USAID
FROM THE AMERICAN PEOPLE

Understanding How Cash and Voucher Assistance Programs for Nutrition Are Implemented

A Review of Programmatic Case Examples from Burkina Faso, Mali, Niger, Somalia, and Colombia

DECEMBER 2023

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.

Recommended Citation

USAID Advancing Nutrition. 2023. *Understanding How Cash and Voucher Assistance Programs for Nutrition Are Implemented: A Review of Programmatic Case Examples from Burkina Faso, Mali, Niger, Somalia, and Colombia*. Arlington, VA: USAID Advancing Nutrition.

Photo Credit: Geoffrey Mwangi/USAID

USAID Advancing Nutrition

JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

Contents

Acknowledgments

USAID Advancing Nutrition would like to thank the implementing organization staff from each of the projects for sharing information about programming and facilitating visits to program sites. We would also like to thank our team of country-based consultants who prepared the case examples: Hippolyte Rouamba, Moussa Sacko, Abdoutan Harouna, Carolina Mejía Toro, and Mohammed Jama. We would also like to acknowledge the contributions of Abdullahi Alasow. Additionally, we would like to thank Sharon Truelove and Philippa Young who conducted interviews with key stakeholders and analyzed the global landscape. Lastly, we thank members of the USAID Advancing Nutrition team who contributed to this work: Adam Bailes, Karin Christianson, Alfred Hylton-Dei, Susan van Keulen-Cantella, and Kavita Sethuraman, as well as Heather Davis for editorial support and Jimmy Bishara for design.

Implementing organizations :

- Burkina Faso, Mali and Niger : Action Against Hunger
- Colombia : Save the Children
- Somalia : Concern Worldwide and CARE

Acronyms

ACF	Action Contre la Faim
ASBC	community health agents (Burkina Faso and Mali)
AV	village agents (Mali)
AVEC	Village Savings and Credit Associations (Burkina Faso)
BCC	behavior change communication
BHA	USAID Bureau for Humanitarian Assistance
CaLP	Cash and Learning Partnership
CBHW	community-based health worker (Burkina Faso)
CCT	conditional cash transfer
CFA	West African franc
CFW	Cash for Work
CINS	Care and Cash for Improved Nutrition
CNA	complementary nutrition activities
CoD	Cost of the Diet
CRS	Catholic Relief Services
CSCOM	Community Health Center (Mali)
CSPS	Centre de Santé et Promotion Sociale (health and social promotion center) (Burkina Faso)
CVA	cash and voucher assistance
CVA+	cash and voucher assistance that also includes complementary programming (nutrition-specific or nutrition-sensitive activities or components)
CWG	cash working group
DFID	UK Department for International Development
EAG	Emergency Application Guidelines
ECHO	European Civil Protection and Humanitarian Aid Operations
ENSAN	National Food and Nutrition Security Survey (l'Enquête Nationale sur la Sécurité Alimentaire et Nutritionnelle)
EU	European Union
EUR	euro
EWS	early warning system
FAO	Food and Agriculture Organization of the United Nations
FCDO	UK Foreign, Commonwealth and Development Office
FFV	fresh food vouchers
FSNU	Food Security and Nutrition Unit (Somalia)

GAM	global acute malnutrition
GASPA	learning and support groups for IYCF practices (Burkina Faso)
GNC	Global Nutrition Cluster
GSAN	Groupe de Soutien à l'Alimentation du Nourrisson (infant feeding support group) (Mali)
GTM	Monetary Transfers Group (Grupo de Transferencias Monetarias)
HEA	household economy analysis
IDP	internally displaced persons
IFSG	infant feeding support groups
IGA	income-generating activity
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IOM	International Organization for Migration
IPC	integrated phase classification
IRC	International Rescue Committee
IYCF	infant and young child feeding
KI	key informant
KII	key informant interview
LAC	Latin America and the Caribbean
MAM	moderate acute malnutrition
MC	Mercy Corps
MDT	Modality Decision Tool
MEAL	monitoring, evaluation, and learning
MEB	minimum expenditure basket
mHealth	mobile health
MIYCN-E	mother and young child nutrition in emergencies
MoH	Ministry of Health
MPCA	multipurpose cash assistance
MPCT+	Multi-purpose Cash Transfer Plus (the precursor program to VE)
MUAC	mid-upper arm circumference
NGO	nongovernmental organization
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OFDA	USAID Office for Foreign Disaster Assistance
PDM	post-distribution monitoring
PLW	pregnant and lactating women

PROGRESS	Programme de Resilience et de Cohésion Sociale au Sahel
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SBC	social and behavior change
SC	Save the Children/Colombia
SCUK	Save the Children/UK
SCUS	Save the Children/US
SNA	Supplemental Nutrition Assistance
TAG	technical advisory group
TDH	Terre des Hommes
UCL	University College London
UCT	unconditional cash transfer
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	US dollar
VE	VenEsperanza
WASH	water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International

Executive Summary

Despite global improvements in child nutrition, malnutrition remains widely prevalent. In 2020, an estimated 45 million children under five years of age were wasted and 149 million were stunted, a consequence of inadequate growth and development due to a chronic lack of nutritious food in their diets. Malnutrition is greatly exacerbated during periods of humanitarian crises. In 2022, 274 million people were estimated to be in need of humanitarian assistance and protection, an increase from 235 million people from the previous year, largely due to global climate and food crises, conflict and subsequent increased displacement, and disrupted health systems and increasing vulnerability (Humanitarian Action n.d.; ReliefWeb 2021).

Unconditional or conditional cash transfers[1] have gained traction as part of social protection strategies and programs in non-emergency contexts. Conditional cash transfers targeted to poor households have notably been successful in redistributing income to poor households and reducing poverty, assisting with increasing school participation, and improving health and nutrition service utilization among mothers and children (Loeser et al. 2021). However, there is inconsistent evidence of the impact on nutritional status, morbidity, and health-seeking practices. While cash transfers have been used for many years as part of social protection systems in non-emergency contexts, they were still considered on the "fringe" of humanitarian assistance no more than 15 years ago (Peachey 2021). Since then, the global volume of cash and voucher assistance (CVA) as a share of humanitarian assistance has grown from USD 2 billion in 2015 to USD 6.7 billion in 2021 (CALP Network 2020; Urquhart et al. 2022). The use of CVA during humanitarian crises to address nutrition outcomes has been more limited.

Multipurpose cash assistance (MPCA) in humanitarian contexts is based on the minimum expenditure basket (MEB), which, within countries, is based on recommendations from the humanitarian cash working group that operates in the country. The MEB is based on an essential needs framework and is a household-level estimate, and often the cash transfer amounts derived from the MEB may be lower than the cost of a nutritious diet. (WFP 2020a). In a given country, the goal is to have one established MEB to guide cash transfer amounts, which is reassessed periodically against food prices and inflation. This is considered important to ensure equity in cash transfers across beneficiaries and programs and minimize conflict and perverse incentives where one household receives more than others. The MEB is also often used to establish the upper limit for total cash transfer amounts, limiting the maximum transfer allowable to households or individuals. Consequently, all transfers, unconditional and unrestricted or conditional, have to fit within the upper limit established by the in-country cash working group, ultimately limiting targeted CVA transfers for nutrition. While cash transfers are increasingly used in humanitarian contexts, the current framework within which cash transfers are designed make it challenging to program cash transfers for improved nutrition.

The USAID Bureau for Humanitarian Assistance (BHA) Supplemental Nutrition Assistance (SNA) subsector is defined as "the provision of cash, vouchers, or in-kind distributions targeted to specific vulnerable groups who need additional support in order to access an adequate, diverse diet" (USAID 2022). These programs generally target the most vulnerable populations, such as pregnant and lactating women (PLW) and children under five. SNA refers to supplemental funding that emergency implementing partners can apply for in addition to funding from other sectors listed in BHA's Emergency Application Guidelines (EAG) (food assistance, multipurpose cash, etc.), and is intended for targeted transfers to nutritionally vulnerable individuals or groups within a target population.

The purpose of this review was to identify and document case examples of programs in different countries and contexts that use cash, vouchers, or in-kind food assistance with nutrition activities to

1 Cash transfers (also referred to as cash assistance or cash grants) describes assistance provided in the form of money—either physical currency or e-cash*—to recipients (individuals, households, or communities).

understand why and how these programs are implemented, and identify innovations that may inform and support BHA's Supplemental Nutrition Assistance subsector programming.

Methods

This review used a multi-stage process to identify and document the case examples in this report: 1) stakeholder consultations and key informant interviews (KIIs) with global experts; 2) global program mapping survey of programs to identify those that implement CVA+ nutrition programs; and 3) review of case example program documentation and KIIs with program staff. At each stage, qualitative data collection methods were used, primarily KIIs with different types of informants; a quantitative online global mapping survey was administered. Four programs were identified in five countries: PROGRESS, implemented by ACF Spain in Burkina Faso, Mali, and Niger; VenEsperanza, implemented by a consortium led by Save the Children in Colombia; SOMSHARP, implemented by Care and Cash for Improved Nutrition (CINS) in Somalia and implemented by Concern Worldwide, both in Somalia.

Summary of Findings

Although the objective of this review was to examine case examples of projects that implement SNA—VenEsperanza in Colombia; PROGRESS in Burkina Faso, Mali and Niger; and SOMSHARP in Somalia—all implemented MPCA programming that also carried out complementary nutrition activities (CNA). PROGRESS in Mali used unconditional and unrestricted-value vouchers that could be used for food, and in Niger used Cash for Work (CFW) alongside CNA. Only CINS in Somalia used a small "top-up" conditional cash transfer along with an unconditional and unrestricted cash transfer to help prevent acute malnutrition, but the results showed no effect on acute malnutrition by the end of the trial. None of the projects shared important improvements in nutrition outcomes per se, but in a few instances project staff perceived that providing households with cash enabled beneficiary households to access services and improved their living conditions, which led to improvements in household food security and dietary diversity.

Discussion and Recommendations

Taken together, these findings make it clear that there is an overwhelming preference for unconditional and unrestricted cash transfers, and that this is rapidly becoming a standard approach through which to provide humanitarian assistance. While this choice is preferred by some stakeholders, the modality is constrained by the amount and duration of the transfers, and these transfers function as consumption-smoothing interventions to close the gap in terms of meeting essential needs.

This level and type of transfer does not, however, protect or improve nutrition outcomes in humanitarian contexts. In almost all the case examples, key informants (KIs) noted that nutrition was a priority and was included as a complementary intervention. While in some instances KIs perceived improvements in nutrition outcomes, such as improved dietary diversity among children, there was little concrete evidence that there was in fact any improvement in nutrition outcomes, for women and children particularly. However, partners did consistently note that more holistic programming was important, even in emergency contexts. As in development contexts, here too it is important to layer and sequence interventions, and to include nutrition-sensitive and nutrition-specific interventions. The key gap in each of these programs was the lack of a targeted transfer to support, protect, and improve nutrition outcomes for highly vulnerable segments of a population, such as women and children.

The findings in this review should be interpreted with some caution as they are based on qualitative data and on a quantitative online survey in which respondents self-selected to participate. Therefore, these findings are not representative. However, the similarity of views and perspectives between global KIs and country case example KIs suggests some consistent findings and themes. The two sets of KIs share many congruent perspectives:

- Unconditional and unrestricted cash transfers are preferred. The underlying reason for this, KIs noted, is the lack of strong evidence to suggest that hard conditionalities (conditions a beneficiary must meet in order to receive the transfer) work, and when combined with the operating context, can be difficult to implement and justify in humanitarian contexts. At both the global and country levels, KIs shared ethical concerns with imposing conditionalities on cash transfers given widespread need and changing conditions.
- Often there are not enough funds to meet the needs of all those who are in need, based on specific targeting criteria (in some instances, the targeting criteria for unconditional and unrestricted cash transfers are very broad).
- There is an interest in aligning with government social protection systems, consistent with other literature, as this is perceived as efficient, mitigates perverse incentives, minimizes conflict, and strengthens social cohesion.
- The downside, however, is that the MPCA transfer amounts are benchmarked against the MEBs derived from an essential needs framework, at times based on national social protection benchmarks, and possibly outdated national poverty lines—resulting in almost immutable cash transfer amounts with upper limits that cannot be crossed by any implementing partner if coordination and harmonization is to be prioritized.

These findings illustrate how the humanitarian assistance architecture is changing rapidly. With a strong preference for unconditional and unrestricted cash transfers based almost solely on an essential needs framework, there is a significant risk that progress in protecting women and children's nutritional status will slow. The implications of these findings suggest a need for the nutrition sector to play a far more significant role in global and national cash working groups. There is a need to deepen understanding among cash actors of the importance of moving beyond basing cash transfer amounts determined by a MEB for nutrition outcomes. A separate mechanism for specific sectoral transfers, based on unique needs, should be considered in the context of CVA transfers. The MEB can assure that the most vulnerable beneficiaries survive, but it cannot ensure that the youngest and most vulnerable beneficiaries thrive.

Given the shift toward unrestricted cash programming, in order to ensure targeted resources to improve nutrition it is important for emergency nutrition sector clusters, working groups, implementing partners, and donors to *lean in* and play a more substantial and coordinated role in engaging with global and national cash working groups to challenge the status quo. Global nutrition actors such as the Global Nutrition Cluster have an important role to play in continuously promoting knowledge sharing, to strengthen capacities across the nutrition, cash, and food security sectors, partly to foster an understanding among cash actors of the need to move beyond basing cash transfer amounts on an MEB. Although the MEB is intended to be a guide, concerns about equity across beneficiaries drive the cash transfer amounts that are established, limiting opportunities for targeted transfers to nutritionally vulnerable segments of a population. There is a need for a separate mechanism to provide individual transfers in addition to household transfers; this would also enable cash transfers to be more targeted to those who are nutritionally at-risk. Global nutrition actors also need to ensure a greater understanding across sectors of why more resources than those provided by existing transfers are needed to meet the nutritional needs of women and children. Lastly, it is also important for global nutrition actors to strengthen the existing evidence base and generate new evidence on how targeting resource transfers benefits improved nutrition in humanitarian contexts. KIs noted that with the shift to unrestricted cash transfers in humanitarian programming, advocating for nutrition is challenging, there is a need for a stronger evidence base, and greater clarity on what the intended outcomes are or should be in humanitarian contexts.

1. Introduction

Despite global improvements in child nutrition, particularly reductions in child stunting, malnutrition remains widely prevalent. In 2020, an estimated 45 million children under five years of age were wasted and 149 million were stunted, with inadequate growth and development due to a chronic lack of nutritious food in their diets. With the COVID-19 pandemic upsetting food and health systems, the World Bank estimates that an additional 9.3 million children may now be suffering from acute malnutrition (World Bank n.d). The seriousness of these statistics is pronounced, with nearly half of all deaths in children under age five attributable to undernutrition, and with undernourished children at greater risk of dying from common infections, as well as suffering from increased frequency and severity of infections, and delayed recovery (UNICEF 2023a). Micronutrient deficiencies continue to remain a global problem, with the World Health Organization (WHO) estimating that 40 percent of children 6–59 months of age worldwide are anemic. The *Global Nutrition Report 2020* (Development Initiatives 2020) identified that the prevalence of anemia in adolescent girls and women aged 15–49 years was 33 percent, with the prevalence substantially higher (40 percent) in pregnant women than non-pregnant adolescent girls and women (33 percent).

