

Sector-Specific MEB Companion Guidance: Nutrition

This CALP Network Sector-Specific Minimum Expenditure Basket Companion Guidance for including nutrition in Minimum Expenditure Baskets (MEBs) builds on the CALP Network 2022 Guidance 'Calculating the Minimum Expenditure Basket' (CALP Network 2022). It has been written for nutrition and multi-sector Cash and Voucher Assistance (CVA) practitioners.

Purpose of guidance

The MEB is an operational tool increasingly used in operational contexts to design responses using cash and voucher modalities. For the nutrition sector, there is a broad consensus based on an expanding evidence base ([Global Nutrition Cluster 2020](#)) that:

- In most circumstances, CVA is not sufficient to impact nutrition outcomes on its own – especially when in the form of multi-purpose cash.
- CVA for nutrition outcomes is most effective when complemented with other nutrition-specific and nutrition-sensitive interventions addressed by other sectors (health, WASH, shelter, food security).

Experience to date has shown that the food component of a MEB is often based on meeting the caloric requirements of average households according to international standards set out in the SPHERE handbook ([SPHERE 2018](#)), and falls short of providing nutritional adequacy in terms of micro-nutrients.

It is therefore recommended that:

- The **nutrition sensitivity of MEBs is increased** when designing food baskets and identifying the cost of access to nutrition services;
- The composition of a nutritious minimum food basket for each context is informed by use of tools such as **NutVal, The Cost of the Diet (CoTD) or Fill the Nutrient Gap** to help identify the nutrition gap more adequately;
- The identification of nutritional gaps focuses on pregnant and breastfeeding women and girls, children under 2 years of age and adolescent girls and be addressed through additional sector-specific nutrition interventions ([Global Cash & Voucher Assistance for Nutrition Outcomes Global Working Group 2022 FAQs](#)).

Nutrition practitioners should resist seeing dietary requirements of individuals fully reflected in the multi-sectoral MEB as this will produce an expensive MEB that may not reflect the population's food preferences and will be hard to fund.

Practical approaches to this can be seen from the experiences in the design of a more nutrient dense food basket in Somalia ([NORCAP, Somalia Nutrition Cluster, UNICEF 2020](#)) and the design of nutrient dense food baskets for specific groups in North East Nigeria ([NE Nigeria nutrition sector 2023](#)), and North West Syria ([NW Syria Nutrition Cluster 2022](#)). Although there is not yet a standardized approach to identifying the nutrition component of MEBs, the above examples highlight some of the considerations which emerge from operational experience and these are reflected in this document to guide practitioners.



! REMEMBER – The MEB is a reference tool for basic needs/expenditures.

In practice, complementary nutrition interventions and other forms of targeted nutrition interventions may be needed. These include the provision of certain nutritious foods for specific groups through in-kind or commodity vouchers or cash transfer top ups and social behavioural change communication (SBCC) to nudge people towards making better food choices; caregiver feeding and health seeking behaviour practices (including preventative and curative health and nutrition services). The use of CVA top ups to meet these additional needs is more and more frequent in operational contexts.

Nutrition-specific considerations for an MEB

A **Minimum Expenditure Basket (MEB)** is used to identify and calculate, in a particular context and for a specific moment in time, *the average cost of a socio-economically vulnerable household's multisectoral basic needs that can be monetized and accessed in adequate quality through the local market*. Goods and services included in the MEB should enable households to meet basic needs and minimum living standards without resorting to negative coping strategies or compromising their health, dignity, and essential livelihood assets. An MEB can be calculated for different household sizes. It is not the same as the transfer value but is an important tool to inform their calculation. (Source: CALP Glossary 2023 (CALP Network 2023))

In view of the above MEB definition, there are **three** nutrition-specific considerations to consider when designing a MEB as part of a multi-sector collaborative process:

1. The nutrition related basic needs of the population that can be monetized.
2. The nutrition needs of an average socio-economically vulnerable household are likely to include nutritionally vulnerable individuals (women, children U2 and adolescent girls).
3. The additional goods and services that contribute to nutrition outcomes (such as health, food security, hygiene and sanitation, water, cooking fuel and utensils).

A **fourth** consideration is the additional nutrition sector activities in the given context:

4. The preventative and curative nutrition activities and use of cash or vouchers aimed at specific nutritionally vulnerable groups – such as pregnant and lactating women and girls, infants and children under 2 years of age, adolescent girls, specifically vulnerable groups due to disability, age, and chronic diseases.

