet to improve dietary adequacy for the target groups/individuals? For cash or vouchers, are consumers willing to buy the necessary foods for their own consumption? For in-kind food, do beneficiaries know how to prepare, and are they willing, to prepare the foods offered?

Demand - What are the observed or hypothetical demand barriers to adequate nutrition for the different sub-groups (age, gender, diversity) within the target populations?¹ To what extent are these barriers consistent across the target geographic areas and population sub-groups? Are consumers/target population transitive/consistent in their preferences for nutritious foods? To what extent can target households be expected to purchase and/or consume more high-value foods for their own consumption or will they put it to other uses (sharing with extended families, bartering, trading for other household needs, etc.)?

Nutritional resiliency - What will facilitate resiliency or sustainability of nutrition gains and dietary pattern improvements? Is there a role for the private sector?

Intervention design - How can the activity's targeting, conditionality, transfer amount, frequency, timing, and duration be designed to maximize the potential impact on target population sub-groups' nutrition?

- **Individual targeting** - Which household member(s) is the transfer intended to benefit? For household rations, how will benefits translate to nutritionally vulnerable groups, depending on the modality chosen?
- **Conditionality** - If you plan to impose conditions on participation, how will the program manage those considerations related to the modality of transfer and the impact on nutrition?
- **Gender** - How will gender roles and implications affect the modality selection for the target population, such as time and labor burdens, decision-making at the household level, civil conflict, or gender-based violence and security risks?
- **Supporting interventions** - What accompanying package of interventions² will you include with the selected modality to optimize nutrition/food security impact? How will community members support cash/voucher programs/food distributions? What is their role?

Mixed modalities - If applicable, how does your analysis support sequencing plans for using cash, voucher, and/or in-kind approaches for providing a quality diet or for evolving needs? How does your analysis support the determination of the part allocated to each modality (i.e., multipurpose cash and fresh food voucher) for covering basic needs while safeguarding a quality diet?

¹ Subgroups may include pregnant and lactating women, children 6–23 months, children/adolescents, the elderly, married/unmarried, ethnicity/minority group, etc.

² Examples: IYCN/IYCF-E, CMAM, health, WASH, ECD, agriculture/livelihoods, empowerment, etc.

Evidence - Does current evidence support the achievement of nutritional outcomes through this modality?

Indicators - Which indicators will you use to measure results? How will you assess, monitor, and address the potential for sharing or ration dilution? What transfer duration is necessary to achieve or maintain consumption sufficient to meet targeted food and/or nutritional gaps?

4. COST – Is the modality cost efficient and/or cost effective relative to others?

Trade-offs - What trade-offs exist between transfer size, duration, eligibility criteria, nutritional value of rations, and coverage? How will either relative cost savings or greater effectiveness in delivering cash transfers, vouchers, or in-kind assistance³ achieve better outcomes toward nutrition or food security objectives?

Cost-effectiveness factors - What other factors have you identified (e.g., greater agency, empowerment, flexibility, speed, market strengthening) that may increase the nutritional cost-effectiveness of the intervention?

Mixed modalities - If designing multiple modalities, how will greater effectiveness in meeting nutrition and related food security objectives offset start-up costs and timeframes? How have you determined whether sequencing or layering multiple modalities is a more cost-effective approach?

³ Some programs may find the [food assistance cost effectiveness tool for specialized nutritious foods](#) a useful reference.