Malnutrition can be greatly exacerbated during periods of humanitarian crises, adversely affecting women and children in particular. In 2022, 274 million people were estimated to be in need of humanitarian assistance and protection, an increase from 235 million people the previous year, largely due to global climate and food crises, conflict and subsequent increased displacement, and disrupted health systems and increasing vulnerability (Humanitarian Action n.d.; ReliefWeb 2021). Significant barriers prevent vulnerable households and families in non-emergency settings from accessing and affording healthy, diverse diets. This gap is further exacerbated in humanitarian crises through the loss of livelihoods and incomes, and lower-than-expected crop and livestock production, which together decrease access to safe and nutritious food; for children this deterioration in nutrition is further amplified when coupled with suboptimal conditions for child care and feeding practices, such as breastfeeding.

Women of reproductive age face significant challenges with accessing diverse diets, and in accessing vital health and nutrition services in humanitarian contexts, increasing their risk for malnutrition. Poor nutritional status in pre-pregnancy and pregnancy, including micronutrient deficiencies, can lead to adverse outcomes for women and their children, increasing the risk of poor fetal development and adverse birth outcomes (UNICEF 2023b). UNICEF notes that "the gender gap in food insecurity more than doubled between 2019 (49 million) and 2021 (126 million), as girls and women across the world found themselves disproportionately hit by the impact of the COVID-19 pandemic on livelihoods, income and access to nutritious food," while also noting that "adolescent girls and women are also disproportionately affected by conflict, climate change, poverty and other economic shocks" (UNICEF 2023b). Globally, the prevalence of underweight in girls 10–19 years old is 8 percent, and 10 percent in women 20–49 years old (UNICEF 2023b). Although there are fewer available data, estimates based on 19 countries indicate that more than two-thirds of non-pregnant adolescent girls and women (69 percent; 1.2 billion) are deficient in iron, zinc, and/or folate (Stevens et al. 2022).

In-kind food assistance, by providing food rations and targeted food supplements, has been the main approach to addressing nutritional needs in humanitarian contexts. A central focus of nutrition interventions has been the management of acute malnutrition in children. Ready-to-use therapeutic food (RUTF) was developed in the mid-1990s to treat severe acute malnutrition (SAM); this innovation allowed for the treatment of uncomplicated SAM within the home, with periodic follow-up (USAID 2014). Previously, treatment of SAM was done within inpatient health facilities with therapeutic milks, and had high opportunity costs for families, increased risk for children with cross-infections, and was resource-intensive for the health facilities. The community management of acute malnutrition (CMAM)

approach, which incorporates components of community outreach, outpatient management of SAM (without complications), inpatient management of SAM (with complications), and services or programs to manage moderate acute malnutrition (MAM) with supplementary feeding, was first piloted in humanitarian emergencies in 2000. Because of its success, it was endorsed by the United Nations (UN) in 2007, and has become the standard of care for acute malnutrition in emergencies, as well as in development contexts, where it is now incorporated into many national health strategies.

Increasingly, however, unconditional and unrestricted cash transfers, and conditional cash transfers[2] (CALP n.d.), have each gained traction as part of social protection strategies and programs in non-emergency contexts. Conditional[3] cash transfers targeted to poor households have notably been successful in redistributing income to poor households and reducing poverty, assisting with increasing school participation, and improving health and nutrition service use among mothers and children (Loeser et al. 2021). The UNICEF Innocenti Transfer Project (Tirivayi et al. 2021) summarized key findings of impacts from multiple cash transfer projects in sub-Saharan Africa; positive impacts for children included improved material well-being, increased secondary school enrollment, and increased spending on school. The findings also indicated less-consistent impacts on anthropometry, morbidity, and health-seeking practices. At the household level, the project noted, the positive impacts were improved food security, dietary diversity and consumption, improved resilience, and an increase in household assets and production (Tirivayi et al. 2021).

While cash transfers have been around for many years as part of social protection systems in non-emergency contexts, cash transfers were still considered on the "fringe" of humanitarian assistance as recently as 15 years ago (Peachey 2021). Since then, the global volume of cash and voucher assistance (CVA) as a share of humanitarian assistance has grown, from USD 2 billion in 2015 to USD 6.7 billion in 2021 (CALP Network 2020; Urquhart et al. 2022). CVA, as a percentage of humanitarian assistance, increased from 8 percent to 19 percent during the same period, with 71 percent of the assistance being cash and 29 percent vouchers,[4] and the majority of the CVA funding coming from UN agencies (61 percent in 2021) (Urquhart et al. 2022).

The use of CVA during humanitarian crises to address nutrition outcomes has been more limited. However, it has been of interest because there is limited production capacity globally for the production of fortified food supplements, and many prevention programs in development contexts exhaust the existing global production capacity for producing fortified blended foods (FBF) or lipid-based nutrient supplements (LNS)—capacity that could otherwise be used for the production of ready-to-use therapeutic and supplementary foods to treat acute malnutrition. Additionally, using imported FBF that are not available in local markets creates a vacuum in caregiver autonomy because caregivers become dependent on these products but then cannot access them later, when a response ends.

Recognizing that the use of CVA for nutrition was more limited, which was likely attributable to the lack of evidence and operational guidance for implementation, the Global Nutrition Cluster developed the comprehensive *Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies*. A review of the evidence showed that CVA impacts the indirect and underlying determinants of malnutrition primarily through three mechanisms, as shown in Box 1. The guidance note

2 Cash transfers (also referred to as cash assistance or cash grants) describes assistance provided in the form of money—either physical currency or e-cash*—to recipients (individuals, households, or communities).
3 Conditionality refers to prerequisite activities or obligations that a recipient must fulfill to receive assistance. Conditions can be used with any kind of transfer (cash, vouchers, in-kind, service delivery). Cash for work/assets/training are all forms of conditional transfer. Unconditional transfers are provided without the recipient having to do anything to receive the assistance.
4 Voucher: A paper voucher or e-voucher that can be exchanged for a set value, quantity and/or type of goods or services, denominated either as a currency value (e.g., $15), a predetermined range of commodities (e.g., fruits and vegetables) or specific services (e.g., a medical treatment), or a combination of value and commodities.

also clarified that to better address nutrition determinants, CVA is more effective if combined with other nutrition-specific or -sensitive interventions, known as CVA+[5] approaches.

Additionally, the global guidance note identifies five main approaches for integrating CVA into nutrition responses (Global Nutrition Cluster 2020):

- using CVA for household assistance and/or individual feeding assistance, with possibility for combination of the two
- combining household CVA with social and behavior change (SBC) interventions, where CVA modalities that aim to contribute to nutrition outcomes need to be accompanied by context-specific SBC interventions
- provision of conditional cash transfers as an incentive to attend priority health services, with the intent to improve service uptake
- cash or vouchers to facilitate the access to treatment of malnutrition, where CVA can be effective at addressing indirect costs of treatment, such as transport or accommodation
- provision of household cash or vouchers as part of SAM treatment, where there may be potential to improve recovery and reduce defaulting and non-response.

Box 1. The Three Mechanisms by Which Cash and Voucher Assistance Can Impact the Indirect and Underlying Determinants of Malnutrition

- Improving the ability of households to purchase goods or services linked to positive nutrition outcomes (nutritious foods, medicine, health services, safe water, and hygiene products) by addressing financial barriers
- Increasing household income and reducing financial burdens, which improves women's agency, time for caregiving, and caregiver psychosocial well-being
- Ensuring conditional attendance to preventive health services and participation in social and behavior change activities, which addresses cultural barriers and promotes uptake of preventive health services

Source: *Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies in 2020.*

Cash assistance, in particular, in humanitarian contexts is based on the MEB which, within countries, is based on recommendations from the humanitarian cash working group that operates in that country. The MEB is "an operational tool to identify and quantify, in a particular context and for a specific moment in time, the average cost of the regular or seasonal basic/essential needs of a household that can be covered through the local market" (Baizan and Klein 2019). As indicated by CaLP, it has recently become a tool used in humanitarian situations to quantify a "monetary threshold" for a household's basic needs (food, shelter, health care, etc.) in delivering CVA. In the context of a humanitarian situation, the MEB can be used to inform calculations of cash transfer amounts, but it can also contribute to vulnerability analyses and provide a common reference point for monitoring impact against needs (Baizan and Klein 2019). Determining the MEB is also context-dependent. In cases where countries have established national poverty lines and social protection programs that specify how much is needed for vulnerable individuals and households to meet essential needs, these criteria and benchmarks may be used to determine the MEB (WFP 2020b). There may be a national MEB already calculated, or a threshold cash transfer value already set, which host governments use for social protection programs and/or humanitarian assistance. The goal is to have one established MEB to guide cash transfer amounts, reassessed periodically against food prices and inflation. Having one established

5 (+) refers to complementary programming or activities that are in addition to cash and/or vouchers.

MEB is widely considered important to ensure equity in cash transfers across beneficiaries and programs and minimize conflict and perverse incentives where one household receives more than others.

Importantly, the MEB is based on a basic or essential needs framework, and often the cash transfer amounts derived from the MEB may not take into account the nutrition needs of vulnerable groups, both for diet adequacy and for access to nutrition services. Indeed, the WFP notes the discrepancy between the MEB and how it is calculated and the Fill the Nutrient Gap analyses, which uses the Cost of Diet tool to determine the cost of a nutritious diet (WFP 2020a). Additionally, the need for families to access treatment services, or for families to be supported when they have to be away from home to support a child enrolled for in-patient treatment, is unique and not relevant to all households, so may not be included in the MEB calculations. While there may be some contexts where the MEB is adequate to provide a nutritious diet, in the vast majority of cases this is not the case, particularly for nutritionally vulnerable individuals; the MEB is often out of step with actual needs, both basic needs and nutritional needs.

There are also two types of MEB: a food MEB and a basic needs MEB, which should include other costs too. In some countries this can include a "nutrition" cost line item, but often this amount allocated to nutrition is low and there is little clarity on how it is calculated. Additional challenges are that the MEB may be reassessed only periodically and may be out of step with current prices, and that humanitarian actors may use the MEB to "fix" the cash transfer amount, though the MEB is intended to be used more so as a general guide to establish cash transfer amounts rather than to set a specific monetary value. Last, because the MEB is determined by host country governments in collaboration with humanitarian actors, set against prevailing national MEBs or social safety net transfers, or is established by the humanitarian cash working group in a given country, the MEB is also used to establish the upper limit for total cash transfer amounts, limiting the maximum transfer allowable to households or individuals. The implication is that all transfers, unconditional or conditional, have to fit within the upper limit established by the MEB. Ultimately, this constraint may limit targeted CVA transfers for nutrition.

Another important feature of cash transfers in both emergency and non-emergency contexts is that they are often designed as household-level transfers and not individual-level transfers. In general, household-level transfers do not take into account the gendered intra-household allocation of resources, or the dynamic and changing household structure that is typical in emergency contexts. This introduces a number of issues. First, data from emergency contexts consistently indicate that the proportion of female-headed households increases and is over-represented in emergencies (UN Women 2017). For example, female-headed households in Yemen increased to 30 percent during the current crisis compared to pre-crisis, when only 9 percent of households were female-headed (CARE 2018); in South Sudan, 60 percent of households are female-headed (USAID Advancing Nutrition 2022). Second, household-level transfers do not adequately account for polygamous households or multi-generational households. Yet these variations are important to consider in the context of cash transfers as they have a direct bearing on how cash resources are allocated and what they are used for within a household.

Cash transfers in the context of emergencies and non-emergencies have typically been guided by Engel's law, which states that as income increases, the share spent on food decreases (De Vreyer et al. 2020; Schady and Rosero 2008). However, several studies have shown that this does not always hold true. More recent data from cash transfers targeted to women in households indicate that women's preferences, consumption behaviors and patterns, and bargaining power within a household may all vary relative to when men are the recipients of cash transfers (Fizbein et al. 2009). Data analysis from Mexico (Attanasio and Lechene 2010), from the non-emergency PROGRESA social safety net program that targets cash transfers to women from poor rural households, showed that when household income increased due to the cash transfers, the share spent on food remained the same or increased, which increased total consumption and shifted Engel's curve. Importantly, Engel's law is premised on the unitary household model that assumes households pool all resources and that the pooled resources are

shared equally among household members and, as such, that households are homogeneous. Recent analysis of data from Senegal (De Vreyer et al. 2020) shows, however, that there is significant bias in standard household-level Engel curve estimates, and that the main bias is due both to differing spending behavior by different members of a household and to intra-household inequality.

Taken together, recent data make clear that, there is inherent complexity in programming cash transfers for improved nutrition given the current framework within which cash transfers are designed.

Background

In 2020, USAID's Offices for Foreign Disaster Assistance (OFDA) and Food for Peace merged into one entity, the Bureau for Humanitarian Assistance (BHA), to streamline humanitarian response. As part of this process, BHA developed the Emergency Application Guidelines (EAG) (USAID 2022) to outline proposal application requirements for emergency implementing partners (IPs) applying for funding for emergencies. Within the EAG, a new nutrition subsector was included, known as Supplemental Nutrition Assistance (SNA). The SNA subsector is defined as "the provision of cash, vouchers, or in-kind distributions targeted to specific vulnerable groups who need additional support in order to access an adequate, diverse diet." These programs generally target the most nutritionally vulnerable populations, such as pregnant and lactating women (PLW) and children 6–59 months, or under five. PLW, adolescent girls, and children under age five have greater nutritional needs relative to other age groups and in humanitarian contexts are at high risk of becoming malnourished. Malnourished children in particular have a greater risk of morbidity and mortality.

SNA, while not a term commonly used by the global nutrition community, refers to supplemental funding that emergency implementing partners can apply for in addition to funding from other sectors in the EAG (food assistance, multipurpose cash, etc.) and is intended for targeted transfers to nutritionally vulnerable individuals or groups within a target population that aim to protect and promote their nutritional status. These transfers can include:

- blanket supplementary feeding (BSFP) or any blanket in-kind transfer of a specialized nutritious product to nutritionally vulnerable individuals
- cash/voucher/in-kind on top of already programmed household food assistance
- an additional transfer specifically targeted to nutritionally vulnerable individuals.

SNA, however, **does not** include treatment of wasting or the prevention of stunting; food assistance (cash/voucher/in-kind) targeted at the household level with (or without) nutritionally vulnerable individuals; distribution of multiple micronutrient or iron–folic acid supplements distribution, or a protection ration, as emergency IPs can apply for separate funding for these through different sectors in the EAG.