In practice, the design of a MEB and its use for calculating transfer values for different responses will be insufficient to ensure nutrition outcomes. However, it is essential that the initial MEB design factors in nutrition considerations for that context.

The nutrition related basic needs that can be monetized

1. Determine the availability and access to health services providing preventative and curative nutrition services – the nutrition service expenditures part of the MEB

- Start by identifying the nutrition/health seeking behaviour of the population of interest and factor in availability of nutrition services locally during different seasons, any expenditures related to nutrition and preventative health service provision (if they are not free).
- Factor in any expenditures related to accessing and using nutrition services (transport, caregiver costs), and the cost of kits of items not available/provided by the health facility – link with other sectors.
- Factor in the nutrition sector's consensus on the feasibility and appropriateness of monetizing breast-milk substitutes based on an analysis of their use, any risks to optimal feeding and health risks, as well as their availability and cost.

2. Determine the availability and access to locally available nutritious foods – the nutritious food expenditures part of the MEB

- Start with actual food consumption/expenditure data of the population of interest and factor in food preferences of the specific socio-economic group in question (not of wealthier groups that are unlikely to be the ones eligible for humanitarian support), including infant feeding practices (breastfeeding and use of breast-milk substitutes).
- Factor household debts/loans which may be related to food.
- Factor in recurring or seasonal food expenses, as these will be a reflection on household choices based on available income and the use of substitution foods – what households buy when their preferred food is too expensive.
- Factor in potential one-off expenses linked to food preparation or livelihoods.

See examples from Northeast Nigeria, and Northwest Syria.



! REMEMBER – The foods included in the MEB are not a recommended diet.

They are a simplified representation of nutritional adequacy in terms of kilocalories and dietary diversity for that socio-economic group based on what is available and what they are likely to buy. Assessing actual consumption and preference will be key to identify the nutrition messaging for Social and Behavioural Change Communication strategies, as simply providing a higher cash transfer value without nudging any behaviour change activities is unlikely to result in the purchasing of more nutritious foods.



! REMEMBER – Households will prioritize their own food and non-food needs.

Households receiving CVA will face choices on how to spend the money they receive. Their ability to purchase adequate quantities and diversity of foods to meet nutrition needs depends on their ability to meet other basic needs², including, for example, livelihood investments for the longer-term household economy.

3. The nutrition needs of an average socio-economically vulnerable household

Accommodate the additional nutrition needs of individual household members

- Factor in the additional macro- and micro-nutrient requirements of pregnant and breastfeeding women and girls, infants and children under 2 years of age, children 3 to 5 years, and adolescent girls linked to the life cycle phase¹.
- Factor in additional macro-nutrient requirements above 2,100 kcal/person/day recommended in SPHERE due to climate, level of physical activity, and seasonal disease patterns.

4. The additional goods and services that contribute to nutrition outcomes

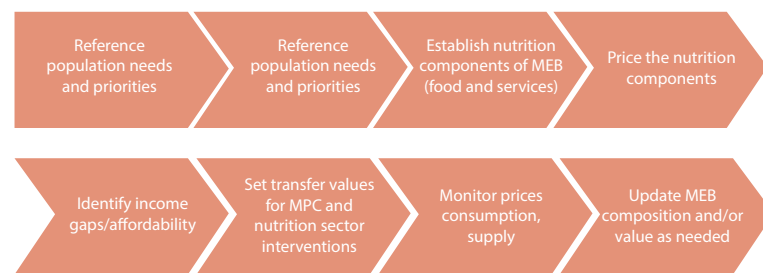
Accommodate the additional household expenditures linked to other sectors

- Start by liaising with other sectors to ensure the expenditures related to health, hygiene, sanitation, water transportation, cooking fuel and utensils and transport are included into the MEB, see the WASH and nutrition guidance. (Action Against Hunger 2017)

Step-by-step process for developing a nutrition sensitive MEB

Nutrition-related expenditures should always be reflected in a MEB so your inputs will help ensure the final MEB is nutrition sensitive. You are likely to be asked to contribute with technical and operational expertise in the following steps of building the MEB.

Figure 1. Main steps in the MEB process requiring nutrition sector inputs



1. The Sphere Standards set clear international guidelines for designing food and cash-based assistance to meet reference requirements for energy, protein, fat, and micro-nutrients (see Annex Table 1) The Sphere Handbook 2018.

