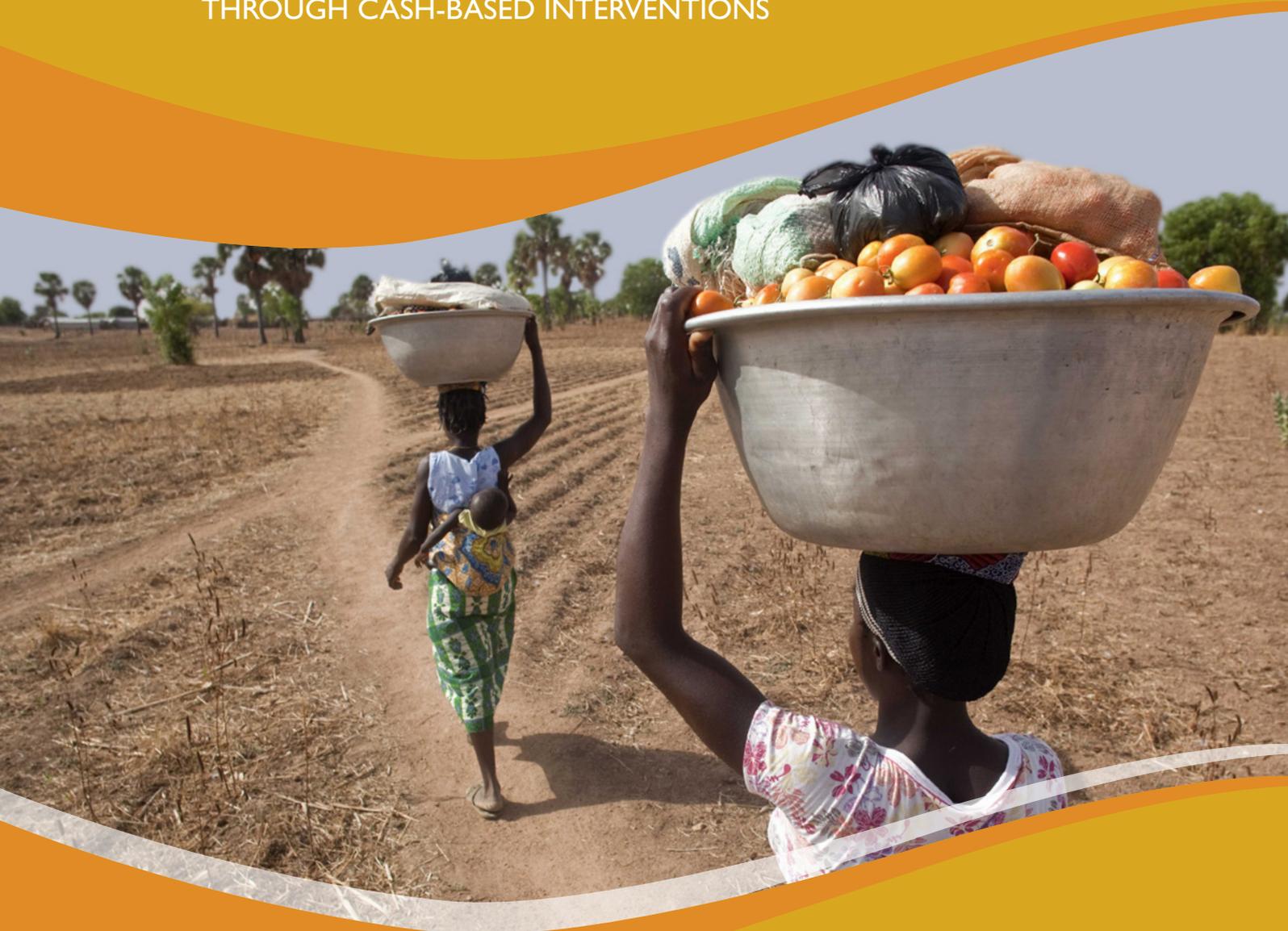




Food and Agriculture Organization
of the United Nations

NUTRITION AND CASH-BASED INTERVENTIONS

TECHNICAL GUIDANCE TO IMPROVE NUTRITION
THROUGH CASH-BASED INTERVENTIONS



THE MANY DIMENSIONS OF NUTRITION



NUTRITION AND CASH-BASED INTERVENTIONS

Technical guidance to improve nutrition
through cash-based interventions

Food and Agriculture Organization of the United Nations
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Acronyms

CBI	Cash-based interventions
CCT	Conditional cash transfer
CFW	Cash for work
FAO	Food and Agriculture Organization of the United Nations
FFA	Framework for Action on Malnutrition
ICN2	Second International Conference on Nutrition
UCT	Unconditional cash transfer
VFW	Voucher-for-work
WHO	World Health Organization

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Executive summary

This Note is designed to offer technical guidance in implementing cash-based interventions (CBIs) that maximize nutrition outcomes, either in humanitarian contexts or embedded within social-protection policies. It can be used by anyone involved in designing and implementing CBIs or related activities to help them integrate nutrition outcomes in their work, and also by those involved in developing nutritional policies and strategies. It presents a brief background to the topic of CBIs, the theoretical framework that supports the linkages between CBIs and nutrition outcomes, a summary of the evidence on the topic, and a practical, step-by-step approach to integrating nutrition into CBIs.