As part of the process of establishing the SNA subsector, the Modality Decision Tool (MDT) Nutrition Addendum was developed to assist emergency implementing partners in applying a nutrition lens to the choice of transfer modality and to enhance intervention design (USAID 2021). BHA recognized during the consultative process for developing the MDT Nutrition Addendum with emergency IPs that there was a need for more information on best practices and learnings on CVA+ programs and how partners defined and utilized SNA programs that influenced nutrition outcomes. This SNA subsector review aims to close this gap in information and centers on lessons learned and potential innovations by IPs, with a focus on targeting nutritionally vulnerable segments of a population. Additional CVA approaches linked to the treatment of acute malnutrition that do not fall explicitly under SNA are not included in this review, such as food assistance or MPCA cash transfers. Blanket supplementary feeding programs that target PLW and children under age five are also not included, as these are predominantly in-kind food assistance programs.

This review was completed in stages, and each stage informed the next. These stages included stakeholder KIIs with global experts, a global mapping survey to identify where CVA+ programs with nutrition were being implemented, and subsequent identification of four case examples for further study across five countries.

Figure 1. Stages of the SNA Subsector Review

Purpose and Objectives

To identify and document case examples of programs in different countries and contexts that use cash, vouchers, or in-kind food assistance with nutrition activities to understand why and how these programs are implemented, and what innovations may exist to inform and support BHA's supplemental nutrition assistance subsector programming.

2. Methodology

2.1. Methods of Data Collection

This review used a multi-stage process to identify and document the case examples: 1) stakeholder consultations and KIIs with global experts; 2) global program mapping survey of programs to identify those that implement CVA+ nutrition programs; and 3) review of case example program documentation and KIIs with program staff. At each stage, qualitative data collection methods were used, primarily KIIs with different types of informants.

2.2 Stakeholder Consultations and Key Informant Interviews

Twenty-four KIIs were conducted in three stages between August 2021 and May 2022 (Table 1). An iterative process was used to conduct these KIIs to understand the types of emergencies within which CVA+ programs are being implemented, and to help frame and refine the questions for the mapping survey instrument and ensure the survey was fit for purpose. The KIIs also sought to understand these experts' perspectives on the evolution of CVA+ nutrition approaches, innovations, successes and gaps with CVA modalities and outcomes, common complementary programming aspects, tools for assessing humanitarian contexts, and design challenges The KIs included global specialists in CVA and nutrition,[6] including experts from the Global Nutrition Cluster (GNC), the GNC cash sub-working group, the United Nations Children's Fund (UNICEF), Save the Children/US (SCUS), Save the Children/UK (SCUK), CaLP, World Vision International (WVI), and WFP, Action Contre la Faim (ACF), CashCap, and the British Red Cross.

Table 1. Number of Key Informant Interviews Completed at Each Stage

Time Period	Number of Key Informant Interviews
August 2021	9
February 2022	7
May 2022	8
Total	24

2.3 Global Program Mapping Survey and Survey Instrument Design

Information and feedback obtained through the KIIs were used to develop a survey instrument in Google Forms for the global program mapping survey. The CaLP website dictionary was consulted to identify and standardize key terms. The survey gathered information on current and recent CVA+ and blanket supplementary feeding programs implemented in humanitarian settings since 2019. The survey categories included are shown in Box 2. The purpose of the global program mapping was to understand what CVA+ programs were being implemented and in which countries and regions, what their objectives were, if they had any programmatic innovations, whether they included any complementary nutrition activities, and if so, what their targeting criteria were. The online survey was sent out in Arabic, English, French, and Spanish in April 2022. It was distributed widely through various fora, such as the Global Nutrition Cluster, CaLP working groups,

6 Aug 2021: GNC (3), SC (2), CaLP (2), WVI (1), WFP (1); Feb 2022: Unicef (1), SC (1), GNC (2), Consultant (1), WFP (1); May 2022: ACF (1), BRC (1), FCDO (1), UNICEF (2), SC (1)

and emailed through donors, stakeholders, and nongovernmental organization (NGO) partner networks. The targeted survey respondents were program managers, nutrition specialists, or CVA specialists, with direct knowledge of their program. We included all CVA programs with a nutrition component or in-kind food assistance[7] that had a nutrition objective and/or complementary nutrition activities. Questions were primarily multiple choice, with some questions having the option for multiple responses. Participation in the online survey was voluntary for the survey respondents.

The information obtained through the survey enabled BHA to review and select which programs to focus on as case examples, noting that programs other than blanket supplementary feeding programs were considered for case example selection. In collaboration with BHA, USAID Advancing Nutrition considered programs with varying humanitarian contexts, including

- rapid onset
- protracted/complex crises
- cyclical emergencies (e.g., severe hunger season)
- internally displaced populations and/or refugees living in camp settings (excluding transitory populations).

Box 2. Global Program Mapping Survey Categories

1. Types of implementing partners and donors
2. Countries and regions where programs are implemented
3. Types of emergencies in which these programs are implemented
4. Target populations
5. Program modality
   - Conditionalities
   - Fresh food vouchers
   - Cash transfer delivery mechanism
   - Voucher delivery mechanism
   - Seasonality
   - Top-ups
6. Complementary sectors
   - Complementary nutrition activities
7. Program objectives
8. Criteria for targeting interventions
   - Criteria for targeting interventions for complementary nutrition activities
9. Programmatic Innovations

2.4 Country Program Case Examples

USAID BHA determined which program case examples to select based on the findings of the program mapping survey. Selection criteria for programs to be included as case examples, shown in Box 3, sought to focus on programs perceived to be innovative, or that had unique features with regard to nutrition programming. Based on these criteria, USAID Advancing Nutrition identified four programs in five countries: PROGRESS, implemented by ACF Spain, in Burkina Faso, Mali, and Niger; and VenEsperanza, implemented by a consortium led by Save the Children in Colombia; SOMSHARP, implemented by Care and Cash for Improved Nutrition implemented by Concern Worldwide, both in Somalia. USAID Advancing Nutrition engaged five local consultants, one for each country, to support us with in-country data collection. Primary data collection used qualitative methods in each country, with KIIs and observations, where feasible, being the main methods of data collection.

The consultants were oriented on the overall purpose and objectives of the case examples, obtaining local program and country documents for review, and on the four KII guides, three for various program staff (involved in design, implementation, and monitoring), and one for non-program stakeholders (government officers, cluster coordinators, etc.). USAID Advancing Nutrition contacted each of the selected programs to orient and inform them of this activity and obtain their consent to proceed with data collection in each of their programs. For each case example, consultants collected program and country documents of relevance to the CVA+ nutrition programming being studied, and they used

7 In the global mapping there were only 6 respondents that reported in-kind food assistance.

purposive, convenience, and snowball sampling to identify and conduct KIIs. The KIs included program staff with different responsibilities in the program. They included field and headquarters staff involved in different phases of the program, such as program design, implementation, and monitoring. KIIs were also conducted with government stakeholders, cluster coordination staff, and other relevant stakeholders involved in some aspect of the programs. Table 2 breaks down the number of interviews conducted by country and program.

Box 3. Selection Criteria for Country Case Examples

- Implementing partner available, supportive of engaging in this work, and willing to share relevant program information
- Currently implementing emergency programming in protracted or complex emergency contexts or cyclical emergency contexts
- Currently implementing emergency programming with an award continuing into FY2022 (preferably into FY22 Q3)
- Geographic diversity
- Diversity of programming types across case examples (cash plus nutrition, food security cash plus nutrition gap/top-up, voucher for dietary diversity, etc.)
- Diversity of contexts across case examples (based on different types of emergency contexts)
- Programming must be considered an SNA activity
- Programming objectives include prevention of malnutrition (or protect/promote nutrition) but resource transfers not directly used for treatment of malnutrition (linkage to referral for treatment would not exclude from consideration)
- Programming must have nutrition outcome or link to nutrition programming (e.g., MIYCN-E)
- Being able to access field sites was a consideration in selecting the programs and countries

Table 2. Key Informant Interviews Conducted in Each Country and Program

Country	Program	Number of Key Informant interviews with Program Staff	Number of Key Informant Interviews with Non-Program Stakeholders	Total Number of Key Informant Interviews by Country
Burkina Faso	PROGRESS, ACF Spain	15	4	19
Mali	PROGRESS, ACF Spain	12	7	19
Niger	PROGRESS, ACF Spain	14	0	14
Colombia	VenEsperanza, Save the Children International	14	5	19
Somalia	SOMSHARP, CARE	15	4	19
Somalia	Care and Cash for Improved Nutrition, Concern Worldwide	12	1	13
Total interviews		82	21	103

The main themes included in the KII guides for the different types of informants are shown in Box 4. The consultant in each country sought verbal informed consent to conduct and audio record the interviews. The audio recordings were uploaded to a secure Google Drive folder, and USAID Advancing Nutrition used an external transcription service (GoTranscripts.com) to have the audio recordings transcribed and shared back with the consultants for data analysis.

Box 4. Country Program Case Example KII Guide Themes

Program Staff Guide Themes
- Context and Background
- Implementation
- Results
- Opportunities, Lessons Learned, and Innovations

Non-Program Stakeholders (Government, Cluster Coordinators, and Partners)
- Communication and Coordination
- Key Program Successes, Challenges, and Innovations

The qualitative data analysis was completed for each country program by each of the respective consultants, with the exception of data from Somalia. The consultants triangulated their notes with the transcripts from the audio recordings, then coded and analyzed their respective data sets. The consultants also triangulated their KII findings with program and country documentation they had gathered and reviewed. USAID Advancing Nutrition staff carried out the coding and analysis for the two programs in Somalia. The key themes for the data analysis focused on the country program, context, and background information on the program; what factors (how and why) and considerations influenced the program design, how the program was implemented and if there were any adaptations; program monitoring and results; opportunities, lessons learned, and innovations; and characteristics of collaboration and coordination.

2.5 Methodological Limitations

Quantitative and qualitative methods were used to collect data. Quantitative methods were used for the global mapping survey, and respondents self-selected to complete the survey. For this reason, the variety of programs available from which to select case examples was limited, and the findings in this report are not representative. Additionally, virtually none of the projects were implementing Supplemental Nutrition Assistance as defined in BHA's Emergency Application Guidelines. However, the combination of methods used and the KIIs conducted at global and country level allowed us to triangulate data and find common themes and patterns. The data collected for each country case example were largely intended to provide us with information about the programs being implemented in different country contexts. The case example analysis relied on triangulating information between program documents, relevant national documents, and KIIs. Here, too, the findings are not representative within a country, but shed light on key issues and themes of relevance for CVA and nutrition programming based on the experience of the respective programs.

3. Findings

This section presents the findings in three subsections that follow the three stages, beginning with the findings from stakeholder KIIs, to present the perspective and views of key experts in CVA plus programming, followed by the results of the global program mapping survey, and finally by the case example findings by country. The case examples explore how programs were designed and what influenced the design, how they were implemented and adapted, and whether there were any noteworthy innovations.

3.1 Stakeholder Key Informant Perspectives

USAID Advancing Nutrition conducted stakeholder KIIs iteratively and in stages. At each stage the purpose and focus of these interviews differed slightly. For the first and second round of stakeholder interviews, completed in August 2021 and February 2022, given that CVA is a relatively new area of programming in humanitarian contexts, we focused on understanding the common program aspects and nomenclature for CVA+ programming, recognizing that different cadres of professionals are involved in CVA+ programming—for example, nutritionists and CVA specialists, who use different terminologies and have different views and perspectives. The KIIs completed in August 2021 and February 2022 provided insights on CVA+ modalities, types of vouchers and how they are distributed, and how situation analysis, vulnerability targeting, and conditionalities are determined. This information also helped us develop appropriate survey questions using the appropriate terms and terminology, and helped identify which groups to include and how to disseminate the survey. The process helped us identify and then categorize what information we could obtain quantitatively from a survey, and what additional qualitative information we may need to gain a deeper understanding of CVA+ nutrition programming. This led to the third and final stage of KIIs, completed in May 2022, the findings of which are presented below, along with a few key perspectives gained from the August 2021 interviews. This round of interviews gave us global-level insights into various aspects of CVA+ programming, such as the different modalities and conditionalities related to CVA+; key elements and tools used for the program design process; monitoring and research gaps; coordination between the cash and nutrition sectors; links with social protection programs; and key challenges and constraints with CVA+ programming. Key findings are organized below.

3.1.1 Food Assistance Modalities, Conditionalities, and Social Protection

Food Assistance Modalities, Conditionalities, and Social Protection
Food Assistance Modalities
• There was consensus among KIs that programs have increasingly moved away from in-kind food assistance and toward CVA modalities for nutrition outcomes over the past few years. Despite the shift toward CVA, one KI felt that there is still some preference for in-kind food assistance, even in contexts where it is very clear that CVA modalities could be used. KIs noted a general perception among nutrition practitioners that "cash needs to prove itself." While nutritionists were aware of the evidence for the impact of CVA modalities on food security outcomes, they perceived that the evidence for the impact of CVA modalities on nutrition outcomes is insufficient and less convincing. • CVA modalities are not a panacea, but only part of a package of interventions needed to achieve nutrition outcomes. KIs noted that cash programming, without SBC activities included, or without a comprehensive package of interventions underpinned by a solid analysis of the drivers of malnutrition, will likely not improve nutrition outcomes. • Community preference regarding modalities is context-specific, and as the delivery modality shifts to electronic transfers there are fewer opportunities for in-person interaction with beneficiaries in the context of SBC interventions.

- Funding is difficult to access for CVA and nutrition programs, and tends to be more focused on treatment instead of prevention, even though it is felt the latter is less costly.
- There are concerns that some donors do not fully understand nutrition; that they do not recognize or understand the value of infant and young child feeding (IYCF) or SBC, and that these programs are quickly dropped in favor of food assistance, or other needs that are perceived as more critical. Some KIs also reported a shift in donor interest toward protection and heath programming in recent years.

Conditionalities

- KIs from international NGOs noted that, in the last four years, research has increasingly shown that conditions and restrictions on transfers are not useful for nutrition outcomes. Increasingly, these organizations ask their teams to demonstrate that conditions are really necessary to strongly justify the use of conditionalities, and not simply to provide reassurance to their organizations, donors, or the government.
- The lack of evidence on the benefits of using conditionalities, combined with the operational challenges of implementing conditionalities, and the ethical concerns with imposing conditionalities in under-resourced humanitarian contexts, are some of the underlying reasons unconditional and unrestricted transfers are preferred.
- Although most KIs noted that unrestricted cash is becoming the preferred modality, many noted that for specific outcomes, vouchers can still be used, such as for access to health center services, or to good-quality medicines.
- Regarding conditional transfers, several KIs perceived that there is insufficient evidence to support conditionalities in emergencies, given ethical concerns related to immediate humanitarian needs in these crises. In general, conditional and/or restricted transfers seem to be preferred when sectoral outcomes are sought.
- Conditionalities and restrictions may also exclude the most vulnerable beneficiaries if they are not able to meet the conditions required for access or restrictions on transfer use.