2. Basic needs are defined as essential goods, utilities, services, or resources required on a regular or seasonal basis by households for ensuring long-term survival and maintaining minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets. Basic needs may be defined on a regular basis (usually monthly or seasonally). ([Glossary of Terms - The CALP Network](#))

Step 1. Selecting the reference population/cohort and identifying their priority needs

The MEB will be designed with a specific population in mind to represent the expenditures of an average socio-economically vulnerable household affected by a humanitarian crisis and able to meet their basic needs and little more.

- Map available sources of secondary data. Include nutrition in multi-sector or nutrition-sector needs assessments to identify levels of undernutrition, feeding habits, and agree on households' needs and capacity to meet those needs.
- Include nutritious foods from different food groups (dairy, eggs, green leafy vegetables, yellow/red fruits and vegetables, red meat, and/or preserved fish) produced by market assessments to assess availability and prices. If these are not available, collect this data.
- Consult with the reference population through focus group discussions to assess food preferences, consumption behaviour for the nutritious foods, cultural differences and items purchased at their local markets. Include foods provided through in-kind food assistance as appropriate. Identify the appropriate portion sizes to reflect consumption per day/week/month.
- Calculate the nutrient composition of foods from food tables/software per 100g.
- Include health seeking behaviour expenses to access routine nutrition services at health centres (maternal and child health, immunization) and malnutrition treatment programmes.

Household size

- Agree what the average household 'looks like' in terms of household size and household composition.
- Decide if you will cost the nutritious diet for an individual or an average household.

Step 2. Preparing the expenditure data

The MEB will be based on actual expenditure data for the average socio-economic household.

- Where available, use existing datasets, such as Household Expenditure Surveys and Household Economy Approach³

foods included in the national Consumer Price Index to identify real expenditure data. This information may be out of date because of changes to the operational context but it at least provides a starting point. Use expenditure data on nutritious foods to create regular monthly expenditures from information on items bought daily, weekly, monthly or irregularly (for festivities).

- If there is little or no data available on household expenditure for health services, consider adding a percentage lumpsum to the health component to start with, then adapt.
- Capture expenses linked to access to nutrition/health services – transport, caregivers' costs and identify which expenditures are regular and which ones may be one-off.
- Cost the nutritious food items from the different food groups⁴ available locally in markets, including if they are home-grown products for sale.

Step 3. Establishing the food and non-food nutrition components of the MEB and the quantities required

The MEB will be designed on a list of average cost of goods and services. Make sure nutrition is included by:

- Assessing the nutrient value of foods by using a food composition tool such as NutVal ([NutVAL4.1](#)), or Cost of the Diet optimization tools used in a Cost of the Diet⁵ ([Child Rights Resource Centre n.d.](#)) or a Fill the Nutrient Gap Analysis⁶ ([WFP 2019](#)), to identify the foods that meet specified nutrient requirements at the lowest cost. Refine this basket based on multi-sector consultation.
- Depending on whether you are calculating an *expenditure-based, a rights-based or a hybrid-based*⁷ MEB, identify the quantities of each food item that reflect consumption behaviour to ensure nutrient rich foods are contributing to the 2,100 kcal of the food basket ([WFP 2020](#)).
- Where few, or no, nutritious foods are consumed in the population, identify if this is due to economic barriers or food preferences. Do not assume any nutritious foods you add to a MEB will actually be purchased by households receiving CVA unless they are part of their normal food habits.

3. The Household Economy Approach (HEA) is an approach for analyzing food security and livelihoods. It is based on understanding how households normally access income, food and other items/services required for survival, established through a baseline analysis. As part of the baseline, the HEA defines livelihood zones where households share similar strategies for obtaining food and income. It also divides households within these livelihood zones into wealth groups (3–4 or more). The HEA baseline quantifies the sources of food and income and the expenditure patterns for each wealth group and livelihood zone. ([Glossary of Terms - The CALP Network](#))

4. Food groups categories vary according to the indicator being used. Individual Dietary Diversity Indicators used for 1. Breast-milk; 2. grains, roots, tubers, plantains; 3. pulses (beans, peas, lentils), nuts and seeds; 4. dairy products (milk, infant formula, yogurt, cheese); 5. flesh foods (meat, fish, poultry, organ meats); 6. eggs; 7. vitamin-A rich fruits and vegetables; and 8. other fruits and vegetables.

5. The Cost of the Diet is an innovative method and software developed by Save the Children UK to estimate the amount and combination of local foods that are needed to provide a typical family with a diet that meets their average needs for energy and their recommended intakes of protein, fat and micro-nutrients ([Child Rights Resource Centre n.d.](#)).

6. Fill the Nutrient Gap (FNG) tool analyses the nutrition situation in a country and identifies the barriers faced by the most vulnerable to accessing and consuming healthy and nutritious foods. One component of the FNG is an estimation of the least cost combination of foods which can meet nutrient needs of a typical household, referred to as the cost of a nutritious diet. ([WFP 2019](#))

7. See p7 of the MEB Guidance ([CALP Network 2022](#)).

Step 4. Pricing the MEB

The MEB is an agreed and costed list of monetized goods and services which can only be included if they are available in local markets. This applies to whether you are using an expenditure-based, rights-based or hybrid-based approach to designing the MEB. Foods and services not available in the market should not be costed. This will affect the choice of any seasonal foods included. See examples.

- Nutrition/health services may or may not be free in your given context. Liaise with the health sector to ensure that access to nutrition services is included in their estimation of the cost of the health part for the MEB.
- Households will incur some expenses to access health and nutrition services. In the case of curative services, the nutrition/health sector may be considering a conditional cash transfer to reimburse transport costs. For preventative care, a flat transport rate may be included in the MEB based on a number of monthly visits to a health centre.
- Liaise with the food security sector and use existing price data from existing price monitoring systems (Consumer Price Index, government market price monitoring, WFP ([Market Monitor](#)), JIMMI ([REACH 2021](#))) and advocate for the nutritious foods you have selected to be included in price monitoring systems. See examples for identifying nutritious foods not included in existing food monitoring systems.
- Capture price variation due to seasonality, geographical variation, and average out monthly costs. If there are large seasonal impacts on the availability of nutritious foods, consider the effects of averaging out the total amount needed for the year as it means households will have less cash available to buy these when they are available in the market (and will buy less).



! REMEMBER

MEB transport costs are usually flat rate household level averages and not based on actual household needs to attend health/nutrition services and activities.

Cash transfers to cover transport, childcare and loss of income costs for mothers and children attending nutrition programme activities such as mother-to-mother support groups or stabilization centres, are easier to factor into sector-specific nutrition activity costs than in MEBs as you can reimburse based on specific programme parameters for specific target groups attending specific preventative and curative services.



! REMEMBER

The cost of a nutritious diet is often beyond the operational budget capacity of an emergency response.

Instead of adding the real cost of a fully nutritious diet meeting required nutrient intakes to the MEB, design interventions for the main nutritionally vulnerable groups. Experience so far has shown that a nutritious diet can increase household food costs by over 20%.

Step 5. Identifying the income gap – affordability

Households often have the capacity to cover some of their basic needs themselves. Humanitarian actors would then opt to transfer a cash value which corresponds to the gap between the MEB value and the household's own capacity. Remember the MEB is a list of goods and services based on local consumption patterns and availability. Once they receive the cash transfer, they will not be restricted in their purchases and may prioritize other expenditures.

Affordability is a key barrier to accessing nutritious foods for many households. Measures of the affordability of healthy and nutritious diets can provide important economic benchmarks which can be used to assess the potential contribution of interventions, programmes, and policies to reduce non-affordability through lowering prices and increasing availability of nutritious foods and increasing food expenditure of poorer households. See Malawi example ([Save the Children 2022](#)).

Step 6. Using the MEB to set the transfer value for different interventions

The transfer value for a **multi-purpose cash** intervention is generally used to cover the 'unmet needs' of the MEB.

The transfer value for a **sectoral response** with a nutrition objective will need to identify the additional nutritional needs to be covered and the additional access to prevention or treatment services such as health clinic visits, mother-to-mother support group attendance and Social and Behavioural Change Communication activities. See examples of Nutrition and CVA operational guidance in reference section and list of CVA top ups and payments for specific nutrition interventions. See Somalia example where a US\$50 top up was suggested.



! REMEMBER

Adjusting the MEB value is not the same as adjusting a transfer value.

MEB transfer values are adjusted in consultation with multiple sectors and stakeholders. This usually leads to a decision to adjust the transfer value for multi-purpose cash transfers calculated using the MEB value. Adjusting nutrition programme transfer values for nutrition activities will be discussed by nutrition actors. Harmonized transfer values are increasingly being agreed upon by nutrition actors in countries developing CVA and nutrition operational guidelines.