Social Protection

- Links between social protection and nutrition are becoming more common in both development and humanitarian contexts; written guidance exists, but there are few operational examples. There is no systematic linkage between MPCA and longer-term social protection. KIs noted the shift to aligning with government social protection programs and recognizing the value and efficiencies of using preexisting systems. However, a major cultural and organizational shift is needed to address ongoing crises such as in the Horn of Africa, where high rates of malnutrition persist despite intense, coordinated efforts. KIs noted that there is no blueprint or "one size fits all," and that entry points will be different in the different contexts. Nevertheless, there is recognition that the nutrition sector needs to better articulate links with other sectors and advocate for nutrition as essential.
- Most KIs noted that success is seen most effectively where social protection programs are already in place, and can be used for channeling funding for nutrition.
- There are benefits, challenges, and constraints in aligning with government social protection systems to mitigate against the creation of any perverse incentives for beneficiaries. Key challenges are determining how to calculate the size of the CVA transfer, aligning the size of transfers, quality, timeliness, and capacity of the government to expand. Transfer values can be inadequate, due to changes in market prices or contextual factors and spending priorities. Sometimes there is pressure to lower the value of the MEB when needs are higher.

3.1.2 Context Analysis, Program Design and Implementation, Monitoring, and Evaluation

Context Analysis, Program Design and Implementation, Monitoring and Evaluation
Context Analysis

• There is consensus that situation analyses and malnutrition causal analyses are insufficient and that the barriers people face to have good nutritional outcomes are often not thoroughly considered.
• There is a concern that nutrition outcomes are not well understood and that CVA is seen as a "silver bullet" to tackle complex issues.
• There are research gaps related to
  ○ Lack of understanding of the features of CVA programming, such as frequency and duration of cash assistance
  ○ The overall success of different packages of assistance
  ○ The contribution of sensitization/SBC sessions
  ○ The use of different transfer mechanisms and the impact on nutrition outcomes

Program Design and Implementation
• Program design challenges identified by the KIs included how to balance meeting basic needs and coverage (more people with less, or less people with more) when factoring in the expected duration of the emergency; the number and the size of transfers needed; and determining a methodology for calculating transfer amounts. Where KIs mentioned that in-country service systems are required for interventions, they also noted that delivery mechanisms for cash/voucher can be a challenge, particularly in terms of accessibility for beneficiaries. The merging of the cash sector with nutrition and other sectors also introduced some challenges, such as different types and systems for beneficiary registries, as well as differing monitoring systems. • Program design is based on the local conditions or context, such as the presence of functional and accessible markets, and the functionality of service systems in countries. Donor requirements, funding levels, directives from governments or donors, and the availability of required commodities can all have influence. • Most CVA programs also include other types of sectoral interventions, such as health, nutrition, water, sanitation, and hygiene (WASH), and/or SBC and there is good overall collaboration between CVA and these sectors. Coordination between different sectors, however, to ensure that one person can have access to different services, remains a challenge. • SBC sessions are often tagged onto cash distribution days; however, electronic cash transfers limit opportunities to interact and communicate with beneficiaries about nutrition. Some perceived these SBC sessions as shallow and not adequately embedded at the community level.
Monitoring and Evaluation

• Difficult to show the impact of CVA on nutrition outcomes, compared to food security. The intended outcomes of the CVA/voucher programs for nutrition identified varied, but generally fell within one of the following categories:
  ○ Addressing household food insecurity and covering a portion of a nutritious food basket
  ○ Mitigating an adverse impact (such as "return and rebuild")
  ○ Providing longer-term safety net assistance to cover household needs and improve dietary diversity.
  However, these outcomes only partially align with the five uses of cash and vouchers for nutrition.
• Nutrition indicators are not understood and are feared to be too technical and underutilized. KIs recommended simplifying the use of indicators and pushing for the minimum dietary diversity score as a

core indicator as opposed to the food consumption score, and engaging monitoring, evaluation, and learning (MEAL) teams to provide support. At the same time, they noted the need to go beyond measuring acute malnutrition to consider other nutrition measures.

- KIs also noted that there was minimal engagement of nutrition actors in setting indicators during the Grand Bargain process. It was noted that it is difficult to find the expertise to use the indicators and time-consuming to collect the data. As a result, more often than not, proxy indicators, such as minimum acceptable diet, are used.

3.1.3 Challenges and Constraints

Challenges and Constraints

Key challenges include:

- Difficulties in securing funding for nutrition with CVA, ensuring successful integration of nutrition interventions, lack of knowledge and capacity around CVA and nutrition, lack of opportunities and spaces for nutrition and cash actors to interact, and a need for nutrition advisers to be included in the food security and livelihood clusters and cash working groups.
- However, there has been an effort to include nutrition advisors in food security and livelihood clusters. There has also been an effort to create an evidence base, and provide materials, and checklists on cash programming for nutrition cluster coordinators so that they are able to encourage cash programs. But since the advent of MPCA, nutrition is not really the priority—there is a tendency to forget nutrition outcomes as the focus shifts to cash programming.
- Establishing nutrition-sensitive transfer amounts with current methodologies (MEB, CoD)
- The use of conditionalities/restrictions related to whether this: excludes more vulnerable households and individuals; needs to be aligned with national programs that have conditionalities and restrictions; conflicts with unconditional/unrestricted approaches that are working well, given there is less evidence that these conditionalities and restrictions work or are suitable in humanitarian contexts.
- Monitoring and measuring the impact of CVA programs on nutritional outcomes given nutrition outcomes are slow to change and slow to show results, a particular challenge with short-term humanitarian funding.

3.2 Global Program Mapping Survey

3.2.1 Program Characteristics, Population Demographics, and Objectives of SNA Outcomes in Emergency Contexts

Key Findings

- Most survey respondents were implementing partners from international NGOs, with most funded by USAID or the UN.
- Most reported that they largely served rural populations: IDP, refugees, or settled populations.
- Among survey respondents, most reported improved household food security and nutritional status of PLW and/or children as their overall program objective.
- The most common targeting criterion used for complementary nutrition activities was food-insecure households, followed by households with PLW and with children under five.
- Overall, the majority of program respondents used cash transfers as the modality for their CVA programs, followed by vouchers, and in-kind food distribution.
- The resource transfers were predominantly unconditional; conditional transfers were less common.

Box 7. Overview of Objectives Specific to MPCA/CVA for Nutrition and/or Food Assistance

- Improve food security of households, utilization of health and nutrition services
- Improve the nutrition status of PLW and/or children
- Improve the dietary diversity of women and children
- Improve recovery from acute malnutrition
- Cover basic survival needs and reduce use of negative coping strategies

Here we present the findings from the global program mapping survey, which was used to select the in-country case examples, see Section 3.3. Survey responses were multiple choice, typically with the option for multiple responses per question; the exception was a question on whether the respondent felt that there was a particular innovation associated with the program, which called for an open-ended response. USAID Advancing Nutrition obtained 48 responses,[8] with 47 providing sufficient program details for consideration, and one incomplete response. Table 3 (in Annex 2) presents general program characteristics, including the types of IPs, donors, regions, the number of countries from which we received responses, types of crises the implementing partners were responding to, population characteristics, and populations targeted by the IPs responding to the survey. Table 4 (in Annex 3) presents program modalities and complementary nutrition activities. The complete responses represented 29 programs across 14 different African countries (some programs across multiple countries); 8 programs in 6 Asian countries; 6 programs in 2 Middle Eastern countries; and 2 programs in 2 Latin American countries. The type of humanitarian context reported most was protracted crisis (21 responses), followed by slow-onset (17 responses), and then rapid-onset (13 responses), with a stipulation that more than one response per program was possible. The cash delivery mechanism reported most was mobile delivery (25 programs), followed next by cash-in-hand (13 programs). Most survey respondents were implementing partners from international NGOs, with more than half (about 54 percent) funded by USAID or the UN. The survey respondents reported that they largely served rural populations, consisting of internally displaced persons (IDP), refugees, or settled populations.

The objectives of the programs were reported, both for the overall program and specifically for the MPCA/CVA component of the program. Most programs reported improved household food security and nutritional status of PLW and/or children as their overall program objectives, with slightly less than half reporting improved dietary diversity of women and/or children, covering basic survival needs to reduce negative coping strategies; less than a third reported improving care and feeding practices of PLW and/or children. Specific objectives related to MPCA/CVA for nutrition or food assistance (Box 7) focused primarily on improved household food security, followed by improved dietary diversity of children and women, and then improved nutritional status of PLW and children.

Box 8 presents the targeting criteria for complementary nutrition activities. The most common criterion used was households with children under five, followed by PLW and then food-insecure households., followed by households with PLW and with children under five.

Summary of Key Findings on CVA, In-Kind and Mixed Modality Approaches for SNA Outcomes

The survey included questions on the types of modalities, or forms of assistance, that were used for the CVA programming, along with various aspects of the modalities, such as conditionalities, delivery mechanisms, whether a fresh-food voucher was used, or other forms of vouchers were used. Here, we review the types of modalities and characteristics of these for the reporting programs.

Overall, the majority of programs used cash transfers as the modality for their CVA programs, followed

8 The online mapping survey was sent to 10 networks and listservs and nearly 60 individuals from different organizations that work in CVA+ programming.

by vouchers, and then in-kind food distribution. In terms of donor, this pattern was discernible for USAID-funded programs. UN-funded programs also predominantly used cash transfers, but in-kind food distribution and vouchers were widely prevalent, likely driven by in-kind food assistance provided by WFP; the EU/ECHO programs were similar to the UN programs. The resource transfers were predominantly unconditional and unrestricted; conditional transfers were less common. Delivery mechanisms for transfers were primarily for mobile money transfers, physical currency, and bank or post office payments, with mobile money transfers being the most common mechanism.

Box 8. Targeting Criteria for Complementary Nutrition Activities

- Food-insecure households
- Households with adolescent girls, women of reproductive age, PLW, children under five, or persons with disabilities and/or HIV
- Female-headed households, child-headed households
- Households with a high dependency ratio
- Households below a specific income threshold
- Households with malnourished children

Respondents were asked what complementary sectors were included in their programs, with the option of multiple responses. Nutrition was mentioned most frequently, followed by food assistance, livelihoods/resilience, health, agriculture, WASH, child protection, and education. A few survey respondents shared their perspectives on any innovations in their programs; these are shown in Box 9.

Box 9. Highlights of Innovative Approaches Shared by Survey Respondents

- Nutrition-friendly graduation approach
- Use of digital mHealth tools for SBC on IYCF
- Beneficiaries benefiting from multi-sectoral activities (health, nutrition, WASH, etc.)
- Inclusive, community-driven targeting approaches

3.3 Case Examples

This section presents the findings from the case examples from the four projects under study: PROGRESS, implemented by ACF Spain, in Burkina Faso, Mali, and Niger; VenEsperanza, implemented by a consortium led by Save the Children in Colombia; and SOMSHARP, implemented by Care and Cash for Improved Nutrition implemented by Concern Worldwide, both in Somalia. This section presents key findings from each case example; As noted earlier, USAID BHA determined which program case examples to select based on the findings of the program mapping survey. Selection criteria for programs to be included as case examples, shown in Box 3, sought to focus on programs perceived to be innovative, or that had unique features with regard to nutrition programming. These included criteria such as programs currently implementing emergency programming, diversity of emergency contexts, programming types (cash plus nutrition, food security cash plus nutrition gap/top-up, vouchers for dietary diversity, etc.), and geographic diversity. The findings for each case example are based on triangulating program documents, relevant country-specific literature, and KIIs with program staff and non-program stakeholders in each country.

3.3.1 Case Example: VenEsperanza in Colombia

Program Background and Characteristics: VenEsperanza (VE), Colombia	
Context Analysis	
	The economic and political situation in Venezuela has been deteriorating since 2015, causing hyperinflation, massive unemployment, poverty, food shortages, lack of medicine, loss of access to essential social services and health care, malnutrition, and increased risk of disease. Individuals and families also face threats from political aggression and conflict. These conditions of insecurity and fear have led to an unprecedented emigration of Venezuelans and the movement of Colombian nationals from Venezuela to other Latin American countries, primarily back to Colombia. In 2018, approximately 5,000 people per day were estimated to be crossing the border into Colombia. To date, more than 1.4 million Venezuelans live in Colombia, with approximately 68 percent estimated to have informal migratory status (USAID and Save the Children 2019). These populations, due to lack of documentation, remain near border areas for prolonged periods of time, and resort to negative coping strategies. A joint multi-sectoral assessment in 2017 indicated that 90 percent of interviewed Venezuelans were experiencing food insecurity or were at risk of becoming food insecure, two-thirds were relying on negative coping strategies, and 19 percent relied on emergency strategies to obtain food and meet their basic needs (USAID and Save the Children 2019).
Program dates/duration	*1st Phase:* September 2019 to December 2022 *2nd Phase:* December 2022 to September 2023
Duration	49 months
Funding amount	USD 70,419,721
Donor	USAID/BHA (Legacy OFDA and Food for Peace)
Implementing agency(ies)	VE Consortium: Save the Children Colombia, Mercy Corps, World Vision, International Rescue Committee

Program objective(s)	1st Phase: • To benefit families with high levels of vulnerability, through unconditional and unrestricted cash transfers for multipurpose use • To complement the cash transfers with instruction on adequate nutrition for children under five years of age and PLW • To integrate a protection and gender focus into all activities of the program, to protect human dignity, prevent gender-based violence, and promote with the program recipients the exercise of their rights 2nd Phase (two additional objectives added from Phase 1): • To complement the MPCA with food security instruction that addresses all family members • To complement the MPCA with activities aimed at economically stabilizing the families and improving their livelihoods
Population category	About 70% Venezuelan migrants; the other recipients are returned Colombians and host communities in a situation of vulnerability.
Program type and overall description	• MPCA integrated with complementary services • 100,407 households, between August 2019 and March 2022 • Cash provided monthly for a one-time period of 6 months • Transfer amounts (conversion based on 2022 exchange rates) are USD 49 (1 person), USD 80 (2 persons), USD 108 (3 persons), and USD 132 (4+ persons).
Target beneficiaries	Venezuelan migrants, IDPs, vulnerable host communities
Conditionalities	None; unconditional unrestricted multipurpose cash transfers

Key Findings

- Unconditional and unrestricted MPCA provided for a six-month period to Venezuelan migrants, returned Colombians, and host communities.
- Transfer amount calculated based on Family MEB, in line with the amount established by the government's social protection program; transfer amounts are adjusted, but the overall transfer amount is inadequate to meet nutritional needs.
- Strong preference to design the program with unconditional transfers, as this was perceived as giving beneficiaries a sense of dignity and autonomy and the freedom to decide how to use the cash.
- Complementary nutrition activities included establishing mother support groups; breastfeeding spaces and kangaroo care were implemented in health care centers; nutrition education workshops were given upon enrollment.