Step 7. Monitoring prices, inflation, changes in access, consumption, and supply

Regular monitoring of the price of the goods and services listed in the MEB will identify significant price changes. Sometimes these are seasonal, but these can also be due to ongoing inflation in many humanitarian contexts. Joint price monitoring initiatives such as JMMI are becoming more common in operational settings using cash transfers based on MEB values. Other monitoring systems will have been identified in Step 2 of the MEB process and data analysis should be ongoing.

Regular updating of the value of the MEB will affect the transfer value calculation for different responses based on the MEB so is usually a multi-sector activity conducted through the CWGs. It can be useful to identify a threshold at which a review of the transfer value for food assistance is triggered (the food security cluster triggered a review after a 15% increase in the price of the food basket).

Step 8. Updating the MEB composition and/or value as needed

It is important to review the composition of the MEB, and possibly reconstruct it, when there is reason to believe that the consumption patterns of the MEB's target population have changed significantly.

The MEB value should be reviewed regularly, usually through regular price monitoring. Nutrition sector activities can contribute by highlighting the effects of shocks, substitution due to price changes, population changes, and supply changes. See Afghanistan example ([Global Nutrition Cluster 2021](#)).

Multi-sector transfer value considerations

- In many countries, the transfer value for multi-sectoral programming is often aligned with the minimum wage or the national social protection transfer values. This means that there are often 'practical' adjustments between sector/cluster actors and the CWG to agree on transfer value amounts for different interventions.
- In some countries, if we consider the 'perfect' MEB and its monetized value, we arrive at a transfer value that is very high compared to the income of the target population and the community in general. This can create some tension, especially in refugee/host population settings. See also examples of countries where a lower value Survival Minimum Expenditure Basket (SMEB) has been created.

Coordination considerations for designing nutrition sensitive MEBs

MEBs are normally developed through CWGs in collaboration with all the sectors/clusters in country. Sector experts must be involved in the process of developing MEBs regardless of where leadership for the process sits. **This means:**

- Attending MEB development meetings
- Contributing to the phases of the MEB process with relevant nutrition information
- Advocating for the inclusion of goods and services that are directly relevant to nutrition outcomes.

Most MEBs only include recurrent expenditures (i.e., items bought daily, monthly or seasonally) along with a smaller number of one-off expenditure items bought annually or biannually.

- Nutritionists who coordinate with health sector colleagues can jointly assess health service provision and health seeking behaviour and agree on associated costs as preventative nutrition services are usually embedded into health systems.
- Nutritionists who coordinate with food security and livelihood sector colleagues can jointly agree on:
 - The selection of nutritious foods to be included into the food basket of the MEB, based on existing consumption patterns, preferences and seasonality;
 - Existing market price monitoring systems that can be tapped into for robust market price monitoring, and the need to include additional food items (e.g. JMMI).

General coordination considerations:

- Collaborate closely with the CWG and other sectors (notably FSL, WASH and health) in needs assessments, market assessments and establishing the average household size and composition.
- Establish the nutrition relevant components of the MEB and promote the inclusion of the cost of nutritious foods for different age groups.
- Advocate for the calculation of the food component and MEB to include the cost of a nutritious diet that meets the macro- and micro-nutrient requirements of all household members.
- Advise the CWG and cash practitioners to apply a strong nutrition lens to the design and implementation of household cash transfers, especially when transfer values for multi-purpose cash are established.
- Work with relevant sectors and market actors to make sure that market monitoring systems collect sufficient data on nutrition relevant goods and services including nutritious foods.
- Use post-distribution monitoring to track use of CVA to purchase nutritious food items as a separate category to food included in the energy-based diet.

RELEVANT RESOURCES

- Minimum Expenditure Basket Calculation: For best practices in calculating the MEB, refer to the 'Calculating the Minimum Expenditure Basket: A Guide to Best Practice' by the CALP Network (2022) ([CALP Network 2022](#)).
- Cash and Voucher Assistance (CVA) for Nutrition: Guidance on setting transfer values for nutrition outcomes in emergencies can be found in the 'Evidence and Guidance Note on the Use of Cash and Voucher Assistance for

Nutrition Outcomes in Emergencies' by the Global Nutrition Cluster ([Global Nutrition Cluster 2020](#)).