3.3.2 PROGRESS Overview: Mali, Burkina Faso, and Niger

Program Overview and Objectives

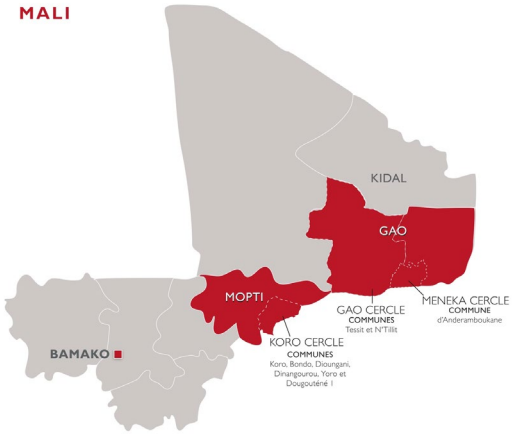
The PROgramme de REsilience et de Cohésion Sociale au Sahel (PROGRESS), is implemented in the cross-border areas between Mali, Niger, and Burkina Faso. These areas face complex security issues and pronounced economic and social vulnerabilities. The agriculture production systems are vulnerable to the effects of climate change, increasing pressure on natural resources, while ongoing border insecurity and conflicts across the areas has led to displacement, disrupting access to basic social services and livelihoods (European Commission n.d.). The PROGRESS project focuses on strengthening resilience and social cohesion to improve the conditions of poor and extremely poor households. The table below provides an overview of the project and its objectives for the three countries. The sections that follow present details for each country-specific example.

Location	Burkina Faso, Mali, and Niger
Program dates/duration	May 2020 to May 2024; 48 months
Funding amount	EUR 27 million
Donor	European Union—Emergency Trust Fund for Africa
Implementing agency(ies)	• Consortium of five international NGOs: ACF–Spain (lead), ACF–France, ACTED, SFCG, and Terre des Hommes (TDH) • National partners: Wu-Pakwe (Burkina Faso), TINTUA (Burkina Faso), Adkoul (Niger), and Tassaght (Mali)
Program overview (Progress Consortium 2020)	• 3 countries, 21 municipalities of intervention • Consortium of 5 international NGOs: ACF–Spain (lead), ACF–France, ACTED, SFCG, and Terre des Hommes • National partners: Wu-Pakwe (Burkina Faso), TINTUA (Burkina Faso), Adkoul (Niger), and Tassaght (Mali) • 48 months: May 2020–May 2024 • Donor: European Union—Trust Fund for Africa • Budget: EUR 27 million
Program objective(s)	
General objective: Improve living conditions, resilience to food and nutrition insecurity and conflict, and social cohesion of vulnerable populations in the most fragile regions of the border areas between Mali, Burkina Faso, and Niger. **Specific objective 1:** Strengthen the livelihoods of agricultural and pastoral populations by sustainably and structurally strengthening resilience to food and nutrition insecurity **Specific objective 2:** Support local communities and institutions in conflict prevention and strengthening social cohesion **Results specific to objective 1:** **Result 1:** 5,145 very poor households with access to social protection **Result 2:** Improved access to basic social services, including access to IYCF; malnutrition detection and management services; health services; WASH services in health centers; and improved good hygiene practices **Result 3:** Preservation and promotion of livelihoods among households, including 5,145 very poor households benefiting from a multi-sectoral package	

3.3.2.1 Case Example: PROGRESS in Mali

Program Background and Characteristics: PROGRESS, Mali

Context Analysis



The humanitarian situation has continued to deteriorate in Mali, resulting in greater food insecurity and malnutrition. The number of acutely food insecure people increased from 263,039 in 2014 to 1,841,067 in 2021 (nearly 600 percent), due to rising prices and poor food production conditions (limited access to fertilizer) (Food Security Cluster Mali 2022). In 2019, Mali had 201,429 internally displaced persons due to conflict, and 74,733 returnees (UNHCR, 2019). Acute malnutrition remains widely prevalent (10–14 percent), and food insecurity is widespread—with integrated phase classifications (IPC) of 3–5 (IPC 2019). This includes an estimated more than 300,000 severely malnourished children in need of urgent and adequate treatment; over 35,000 PLW were also expected to be at risk of acute malnutrition. This severe nutritional situation was the result of a combination of several aggravating factors, primarily poor food quality resulting from inappropriate young child feeding practices, recurrent food insecurity in some areas, high rates of anemia, high prevalence of childhood illnesses (especially malaria, diarrhea, and acute respiratory infections), and the resurgence of measles as an epidemic (IPC 2022a).

Funding amount	EUR 9,077,700 million
Population category	Internally displaced populations, host communities, children
Program type	• Electronic food vouchers; 3 months during lean season for three years, with voucher value of CFA 60,000 • 1,200 beneficiary households • Cash for Work (subset of beneficiary households), approximately CFA 2,000/day worked
Target beneficiaries	Very poor households, determined by HEA (including presence of children under five or PLW)
Conditionalities	Unconditional and unrestricted value voucher for food; Cash for Work

Key Findings

- Electronic unconditional and unrestricted value vouchers for food were provided for three months during the lean season for three years to IDPs and host communities; a cash-for-work program was provided for a subset of beneficiaries.
- Strong preference to design a holistic program that improved living conditions, resilience, and social cohesion as a means to support food security and nutrition.
- Unconditional cash was replaced with unconditional food vouchers due to security concerns; the amount and value of the transfer was in line with a household MEB, as well as the national social protection programs.
- Complementary nutrition activities included Infant Feeding Support Groups, management of acute malnutrition, community nutrition screening, mother-led MUAC, and promotion of good hygiene practices.
- Massive internal population displacements were a key challenge for monitoring nutrition and collecting nutrition data.

3.3.2.2 Case Example: PROGRESS in Burkina Faso

Program Background and Characteristics: PROGRESS, Burkina Faso

Context Analysis

Since 2015, Burkina Faso has been facing a very complex humanitarian crisis as a result of the deteriorating security situation caused by recurrent terrorist attacks in almost all regions of the country. At the time PROGRESS was designed in March 2020, the *Harmonized Framework Fact Sheet* identified that the final national cereal production for the 2019–2020 crop, compared to the 2018–2019 crop year and to the five-year average, was down 4.65 percent and up 9.92 percent, respectively (Food Security Cluster Burkina Faso 2020). The classification of areas at risk from March–May 2020 showed 23 provinces in IPC phase 2 as "stressed," and 5 provinces in IPC phase 3 "crisis." The national global acute malnutrition (GAM) rate was 9 percent, with 30 percent of households adopting coping strategies. Repeated attacks by terrorist groups forced large numbers of people to flee their villages, with "nearly 780,000 internally displaced persons."

Funding amount	EUR 9,317,800
Population category	Populations of the Burkina Faso-Mali-Niger border communes affected by the cross-border security crisis and food and nutrition insecurity (IDP and host households)
Program type	• Unconditional and unrestricted multi-use cash transfer • 2,849 beneficiary households • CFA 25,000 per month, for 3 months during lean season, provided in a single payment of CFA 75,000
Target beneficiaries	Very poor households, determined by HEA (including presence of children under five or PLW)
Conditionalities	Unconditional and unrestricted

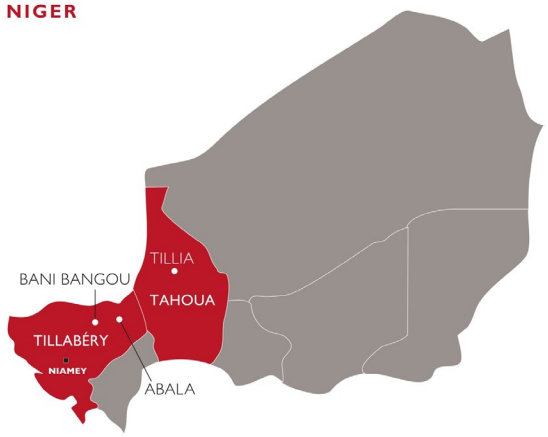
Key Findnigs

- Unconditional and unrestricted multi-use cash transfers were provided as a single payment to cover three months during the lean season, over three years for IDPs and host communities; cash-for-work programs were provided for a subset of beneficiaries.
- Strong preference to design a holistic program that improved living conditions, resilience, and social cohesion, as a means to support food security and nutrition.
- Originally designed as mobile money transfer, but changed to physical cash due to sabotage of telephone networks; the transfer amount was based on the MEB approach using household food needs and market prices.
- Complementary nutrition activities included Learning and Monitoring Groups for IYCF (GASPAs), screening and management of acute malnutrition, and promotion of good hygiene practices.
- Key challenges encountered due to insecurity include difficulties with program monitoring, communication with field teams, and transmitting program data.

3.3.2.3 Case Example: PROGRESS in Niger

Program Background and Characteristics: PROGRESS, Niger

Context Analysis



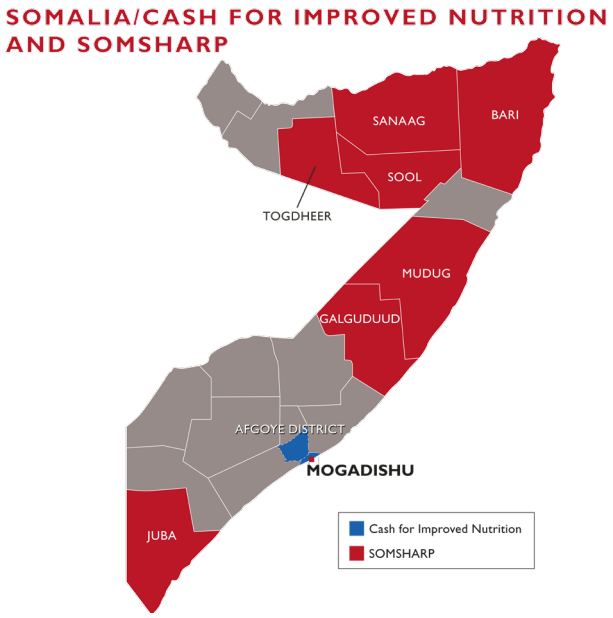
In Niger, due to poor soil and climate change, cereal stocks are in deficit one year out of three. Household production typically covers only the food needs for 5 to 6 months of the year. Food insecurity is a major cause of malnutrition in Niger; the number of Nigeriens affected by moderate and severe food insecurity over the past five years has fluctuated between 3 and 7 million (respectively, 20 percent and 48 percent of the population) (Government of Niger 2017). Recurrent deficits are largely linked to high population growth and low agricultural productivity, regardless of all other known structural and cyclical causes (climate change, drought, floods, etc.) (Government of Niger 2017). Insecurity is the main cause of internal displacement. In Niger, between January and June 2021, there were 199,385 internally displaced persons (ACF 2020). Prevalence of all forms of malnutrition indicate that Niger exceeds the thresholds generally accepted by the World Health Organization (WHO). More than 1 million children each year suffer from acute malnutrition, and approximately 350,000 are severely acutely malnourished.

Funding amount	EUR 5,444,062
Population category	Internally displaced populations, host communities, children
Program type	• Cash for Work: 3 months during lean season for 3 years; CFA 32,500 per month (CFA 1,300 per day) • 1,105 beneficiary households • Market gardening, home gardens for women, Farmer Field Schools
Target beneficiaries	Poor and very poor households, determined by HEA (including presence of children under five or PLW)
Conditionalities	Cash for Work: land recovery activities; unconditional and unrestricted if beneficiary household has no able-bodied individual, or a PLW who is unable to work

Key Findings

- Through a cash-for-work program, cash was paid for three months during the lean season for three years; the cash transfer was unconditional if households do not have an able-bodied individual.
- Strong preference to design a holistic program that improved living conditions, resilience, and social cohesion as a means to support food security and nutrition.
- The amount of transfer was based on MEB and was a standard amount established by the government social safety unit within the National System for the Prevention and Management of Food Crises (DNPGCA).
- Complementary nutrition activities included health gardens; IYCF feeding support groups; screening, identification, and management of acute malnutrition; Baby Wash; WASH; nutrition approaches; food security.

3.3.3 Case Examples for Somalia: Context Overview



Somalia is experiencing a protracted emergency due to long-standing conflict and insecurity that is exacerbated by climate change. The most recent acute food insecurity and malnutrition snapshot for Somalia, from September 2022 (IPC 2022b) indicates that more than 40 percent of the total population faces the risk of acute food insecurity. Drivers of persistent acute food insecurity and malnutrition in Somalia include conflict and insecurity, drought, and high food prices. Humanitarian food assistance continues to be essential to stave off further deterioration. The prevalence of global acute malnutrition (GAM) among children under age five is classified as critical, in the range of 15–29.9 percent. It is estimated that between July 2022 and June 2023 1.8 million children under the age of five—representing nearly 55 percent of the under five population—will suffer from acute malnutrition, with an estimated 513, 550 becoming severely acutely malnourished. Key drivers of acute malnutrition are food insecurity, lack of access to safe water, inadequate childcare practices, infections, and inadequate health services. Conflict and insecurity make it challenging for households to access health services in a timely manner, while infections such as measles and acute watery diarrhea are widespread, aggravating the prevalence of acute malnutrition. The under-five mortality rate has exceeded IPC4 levels in many areas.

This section presents the findings from two case examples in Somalia. One was previously implemented by Concern Worldwide in partnership with the Institute for Global Health at the University College London (UCL). This first case example presents a cluster randomized trial implemented between September 2017 and May 2020 in 23 camps in the Afgooye corridor, on the outskirts of Mogadishu.

The second case example is a project implemented by Care in the Bari, Galguduud, Lower Juba, Mudug, Sanaag, Sool, and Togdheer Regions. The projects were included because they both include a focus on nutrition, in particular the use of cash transfers alongside nutrition activities.

3.3.3.1 Case Example: Cash for Improved Nutrition Security in Somalia

Program Background and Characteristics: Cash for Improved Nutrition/ Concern Worldwide, Somalia			
Location	Afgooye Corridor, outskirts of Mogadishu, Somalia	Urban vs. rural	Rural
Program dates/Duration	September 2017–May 2020; 32 Months	Population category	Internally displaced populations
Funding amount	USD 1.325 million	Donor	USAID/BHA (Legacy OFDA) and UK DFID
Implementing agency(ies)	Concern Worldwide and Institute for Global Health, UCL	Complementary sectors	• Health • Nutrition
Target beneficiaries	IDPs; Beneficiary households meeting the requirements below received their regular unconditional and unrestricted cash transfer for the next 9 months even if they left the camp.		
Program Type			
Cluster randomized trial with a 2x2 factorial design and four arms: • 387 households receive unconditional cash transfer with or without SBC and serve as the control groups. 387 households receive conditional cash transfer with or without SBC and serve as the intervention groups.			
Program Objectives			
Overall objective: To assess the impact of cash transfers, delivered together with behavior change communication and conditional upon attending child health visits, on reducing the risk of acute malnutrition among children 6–59 months			
Conditionalities			
Unconditional and unrestricted cash transfer: • Beneficiaries received regular unconditional and unrestricted cash transfer for 9 months even if they left the IDP camp. • To enroll in the study, households with children (aged 6–59 months) were required to attend the local health clinic, where they received: – health screening – vaccinations – deworming, vitamin A supplementation – child health record card. • Beneficiaries qualified for 1 month of humanitarian cash transfer and further participation in the study + 3 months of unconditional and unrestricted humanitarian cash transfers + 6 months of unconditional and unrestricted safety net cash transfers.		**Conditional cash transfer:** • The majority of the total cash amount is unconditional and unrestricted, with a small conditional top-up. • To enroll in the study, households with children (aged 6–59 months) were required to attend the local health clinic, where they received: – health screenings – vaccinations – deworming, vitamin A supplementation – child health record card • Participants received the conditional top-up if they agreed to bring their health cards monthly to have them verified by the health provider. were eligible for a "top-up" cash transfer only if they were present for monthly screenings	

Program Background and Characteristics: Cash for Improved Nutrition/ Concern Worldwide, Somalia

Key Findings

- A cluster randomized control trial (two-by-two factorial) was conducted in the Afgooye corridor of Somalia with 774 IDP households in 23 camps
- The objective was to test the use of unconditional and unrestricted transfers with a conditional transfer for nutrition combined with behavior change sessions on nutrition and health to reduce acute malnutrition in children under age five.
- Due to the challenging program context, the program developed a conditionality framework that included predominantly unconditional and unrestricted transfers with a small conditional cash transfer top-up for nutrition.
- The cash transfer amount was set against the prevailing MEB, but this then made it challenging to provide an adequate top-up for nutrition since the unconditional and unrestricted transfer amount was close to the allowable transfer amount under the MEB.
- Cash transfers were provided for a total duration of nine months, and the top-up for nutrition was approximately US$5 to 10 per month.
- However, at the end of the trial, there was no improvement in the prevalence of acute malnutrition in the treatment arm versus control.

3.3.3.2 Case Example: CARE Somalia Multi-Sectoral Humanitarian Response Program (SOM-SHARP)

Program Background and Characteristics: CARE's Somalia Multi-Sectoral Humanitarian Response Program (SOM-SHARP), Somalia			
Location	Bari, Galguduud, Lower Juba, Mudug, Sanaag, Sool, and Togdheer Regions	Urban vs. rural	Rural
Program dates/ Duration	September 2021–July 2023; 24 months	Implementing agency(ies)	CARE
Funding amount	N/A	Donor	USAID/BHA
Complementary sectors	• Health • Humanitarian Coordination, Information Management and Assessments • Nutrition • Protection • WASH	Target beneficiaries	Pastoralists, agro-pastoralists, and IDPs
Population category	Pastoral and agro-pastoral households Internally displaced populations	Conditionalities	Cash for Work for 17,420 IDP households

Program Type

Food assistance:

- 33,600 households receive unconditional and unrestricted cash transfers for 3 months in the amount of USD 52 per month. Cash transfers are provided to program participants in a specified region for 3 months, then the program provides cash transfers to program participants in another area, and this continues on a rolling basis.
- 17,420 affected IDP households and pastoral and agro-pastoral households receive CFW transfers, providing them with the means to improve their food access and dietary diversity.

Multipurpose cash assistance:

- 3,644 households affected by new shocks during the project period receive MPCA to access emergency relief that contributes to meeting their basic needs or assists them in protecting or reestablishing their livelihoods.

Program Objectives

Overall objective:

- To meet the needs of internally displaced peoples, rural pastoralists, and agro-pastoralists in disaster-affected regions

Nutrition objective:

- Provide maternal, infant, and young child nutrition in emergencies (MIYCN-E) counseling and treatment for MAM and SAM in 29 MoH health centers and 37 mobile units providing nutrition assistance. Assistance will target PLW and mothers/caregivers of children under five, aiming to support children who are at risk or have malnutrition.

Program Background and Characteristics: CARE's Somalia Multi-Sectoral Humanitarian Response Program (SOM-SHARP), Somalia

Key Findings

- SOMSHARP is a multi-sectoral emergency program that provides unconditional and unrestricted cash transfers for three months for food assistance, cash-for-work to selected vulnerable households, and unconditional and unrestricted multipurpose cash.
- Nutrition is integrated as a complementary activity, and the program tries to ensure households with SAM cases receive cash transfers to mitigate the risk of a relapse of acute malnutrition.
- Program staff noted the shift toward unconditional cash as being driven by the deteriorating conditions in the program areas and the desire to implement a holistic program that provides program participants with access to a range of services from livelihood support to access to health services and the management of SAM.
- The cash transfer amount was set against the MEB, and even though the MEB was adjusted upward, the program was unable to increase the amount of the transfer due to lack of funds, as this would require covering fewer program participants.

3.3.4 Synthesis of Findings from the Case Examples

Tables 5 and 6 provide a summary of the main findings across the four programs. Although the objective of this review was to examine case examples of projects that implement Supplemental Nutrition Assistance—VenEsperanza in Colombia; PROGRESS in Burkina Faso, Mali, and Niger; and SOMSHARP in Somalia—all implemented MPCA programming along with complementary nutrition activities (CNA). PROGRESS in Mali used unconditional and unrestricted value vouchers for food and in Niger used cash for work alongside complementary nutrition activities. Only CINS in Somalia used a small top-up conditional cash transfer along with an unconditional and unrestricted transfer to help prevent acute malnutrition, but the results showed no effect on acute malnutrition by the end of the trial. Of the four projects we reviewed, VenEsperanza was the largest program with the most funding and reached the most beneficiaries, and CINS/Somalia as a randomized trial reached the fewest beneficiaries and had the least funding. In terms of complementary nutrition activities, as shown in Table 5, most of the projects focused on a combination of MIYCN-E and wasting screening and treatment interventions. Several used mother-to-mother support groups, and two used radio campaigns to promote IYCF. PROGRESS Niger used home gardens with a subset of their beneficiary households. None of the projects measured or shared important improvements in nutrition outcomes per se, but in a few instances project staff perceived that providing households with cash enabled beneficiary households to access services and improved their living conditions, which led to improvements in household food security and dietary diversity.

In terms of the motivations of IPs in selecting their program design, they shared a strong preference for unconditional and unrestricted cash transfers, citing these factors: 1) the need to provide households with the autonomy to decide how to use the cash resources to meet their needs as they saw fit; 2) the value of multi-sectoral programming in improving the conditions for the households and the importance of multi-sectoral interventions to improve nutrition; and 3) ethical concerns about and operational difficulties with imposing conditionalities in the context of widespread vulnerability and rapidly changing conditions. While nutrition was perceived as important to address, the preference was to use assistance such as multipurpose cash along with nutrition interventions focused on improving the adoption of improved practices, increasing access to nutrition services, and screening and treatment for acute malnutrition. SOMSHARP in Somalia does try to ensure that households with children being treated for severe acute malnutrition receive a 3-month cash transfer, and they perceived that this helped ensure that children recover from acute malnutrition (and without which they noted that relapse was common). CINS in Somalia also sought to test whether providing a conditional top-up cash transfer on top of an unconditional and unrestricted cash transfer could reduce the prevalence of acute malnutrition; however, it is likely that the size of the top-up transfer was too small to have a meaningful impact on reducing acute malnutrition. The conditions in the country at the time deteriorated further with the advent of COVID-19.

It is important to emphasize that these partners operated within a framework with significant constraints: there were restrictions and an upper limit on the amount of cash transfers for beneficiaries; partners had limited funding relative to the needs of beneficiaries and were unable to reach all those in need; and the transfers were typically for a very short duration, sometimes tied to the lean season. The most significant constraint, however, was the inability to add or change the value of a cash transfer, because values were set by the cash working group, the government, or both. This limitation made it particularly challenging to consider including a top-up transfer targeted to nutritionally vulnerable households.

Notably, implementing partners made some important adaptations to their program design post-award. PROGRESS, for example, initially planned to implement cash-for-work transfers—but in both Burkina Faso and Mali, due to insecurity and displacement, they shifted to unconditional and unrestricted transfers. In Burkina Faso, the cash transfers became unconditional and unrestricted multipurpose cash,

and in Mali they transitioned to unconditional and unrestricted value vouchers for food, valued at the same amount as the cash transfer allowable by the government.

For CINS in Somalia, the IP developed a conditionality framework, and ultimately decided to do both unconditional and unrestricted cash transfers and a conditional top-up based on soft conditionalities, given the complex operating context. The VenEsperanza team was able to work with the Government of Colombia and the Colombian Cash Transfer Group (GTM) to arrive at the cash transfer amount; they felt it was less than the actual need, but this was all that was allowable. A key motivation for both governments and cash working groups is to ensure equity in the amount of cash distributed, to reduce the potential for conflict between beneficiaries receiving different amounts while avoiding the creation of perverse incentives for beneficiaries. The main challenge that remains, however, is that the cash transfer amount is set according to the MEB, which itself is derived from a basic/essential needs framework. This level is often set lower than the amount required to meet nutritional needs, as nutritious diets cost more.

Table 5. Summary of Findings: Targeting, Transfer Type, Coverage, and Complementary Nutrition Activities

Country and Program	Program Type	Beneficiary Targeting Approach	Transfer Type, Duration, and Amount	Number of Target Beneficiary Households	Complementary Nutrition Activities
Colombia, VenEsperanza, Save the Children	Unconditional and unrestricted MPCA with CNA	• Beneficiaries are identified by community leaders in the program areas or through referrals from other organizations. • Categories of classification are "not vulnerable, "vulnerable," or "extremely vulnerable."	One-time cash transfer for 6 months variable payment based on household size	100,407	• Family Food and Nutrition Security Workshop for beneficiaries at enrollment • Mother-to-mother support groups focused on IYCF • Breastfeeding spaces and kangaroo care
Burkina Faso, PROGRESS, ACF Spain	Unconditional and unrestricted MPCA with CNA	• HEA approach is used for establishing vulnerability, including steps of community-based identification and classification of vulnerability. • Targeting committees are set up by the villages to define vulnerability criteria in order to identify "very poor" and "poor" households.	CFA 75,000 at the end of the 3-month lean season (originally transferred for 3 months in installments of CFA 25,000 per month)	2,849	• Promotion of IYCF through GASPAs, radio campaigns, training of health workers on IYCF • Mother-led MUAC • IMAM and related screening by community health workers

Country and Program	Program Type	Beneficiary Targeting Approach	Transfer Type, Duration, and Amount	Number of Target Beneficiary Households	Complementary Nutrition Activities
Mali, PROGRESS, ACF Spain	Unconditional and unrestricted value vouchers for food Vouchers with CNA	• HEA approach is used in the intervention zones for establishing vulnerability, including steps of community-based identification and classification of vulnerability. • Households categorized as very poor are targeted by the project.	CFA 60,000 in e-vouchers to cover 3 months during the lean season, for 3 lean seasons	1,200	• Infant Feeding Support Groups (IFSG) to share information on IYCF and support screening and referral of children • Mother-led MUAC • IMAM and related screening by community health workers
Niger, PROGRESS, ACF Spain	Cash for Work with CNA	• HEA approach is used in the intervention zones. • Household census is to identify beneficiaries. • Established socioeconomic criteria and categorized beneficiaries. • Criteria are validated by a subgroup.	CFA 32,500 per month for 3 months during the lean season, for 3 lean seasons	1,105	• IFSG to share information on IYCF • Training of community relais on IYCF • Screening for acute malnutrition • Subset of households benefiting from support for home gardens • Community radio campaigns on IYCF
Somalia, CINS, Concern Worldwide	MPCA and conditional transfer for nutrition (top-up)	• A mapping exercise was used to identify, select, and randomize 23 IDP camps in the Afgooye corridor for inclusion in the study. • These included all households with one or more children under the age of five in all the selected camps.	3-month humanitarian cash transfer of 70 USD per month followed by 6-month safety net cash transfer of USD 35 per month for 6 months	774	• Randomized control trial with screening for MUAC and behavior change communication
Somalia, SOMSHARP, CARE	Food assistance and unconditional and unrestricted	• The project collaborated with local government to identify the most vulnerable households.	3-month cash transfer of USD 52 per month	33,600 (food assistance) 17,420 IDP (CFW)	• Screening for and treatment of MAM and SAM • Mother-to-mother support groups to support screening

Country and Program	Program Type	Beneficiary Targeting Approach	Transfer Type, Duration, and Amount	Number of Target Beneficiary Households	Complementary Nutrition Activities
	MPCA with CNA	• Village Relief Committees were reestablished to help identify the most vulnerable households in the communities.		3,644 (MPCA)	and referral of children for nutrition services • Promotion of IYCF

Table 6. Summary of Findings: Motivations for Program Design, Adaptation, Transfer-Related Challenges, and Outcomes

Country and Program	Motivations for Selected Program Design	Program Adaptations Post-Award	Transfer-Related Challenges	Outcomes
Colombia, VenEsperanza, Save the Children	• Perceived that unconditional and unrestricted cash transfers gave beneficiaries a sense of dignity and autonomy, communicates trust, and allows families to use the resource freely in case of emergencies • Not allowed to exceed the transfer amounts established by the government	• Addition of a livelihoods component on entrepreneurship and employability • Periodic adjustments to the cash transfers amounts in line with government adjustments to allowable transfer amounts	• Based on the MEB, SC proposed cash transfer amounts to the Government of Colombia. • The GTM in collaboration with the government established harmonized cash transfer guidance specifying the beneficiary criteria, frequency, amount, and duration by geographic location in line with the government's national social protection program cash transfer amounts and limits. • The main reason was to ensure equity across host-country and refugee recipients and prevent xenophobia and conflict between host communities and refugees.	• Unconditional and unrestricted MPCA is perceived by program staff as the most effective modality for humanitarian aid. • By the end of the cash transfer period of 6 months, perceived improvements in diet diversity, nutritional behaviors, and increased awareness and knowledge of appropriate breastfeeding and complementary feeding practices.