- CVA Task Force FAQs: The Global Nutrition Cluster CVA Task Force's FAQ ([Global Cash & Voucher Assistance for Nutrition Outcomes Global Working Group 2023](#)).
- WFP MEB Guidelines: ([WFP 2020](#)).
- Nutrient Gap Analysis: World Food Programme's 2018 analysis on this topic provides insights into the approach to fill nutrient gaps. ([WFP 2019](#)).
- Cost of the Diet Tool: The latest link to the 'Cost of the Diet' tool is accessible through Save the Children resource centre. ([Child Rights Resource Centre n.d.](#)).
- NutVal Tool: NutVal, a software for planning and monitoring the nutritional content of food rations which, can be downloaded via Dropbox ([NutVAL4.1](#)).
- USAID Nutrition Supplement: The USAID modality tool with a nutrition addendum offers further operational guidance ([USAID 2023](#)).

EXISTING NUTRITION AND CVA OPERATIONAL GUIDANCE EXAMPLES

- Myanmar: The operational guidance document for improving maternal and child nutrition outcomes in Myanmar is due to be published. Please check the Myanmar Nutrition cluster website ([Global Nutrition Cluster 2023](#)).
- NW Syria: For CVA use in NW Syria to improve nutritional outcomes consult the operational guidance from the CALP Network ([NW Syria Nutrition Cluster 2022](#)).
- Nigeria: Guidance on using CVA for maternal and child nutrition in emergency contexts of Nigeria can be found in the nutrition cluster publication from July 2023 ([NE Nigeria nutrition sector 2023](#)).
- Somalia: Nutrition sensitive diet recommendations for Somalia are detailed in a report available on ReliefWeb ([NORCAP, Nutrition Cluster, UNICEF 2020](#)).
- Afghanistan: The nutrition guidance note for Afghanistan is hosted on the Nutrition Cluster resource hub ([Global Nutrition Cluster 2021](#)).
- Malawi: Information regarding the cost and affordability of nutritious diets in Malawi is presented in a report by Save the Children International ([Save the Children 2022](#)).



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Glossary – terminology in MEB guidance

A **Minimum Expenditure Basket (MEB)** is an operational tool. It is used to identify and calculate, in a particular context and for a specific moment in time, the average cost of a socioeconomically vulnerable household's multisectoral basic needs that can be monetized and accessed in adequate quality through the local market. Goods and services included in the MEB should enable households to meet basic needs and minimum living standards without resorting to negative coping strategies or compromising their health, dignity, and essential livelihood assets. A MEB can be calculated for different household sizes. It is not the same as the transfer value but is an important tool to inform their calculation. (Source: [CALP glossary 2023](#))

Availability refers to the physical presence of goods and services in the area of concern in sufficient quantity and quality.

Accessibility refers to people's ability to travel, obtain (pay for) and benefit from goods and services. Market access is based on elements such as affordability of goods and services, and safe transportation options. Purchasing power, age, gender and disability all affect accessibility to goods and services. Adapted from BNA, p. 19

Basic needs are defined as essential goods, utilities, services, or resources required on a regular or seasonal basis by households for ensuring long-term survival and maintaining minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets. Basic needs may be defined on a regular basis (usually monthly or seasonally).

The Cost of the Diet is an innovative method and software developed by Save the Children UK to estimate the amount and combination of local foods that are needed to provide a typical family with a diet that meets their average needs for energy and their recommended intakes of protein, fat and micro-nutrients.

Fill the Nutrient Gap (FNG) tool analyses the nutrition situation in a country and identifies the barriers faced by the most vulnerable to accessing and consuming healthy and nutritious foods. One component of the FNG is an estimation of the least cost combination of foods which can meet nutrient needs of a typical household, referred to as the cost of a nutritious diet.

The Household Economy Approach (HEA) is an approach for analysing food security and livelihoods. It is based on understanding how households normally access income, food and other items/services required for survival, established through a baseline analysis. As part of the baseline, the HEA defines livelihood zones where households share similar strategies for obtaining food and income. It also divides households within these livelihood zones into wealth groups (3–4 or more). The HEA baseline quantifies the sources of food and income and the expenditure patterns for each wealth group and livelihood zone.

Limiting nutrients refers to those that are most expensive to purchase.

Recurrent expenses are those that repeat over time, as the commodity or service is consumed or expires and must be repurchased on a regular basis. The most common recurrent expenditures within a household are those of food, water, hygiene items, rent, energy for cooking and heating, and transportation.