Country and Program	Motivations for Selected Program Design	Program Adaptations Post-Award	Transfer-Related Challenges	Outcomes
Burkina Faso, PROGRESS, ACF Spain	• Based on the context, the project team was motivated to design a project that strengthened resilience, social cohesion, and improved conditions for poor and extremely poor households, including improving food security and nutrition. • Based on evidence that showed that a multi-sectoral approach or access to resources can improve nutritional status.	• The project aimed to hold group discussions prior to distributing cash using mobile money, but due to conflict they had to meet in smaller more discreet groups. • They increased the cash transfer amount to adjust for inflation. • They shifted from a monthly transfer for three months to one single transfer of a larger sum.	• The transfer mechanism was originally designed as a mobile money transfer, and was implemented in this manner for the first two years, however, due to sabotage of the telephone networks, it was decided to provide physical cash.	• 2,849 (100%) very poor households have access to a social protection system. • 27,350 (32%) people reached with IYCF promotion • 28,345 (33%) people sensitized to nutrition at least 3 times per year • 85,527 (35%) children 6–59 months screened for SAM
Mali, PROGRESS, ACF Spain		• The original plan was to undertake cash-for-work and cash transfers were deemed infeasible, as a result the country team opted for electronic food vouchers • Due to displacement, market gardening and cash for work activities were dropped and are being replaced with income-generating activities that are yet to start	• Following a post-award feasibility assessment it was determined that the modality of unconditional and unrestricted cash was not feasible in the intervention zones, due to security concerns around the use of cash.	• 1,200 beneficiary households (100%) benefited from the complete package of activities (social safety net, resilience building, social cohesion and conflict prevention). • For monitoring access to basic social services, the number of people reached with promotion of IYCF was 10,682 (22.9%), with an estimated 24,000 (51.6%) people reached through radio spots. In addition,

Country and Program	Motivations for Selected Program Design	Program Adaptations Post-Award	Transfer-Related Challenges	Outcomes
				60,975 (27.8%) children were screened for SAM.
Niger, PROGRESS, ACF Spain		• There were no significant changes in the original program, but some activities had to be suspended because of the security context, including the sowing of grazing areas in the community of Tillia and some recovery activities in red zones in the community of Banibangou.	• The transfer amount is standardized against the amount established by the Government of Niger, established by the social safety net unit within the national food crisis prevention and management system (DNPGCA). This is the body mandated by the Nigerien government to help populations affected by crises and disasters.	• 1,105 (100%) very poor households have access to a social protection system (CFW) • 11,232 (108%) people reached with IYCF promotion • 24,142 (43%) children 6–59 months screened for SAM
Somalia, CINS, Concern Worldwide	• Wanted to gather evidence on whether conditional top-up transfers for nutrition could reduce the prevalence of acute malnutrition	• The project team engaged in in-depth discussions with partners and stakeholders arrive at a conditionality framework that would work given the complex context. • Ultimately, the conditional transfer that was implemented was a small conditional top-up to the unconditional and unrestricted cash transfers program participants received.	• The cash transfer amount for the top-up conditional transfer was slightly lower that in the original design. • KIs noted that although the cash transfers are set against the MEB established by the Somalia CWG, it was often out of step with on the ground conditions that were rapidly changing, resulting in the cash transfers being inadequate to meet even basic needs.	• The CCT intervention had no effect on the infant dietary diversity score, a negative effect on caregiver knowledge at endline, and it also increased the risk of acute malnutrition.
Somalia, SOMSHARP, CARE	• Because the conditions are so poor, there was a strong preference	• Because food prices rose and there were many more vulnerable	• The cash transfer, which was set at USD 52 per month for 3 months, was	• The communities they serve have better access to

Country and Program	Motivations for Selected Program Design	Program Adaptations Post-Award	Transfer-Related Challenges	Outcomes
	for multi-sectoral cash programming to improve the conditions and livelihoods for beneficiaries, and as a result nutrition was integrated as a complementary activity.	households, the project did not have sufficient funds to increase the cash transfer amount or extend the cash transfers to include additional beneficiaries.	not adjusted upward, even after the MEB itself was adjusted, and it covered a smaller number of areas.	services than in the past.

4. Discussion

Taken together, the findings from this review, based on global KIIs, a global mapping survey, and case examples, make clear that there is an overwhelming preference for unconditional and unrestricted cash transfers, and that this is rapidly becoming a standard approach through which to provide humanitarian assistance. While this is preferred by stakeholders, this modality is constrained by the amount and duration of the transfers, and these transfers function as consumption-smoothing interventions to close the gap in terms of meeting essential needs. This level and type of transfer does not, however, protect or improve nutrition outcomes in humanitarian contexts. In almost all the case examples, KIs noted that nutrition was a priority and was included as a complementary intervention. And while in some instances KIs perceived improvements in nutrition outcomes, such as improved dietary diversity among children, there was little concrete evidence to suggest that there was in fact any improvement in nutrition outcomes for women and children particularly. Of note, partners did consistently note that more holistic programming was important even in emergency contexts. As in development contexts, here too it is important to layer and sequence interventions, and to include nutrition-sensitive and nutrition-specific interventions. The key gap in each of these programs, however, was the lack of a targeted transfer to support, protect, and improve nutrition outcomes for highly vulnerable segments of a population, such as women and children.

In essence, food assistance and MPCA transfers alone are inadequate to protect or improve the nutrition of at-risk individuals. While these transfers can improve the conditions for households in the near term, they are not enough to benefit nutritionally at-risk individuals. However, layering food assistance and/or MPCA with targeted transfers for nutrition could prove more beneficial in terms of protecting and possibly improving the nutritional status of women and children. To do this, however, a targeted nutrition transfer must be programmed separately and outside of the confines of the MEB. As WFP notes, the cost of a nutritious diet is typically higher than what most households can afford, and costs more than what is provided for in a standard MEB-based resource transfer (WFP 2020a).

While we set out to examine humanitarian assistance activities that implement supplemental nutrition assistance activities, in this review we found virtually no projects implementing Supplemental Nutrition Assistance as defined in the BHA EAG. This occurred despite a careful process carried out in collaboration with BHA to arrive at a set of projects to study further, based on available information that indicated that they were implementing Supplemental Nutrition Assistance activities.

The findings in this review should be interpreted with some caution as they are based predominantly on qualitative data, and particularly a quantitative online survey in which respondents self-selected to participate. As such, these findings are not representative. However, the similarity between the views and perspectives of global KIs and country case example KIs suggests some consistent findings and themes. The two sets of interviews yielded many consistent perspectives. Unconditional and unrestricted cash transfers are preferred, for the underlying reason that there is no strong evidence to suggest that conditionalities work, as perceived by KIs. When this is combined with the operating context, it can be difficult to implement and justify conditionalities in humanitarian contexts. At both the global and country levels, KIs shared ethical concerns about imposing conditionalities on cash transfers given widespread need and often rapidly changing conditions.

KIs noted that often there are not enough funds to meet the needs of all those who are in need. There is an interest in aligning with government social protection systems, consistent with other literature (Longhurst et al. 2020), as this is perceived as efficient and mitigates against perverse incentives. The downside, however, is that alignment with these systems mandates that the cash transfer amounts are benchmarked against the MEBs, which are derived from an essential needs framework that in turn is often based on national social protection benchmarks and possibly outdated national poverty lines—

resulting in almost immutable cash transfer amounts whose upper limits cannot be crossed by any implementing partner.

The MEBs are not adapted rapidly enough, even if they are revised based on costs and inflation, most IPs do not have additional resources while they are implementing activities with which to increase cash transfer amounts. It is important to note that these limits on the cash transfer amounts also limit the feasibility of providing cash transfers targeted to those who are nutritionally at risk. Top-ups are difficult to program if they exceed the allowable cash transfer amount; the alternative is to split the cash transfer amount into two parts: one part that is an unconditional and unrestricted transfer and another part that is targeted to those nutritionally at risk. However, given how low the cash transfer amounts are presently and the high household dependency ratios in most contexts, this split could potentially make it more challenging for households even to meet their basic needs, while also not providing enough to meet their nutritional needs.

Global KIs noted that challenges in obtaining funding for CVA+ nutrition, and that there are inadequate opportunities for interaction between the cash and nutrition sectors, such that nutrition advisors do not have a seat at the table. They noted that programs are designed by non-nutrition actors with little input from nutrition experts.

Country case example KIs shared a preference for multi-sectoral programming based on the evidence that nutrition-sensitive actions could improve nutrition, and that without improving the living conditions for deprived households, improving nutrition would be infeasible. KIs clearly indicate this where SAM treatment without cash transfers results in children relapsing with SAM rather than recovering. However, once cash is provided to households, this creates a buffer that reduces the risk of relapse in these children. These KIs also shared a preference for multi-sectoral programming in that it entailed making many services available to households so that they could improve access to livelihoods (such as income generation, farming and livestock raising, employability, and entrepreneurship) and health and nutrition services at the same time, rather than just focusing on one sector.

Important features of the cash transfer programming presented in this review indicate that cash transfers are often of small amounts and for a short duration, adequate to meet basic needs but not much more. While nutrition was considered very important by program implementers and they included complementary nutrition activities in parallel with cash transfers, the lack of targeted transfers for nutrition remains a challenge. This is further exacerbated by the limited evidence to date that conditional cash transfers improve nutrition outcomes directly. In this review's case examples, most cash transfers are consumption-smoothing transfers to mitigate shocks and protect food access, but as shown in other literature (Tirivayi et al. 2021), this level of transfer is generally not enough to produce an improvement in nutrition outcomes, as these transfers are underpowered relative to the size and scale of nutrition needs in the target populations.

These findings illustrate how the humanitarian assistance architecture is changing rapidly. With a strong bias favoring unconditional and unrestricted cash transfers that are based almost solely on an essential needs framework, there is a significant risk that progress in protecting women and children's nutritional status will slow. The implications of these findings suggest a need for the nutrition sector to play a far more significant role in global and national cash working groups. For example, the Global Nutrition Cluster should have a more direct and substantial relationship with the CALP network and other cash actors. This is important, partly for knowledge sharing to strengthen capacities across the two sectors, and partly to foster an understanding among cash actors of the need to move beyond basing cash transfer amounts based on an MEB for nutrition outcomes. The MEB can assure that the most vulnerable beneficiaries survive, but it cannot ensure that the youngest and most vulnerable beneficiaries thrive.

Cash transfers based on the MEB are household-level transfers and not individual-level transfers, and while there is concern based on Engel's law that providing households with more cash will not result in a greater proportion of spending on food, research over the past decade has clearly shown that this is not always true. Recent research shows that if cash transfers are targeted to women in households, because their spending behaviors and preferences may be different, they may spend more on food as income increases as a result of receiving cash transfers. Research also shows that individual spending behaviors within households, intra-household inequality, and intra-household resource allocation all play a role in total household consumption. And finally, in emergency contexts with an over-representation of female-headed households, spending behaviors in the household may be quite different both because of their circumstances and because they are female-headed. Taken together, these factors suggest that global cash and nutrition actors need to carefully consider the design of cash and voucher programming for nutrition, and consider:

- the appropriateness of only programming household-level transfers based on the MEB versus also including targeted individual-level transfers to meet nutritional needs
- what women's preferences are with regard to cash transfers, which aligns with the accountability to affected populations
- who receives the cash transfers and what the implications may be for spending on a nutritious diet, given differing spending behaviors as a result of household headship, individual spending behaviors, intra-household inequality, and resource allocation
- what the optimal duration and amounts should be for cash transfers to benefit nutrition outcomes
- what the prevailing household structure and dynamics are that may affect how cash transfers are used, particularly as they relate to nutrition and intra-household food distribution.

Another finding across the case examples is that the implementing partners use a broad set of targeting criteria to include beneficiaries in cash and voucher transfers. These broad categories, while suited to the broader goals and objectives of MPCA and food assistance programming, are less likely to adequately reach nutritionally at-risk segments of a population. While the case examples in this review did identify nutrition as an important complementary activity, the programs were unclear on the intended outcomes for nutrition and had few measures or benchmarks to assess nutrition outcomes. In humanitarian contexts, the objective of nutrition programming is first to prevent a deterioration in nutritional status, and second to improve nutrition outcomes where feasible. But given the short duration of emergency programs, the lack of clarity on what the intended outcomes should be, and the reduced reporting requirements as a result of the Grand Bargain commitments, there are few indicators that IPs systematically report on for nutrition. The BHA EAG nutrition indicators, for example, currently do not include reporting on the prevalence of childhood wasting; as a result, implementing partners are not obligated to report this information, making it challenging to know if the prevalence of wasting is deteriorating, stable, or improving. This type of indicator is a marker for nutrition (Young and Jaspars 2006), and potentially also important for programs to ensure that they are having the intended effect rather than exacerbating the nutrition situation and doing harm, triaging children between prevention and treatment services for nutrition, and course-correcting their programmatic efforts if wasting prevalence rises.

5. Recommendations

The findings of this review illustrates how challenging it is currently to obtain funding to implement CVA+ nutrition activities. Given the shift toward unrestricted cash programming, it is important, in order to ensure targeted resources to improve nutrition, that emergency nutrition sector clusters, working groups, IPs, and donors *lean in* and play a more substantial and coordinated role in engaging with global and national cash working groups to challenge the status quo. WFP itself notes that their Fill the Nutrient Gap analyses in different countries often indicate that the cost of an affordable, nutritious diet is often higher than the cash transfer amounts sanctioned by the MEB in a given country (sometimes also established by WFP's own analyses). Global nutrition actors, such as the Global Nutrition Cluster, have an important role to play in continuously promoting knowledge sharing, to strengthen capacities across the nutrition, cash, and food security sectors, in part to foster an understanding among cash actors of the need to move beyond basing cash transfer amounts on an MEB itself based on an essential needs framework for nutrition outcomes. In this review we found that although the MEB is intended to be a guide, concerns about equity across beneficiaries drive the cash transfer amounts that are established, limiting opportunities for targeted transfers to nutritionally vulnerable segments of a population. Cash working groups need a separate mechanism to provide individual transfers in addition to household transfers; this would also enable cash transfers to be more targeted for those who are nutritionally at risk. Global nutrition actors also need to ensure that there is a greater understanding across sectors of why more resources than those provided by existing transfers are needed to meet the nutritional needs of women and children.

It is also important for global nutrition actors to strengthen the existing evidence base and generate new evidence on how targeting resource transfers benefits improved nutrition in humanitarian contexts. KIs noted that with the shift to unrestricted cash transfers in humanitarian programming, advocating for nutrition is challenging, and there is a need for a stronger evidence base on the benefits for women and children, including defining what the intended outcomes are or should be in humanitarian contexts.

References

Attanasio, Orazio and Valérie Lechene. 2010. *Conditional cash transfers, women and the demand for food*. IFS Working Papers, No. 10,17. London: Institute for Fiscal Studies (IFS). https://ifs.org.uk/publications/conditional-cash-transfers-women-and-demand-food

Baizan, Paula Gill and Nathalie Klein. 2019. *Minimum Expenditure Basket (MEB) Decision Making Tools*. CALP. https://www.calpnetwork.org/wp-content/uploads/2020/03/MEB_CALP.pdf

CALP Network. n.d. *Glossary of Terms*. The CALP Network (blog). https://www.calpnetwork.org/resources/glossary-of-terms/

CALP Network. 2020. *The State of the World's Cash 2020: Cash and Voucher Assistance in Humanitarian Aid*. https://www.calpnetwork.org/publication/the-state-of-the-worlds-cash-2020-full-report/

CARE. 2018. *Women and Girls in Emergencies*. Copenhagen: Care Denmark. https://care.at/wp-content/uploads/2023/04/CARE_Women-and-girls-in-emergencies_2018.pdf

Development Initiatives. 2020. *2020 Global Nutrition Report: Action on Equity to End Malnutrition*. Bristol, UK. https://globalnutritionreport.org/reports/2020-global-nutrition-report/

De Vreyer, Philippe, Sylvie Lambert, and Martin Ravallion. 2020. *Unpacking Household Engel Curves. Working Paper No. 26850.* Cambridge, MA: National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w26850/w26850.pdf

European Commission. n.d. *Emergency Programme for the Stabilization of the G5 Sahel Cross-Border Areas*. Unpublished grant application. Emergency Trust Fund for Africa, T05-EUTF-SAH-REG-18.

Fizbein, Ariel, Norbert Schady, Francisco H. G. Ferreira, Margaret Grosh, Niall Keleher, Pedro Olinto, and Emmanuel Skoufias. 2009. *Conditional Cash Transfers: Reducing Present and Future Poverty.* Washington, DC: The World Bank. https://openknowledge.worldbank.org/entities/publication/db93c3fe-1810-5834-a9da-c1386caa0323

Food Security Cluster Burkina Faso. 2020. *Résultats de l'analyse de l'insécurité alimentaire aiguë actuelle et projetée*. Rome: Food Security Cluster. https://fscluster.org/sites/default/files/documents/bf-ch_fiche_de_communication_mars_2020_consolid_vf.pdf

Food Security Cluster Mali. 2022. *Detailed analysis of the response of food security actors in 2021*. Rome: Food Security Cluster.

Global Nutrition Cluster. 2020. *Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies*. https://www.nutritioncluster.net/resources/evidence-and-guidance-note-use-cash-and-voucher-assistance-nutrition-outcomes-emergencies

Government of Niger. 2017. *Plan d'action 2017-2019 de la Politique Nationale de Sécurité Nutritionnelle*. https://pnin-niger.org/web/toolkits/formation-info-nutrition/3.2%20Documents%20Gouvernance%20de%20la%20nutrition/2017-2019%20Plan%20Action%20PNSN.pdf

Humanitarian Action. n.d. "Homepage." https://humanitarianaction.info/

IPC (Integrated Food Security Phase Classification). 2019. *Résultats Cadre Harmonise Novembre 2019- Fiche de Communication, Tableau 5*. https://fscluster.org/mali/document/ch-resultats-cadre-harmonise-novembre

IPC (Integrated Food Security Phase Classification). 2022a. *Mali: Acute Malnutrition Snapshot | June 2021 – August 2022.* https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Mali_Acute_Malnutrition_2021Oct2022Aug_Snapshot_English.pdf

IPC (Integrated Food Security Phase Classification). 2022b. *Somalia: Acute Food Insecurity and Malnutrition Snapshot. June-December 2022.* https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Somalia_Acute_Food_Insecurity_Malnutrion_SnapshotJune-Dec2022.pdf

LIFT II Project. n.d. *LIFT II Overview Note Provision: Cash Transfer and Voucher Programs.* Washington, DC: FHI360. https://pdf.usaid.gov/pdf_docs/PA00M5PT.pdf

Loeser, John, Berk Özler, and Patrick Premand. 2021. *Cash Transfers: Key Research Findings*. Washington, DC: World Bank. https://drive.google.com/file/d/1abSO-lW-aCoOkCGTau3nDdVK0V2_xgJW/view

Longhurst, Daniel, Paul Harvey, Rachel Sabates-Wheeler, and Rachel Slater. 2020. *High-level briefing paper. Linking Social Protection and Humanitarian Cash and Voucher Assistance*" London: CALP: Humanitarian Outcomes. https://www.humanitarianoutcomes.org/sites/default/files/publications/high-level-briefing-paper-cva-en.pdf

Peachey, Karen. 2021. "A Short History of Cash and Voucher Assistance – 6 Key Lessons and Observations." The CALP Network (blog). https://www.calpnetwork.org/blog/history-of-cash-and-voucher-assistance-6-key-lessons/

Progress Consortium. 2020. "Lancement Juin 2020: Présentation générale, principes d'intervention et chronogramme." Unpublished Powerpoint.

ReliefWeb. 2021. "Global Humanitarian Overview 2022." https://reliefweb.int/topics/global-humanitarian-overview-2022

Schady, Norbert and José Rosero. 2008. "Are cash transfers made to women spent like other sources of income?" *Economics Letters*, Elsevier, vol. 101(3), pages 246-248, December. https://www.sciencedirect.com/science/article/abs/pii/S0165176508002498

Stevens, Gretchen A., Ty Beal, Mduduzi N N Mbuya, Hanqi Luo, Lynette M. Neufeld, and Global Micronutrient Deficiencies Research Group. 2022. "Micronutrient deficiencies among preschool-aged children and women of reproductive age worldwide: a pooled analysis of individual-level data from population-representative surveys." *Lancet Glob Health*. 2022 Nov;10(11):e1590-e1599. https://pubmed.ncbi.nlm.nih.gov/36240826/

Tirivayi, Nyasha, Jennifer Waidler, Frank Otchere. 2021. *Cash transfers – Past, present and future: Evidence and lessons learned from the Transfer Project, Innocenti Research Briefs, no. 2021-10.* Florence: UNICEF Office of Research - Innocenti. https://www.unicef-irc.org/publications/1277-cash-transfers-past-present-and-future-evidence-and-lessons-learned-from-the-transfer-project.html

UN Women. 2017. "Facts and Figures: Humanitarian Action." https://www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures#notes

UNICEF (United Nations Children's Fund). 2023a. "Child Malnutrition." UNHCR website. https://data.unicef.org/topic/nutrition/malnutrition/

UNICEF (United Nations Children's Fund). 2023b. *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*. NY: UNICEF. https://www.unicef.org/reports/undernourished-overlooked-nutrition-crisis

Urquhart, Angus, Fran Girling-Morris, Suzanna Nelson-Pollard, and Erica Mason. 2022. *Global Humanitarian Assistance Report 2022*. Washington, DC: Development Initiatives. https://devinit.org/resources/global-humanitarian-assistance-report-2022/#downloads

USAID (U.S. Agency for International Development). 2014. *USAID Multi-sectoral Nutrition Strategy 2014-2015 Technical Guidance Brief, Community-based Management of Acute Malnutrition*. Washington, DC: USAID. https://www.usaid.gov/sites/default/files/2022-05/USAID_Nutrition_Strategy_5-09_508.pdf

USAID. 2021. *Modality Decision Tool Nutrition Addendum.* Washington, DC: USAID. https://www.usaid.gov/document/modality-decision-tool-nutrition-addendum.

USAID. 2022. *Bureau for Humanitarian Assistance Emergency Application Guidelines.* https://www.usaid.gov/humanitarian-assistance/partner-with-bha/bha-emergency-guidelines

USAID Advancing Nutrition. 2022. *Agriculture in Complex Emergencies: Exploring the Association between Agricultural Programs and Dietary Diversity among Women and Children in South Sudan: Study Findings*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/sites/default/files/2022-11/usaid-an-agriculture-emergencies-ss-2022.pdf

World Bank. n.d. "The World Bank and Nutrition." Website of The World Bank. https://www.worldbank.org/en/topic/nutrition/overview

WFP (World Food Programme). 2020a. *Fill the Nutrient Gap and Minimum Expenditure Basket An explanation of approaches and identification of synergies*. Rome: WFP. https://docs.wfp.org/api/documents/WFP-0000116644/download/?_ga=2.217921758.955571165.1695491890-1914376263.1695491890

WFP (World Food Programme). 2020b. *Minimum Expenditure Baskets Guidance Note.* Rome: WFP. https://docs.wfp.org/api/documents/WFP-0000074198/download/

Young, Helen and Susanne Jaspars. 2006. *The meaning and measurement of acute malnutrition in emergencies: A primer for decision-makers. Network Paper Number 56*. London: Humanitarian Practice Network. Overseas Development Institute. https://www.files.ethz.ch/isn/93900/networkpaper056.pdf

Annex 1. Key Terms and Definitions[9]

Cash and Voucher Assistance (CVA): Cash and voucher assistance (CVA) refers to the direct provision of cash transfers and/or vouchers for goods or services to individuals, households, or group/community recipients. In the context of humanitarian response, CVA excludes payments to governments or other state actors, remittances, service provider stipends, microfinance, and other forms of savings and loans. The terms "cash" or "cash assistance" should be used when referring specifically to cash transfers only (i.e., avoid using "cash" or "cash assistance" when referring to cash and vouchers collectively). CVA has several synonyms (e.g., Cash-Based Interventions, Cash-Based Assistance, and Cash Transfer Programming), but Cash and Voucher Assistance is the recommended term.

Cash and Voucher Assistance Plus (CVA+): Cash and voucher assistance that also includes complementary programming (nutrition specific or nutrition sensitive complementary activities or components).

Commodity Voucher: Commodity vouchers can be redeemed at participating vendors for goods or services selected by recipients from a pre-determined list of items/services of specified types and quality. They may provide some choice in terms of vendors and market locations. Commodity vouchers are typically significantly more restricted than value vouchers.

Conditionality: Conditionality refers to prerequisite activities or obligations that a recipient must fulfill to receive assistance. Conditions can be used with any kind of transfer (cash, vouchers, in-kind, service delivery) depending on the intervention design and objectives. Some interventions might require recipients to achieve agreed outputs (which can include purchasing specific goods or services) as a condition of receiving subsequent tranches. Examples of conditions include attending school, building a shelter, attending nutrition screenings, undertaking work, training, etc. Cash for work/assets/training are all forms of conditional transfer. Unconditional transfers are provided without the recipient having to do anything to receive the assistance, other than meet the intervention's targeting criteria (targeting is separate from conditionality). Conditionality is distinct from restriction (how assistance is used) and targeting (criteria for selecting recipients). See also **Labeling**, and **Restriction**.

In-kind: Humanitarian assistance provided in the form of physical goods or commodities. In-kind assistance is restricted by default as recipients are not able to choose what they are given.

Minimum Expenditure Basket (MEB): An operational tool 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. 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.

Modality: Modality refers to the form of assistance—such as cash transfer, vouchers, in-kind, service delivery, or a combination (modalities). This can include both direct transfers to household level, and assistance provided at a more general or community level, such as health services, WASH infrastructure.

Multipurpose Cash Assistance (MPCA): Multipurpose Cash Transfers are transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household's basic and/or recovery needs. The term refers to cash transfers designed to address multiple needs, with the transfer value calculated accordingly. MPC transfer values are often indexed to expenditure gaps

9 Where possible, definitions will be quoted from the CALP network (CALP Network n.d.) and LIFT II Overview Note Provision: Cash Transfer and Voucher Programs (USAID n.d.)

based on a Minimum Expenditure Basket (MEB), or other monetized calculation of the amount required to cover basic needs. All MPC are unrestricted in terms of use as they can be spent as the recipient chooses. This concept may also be referred to as Multipurpose Cash Grants (MPG), or Multipurpose Cash Assistance (MPCA).

Restriction: Restriction refers to limits on the use of assistance by recipients. Restrictions apply to the range of goods and services that the assistance can be used to purchase, and the places where it can be used. The degree of restriction may vary—from the requirement to buy specific items, to buying from a general category of goods or services. Vouchers are restricted transfers by default since they are inherently limited in where, when and how they can be used. In-kind assistance is also restricted. Cash transfers are unrestricted and can be used as recipients choose.

Supplemental Nutrition Assistance (SNA): The provision of cash, vouchers, or in-kind distributions targeted to specific vulnerable groups who need additional support in order to access an adequate, diverse diet.

Unconditional cash transfers (UCTs): These transfers have no restrictions on how money is used and no requirements placed on beneficiaries in order to receive them.

Value Voucher: A value voucher has a denominated currency value and can be redeemed with participating vendors for goods or services of an equivalent monetary cost. Value vouchers provide relatively more flexibility and choice than commodity vouchers but are still inherently restricted as they can only be redeemed with designated vendors or service providers. Some value vouchers may also have restrictions on the range of commodities that can be purchased, exclude specific commodities, or be time-bound (e.g., expiry date).

Voucher: A paper, token, or e-voucher that can be exchanged for a set quantity or value of goods or services, denominated either as a cash value (e.g., $15) or predetermined commodities (e.g., 5 kg maize) or specific services (e.g., milling 5 kg of maize), or a combination of value and commodities. Vouchers are restricted by default, although the degree of restriction will vary based on the program design and type of voucher. They are redeemable with preselected vendors or in "fairs" created by the implementing agency. The terms vouchers, stamps, or coupons might be used interchangeably.

Annex 2. Global Mapping Survey Responses and Program Characteristics

Table 3. Survey Responses and Program Characteristics

Type of Implementing Partner	No. of Responses (Respondents Could Select Multiple Categories)
International NGO	37
National NGO	16
Government entity	5
United Nations	8
Total	**66**
Type of Donor	**No. of Responses (Respondents Could Select Multiple Donor Types)**
USAID/U.S. Government	24
EU/ECHO	9
Other bilateral donor	5
United Nations	12
National government donor	7
International NGO and foundation grants	9
Total	**66**
Region	**No. of Countries per Region**
Africa	26
Middle East	6
Latin America	2
Asia	9
Missing	4
Total	**47**
Type of Emergency Context	**No. of Responses (Respondents Could Select Multiple Contexts)**
Cyclical emergency	4
Rapid-onset	13
Slow-onset	17
Protracted crises	21
Other	3
Total	**58**
Urban/Peri-Urban/Rural	**Percentage**
Urban	9
Periurban	20
Rural	71

Total	**100**
Targeted Population Served by Respondent Programs	**No. of Responses (Respondents Could Select Multiple Categories)**
IDP/refugees residing in camps	13
IDP/refugees settled in community	20
Settled/community populations	36
Other	8
Total	**77**

Annex 3. Global Mapping Survey Results - Program Modalities and Complementary Activities

Table 4. Program Modalities and Complementary Activities, Including Complementary Nutrition Activities

Program Modality	No. of Responses; Respondents Could Select Multiple Modalities
Resource transfers modality	
Cash transfers	37
Commodity voucher	9
Value voucher	4
In-kind food assistance	6
Other	3
Total	59
Conditionalities Associated with Resource Transfers	
Unconditional unrestricted transfers	27
Conditional transfers	12
Both	6
Missing	2
Total	**47**
Fresh Food Vouchers for PLW and Children under Five	
Do not provide fresh food vouchers	31
Provide fresh food vouchers with another food assistance modality	7
Provide only a fresh food voucher	3
Other	5
Missing	1
Total	**47**
Cash Transfer Delivery Mechanism	
Cash in-hand	13
Mobile transfer	25
Bank or post office payment	7
Other	2
Total	**47**
Voucher Delivery Mechanism	
Paper voucher	13
E-voucher	11
Token voucher	3

Total responses	**27**
Seasonality	**No. of Responses**
Seasonal transfers: No	22
Seasonal transfers: Yes	24
Missing	1
Total	**47**
Top-ups	
Top-ups provided: No	35
Top-ups provided: Yes	9
Missing	3
Total	**47**
Complementary Activity	**No. of responses (Respondents Could Select Multiple Activities)**
Nutrition	36
Food assistance	28
Health	22
Livelihoods and/or resilience	26
WASH	21
Agriculture	21
Child protection	14
Education	10
Shelter	3
Social behavior change	1
Complementary Nutrition Activities among Those Who Reported Implementing These Activities	**No. of responses (Respondents Could Select Multiple Activities)**
Implementing any complementary nutrition activities	35
IYCF/MIYCN/E	26
Management of acute malnutrition	13

USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

December 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.