The nutrition situation worldwide remains alarming, with more than 50 million children under five wasted and more than 150 million stunted. Where context allows, cash transfers are efficient and effective in covering basic needs; they can also play a key role in improving nutrition by reducing poverty, increasing food security and improving care and health. Many international stakeholders regard CBIs as a key mechanism through which to implement social-protection policies and humanitarian response. International communities have also unified around the nutrition agenda. As malnutrition cannot be tackled by one sector alone, we can build on synergies between those working on food security, nutrition, social protection and resilience for an integrated response.

CBIs are used to support vulnerable people in a range of settings, from humanitarian, fragile and protracted crises contexts to long-term resilience and poverty-alleviation initiatives and through existing social-protection policies. The design of the intervention will depend on the particular objectives of the programme and the context in which it is implemented. Size and frequency of the transfer, the duration of the programme and the distribution mechanism should be based on a needs assessment, the context and the available budget.

The guidance provided by this document is applicable to CBIs in any context, although they are most effective when integrated within other humanitarian response efforts or as part of risk-informed social-protection platforms. CBIs will be most supportive of nutrition when a) nutrition is considered in the situation analysis or needs assessment at the outset; b) feasible nutrition outcomes are explicitly included in the programme's theory of change and objectives; c) the

nutritionally vulnerable are included as primary beneficiaries; d) appropriate mechanisms of design and delivery are chosen; and e) outcomes of the programme, whether positive, neutral or negative, are properly measured and there is a response plan in place, especially to adhere to principle of “do no harm.”

It is widely acknowledged that CBIs have great potential to address inequity and vulnerability, particularly for nutrition outcomes, but they need to be carefully considered, delivered and measured. Ultimately, nutrition lies at the heart of well-being, health, economy, resilience and productivity. Making all our initiatives nutrition-sensitive will have reverberating benefits in many sectors and across all populations.

1. INTRODUCTION

1.1. Aim of the guidance note

There is a growing interest in cash-based interventions (CBIs) and nutrition but a lack of technical guidance in implementing initiatives that combine both. This Technical Guidance Note is designed to address that gap. It builds on existing evidence, best practice and emerging approaches in nutrition-sensitive programming. A glossary of terms used in this report can be found in Box 1.

This Note is part of a larger technical package on nutrition-sensitive interventions. It provides practical recommendations on how to enhance the nutritional impact of CBIs. It is not meant to be a guide to creating a cash-transfer programme, nor a comprehensive overview of building nutrition-sensitive programmes; technical materials on these topics are available and listed in Annex 2.

This document is intended for **programme planners and managers** working for government, humanitarian and development organizations. It can be used by anyone involved in designing and implementing cash-based transfer programmes or related activities to help them integrate nutrition outcomes in their work, and also by those involved in developing nutritional policies and strategies to ensure that they take full account of the potential of CBIs to improve nutrition.

The guidance is organized in four main sections:

- Section 1 provides a **brief background** of nutrition, social protection and CBIs and **describes** various aspects of **these sectors and how they are related**.
- Section 2 explains the theory behind adding a nutrition lens to CBIs and explains the possible **impact pathways** that may lead to improved nutrition. It also provides a summary of the **evidence** on how CBIs are related to nutrition.
- Section 3 provides a practical, **step-by-step approach** to integrating nutrition into CBIs, with tips and guidance. It is illustrated with recent examples of effective linkages between CBIs and nutrition outcomes.

☑ **Box 1. Glossary of terms relating to cash-based interventions and nutrition**

Cash-based intervention: CBIs are a mechanism through which cash or vouchers are distributed systematically to a population, usually those who are poor, vulnerable or affected by an emergency. CBIs can be short- or longer-term interventions and may be used in a range of settings, from humanitarian, fragile and protracted crises contexts to long-term resilience and poverty-alleviation initiatives. They may be implemented through existing social-protection policies.

Social protection: social protection encompasses the policies and programmes that address economic, environmental and social vulnerabilities to food insecurity and poverty by protecting and promoting livelihoods (The World Bank Group, 2015). Social protection comprises three broad components:

- **Social assistance:** publicly provided non-contributory transfers that are given in kind (e.g. food) or in cash. This includes interventions such as cash transfers, school feeding, food transfers, fee waivers and public-works programmes.
- **Social insurance:** contributory insurance to mitigate the effects of shocks. This includes measures such as health insurance, crop insurance and flood insurance.
- **Labour-market protection:** protection for labour, such as unemployment benefits and skills development.

Social protection is integral to the 2030 Agenda for Sustainable Development and is recognized as instrumental in poverty eradication, inequality reduction and economic development. Poverty and hunger share many of the same structural drivers, meaning that social protection can provide an effective strategy to reduce poverty and also ensure food security and improved nutrition; this has been articulated increasingly in recent publications and initiatives.

Sources: World Bank, 2015; FAO, 2015; FAO, 2016a

Nutrition-sensitive: an investment policy, programme or project can be considered nutrition-sensitive if it aims to contribute to better nutrition by addressing some of the underlying determinants of nutrition – access to safe and nutritious foods (quantity and quality/diversity), adequate care and a healthy and hygienic environment. Such projects must intend to improve nutrition, directly or indirectly. Nutrition-sensitivity can also mean ensuring that there is no damage or undermining of practices and policies that support good nutrition. Ideally, an agricultural and rural development investment would aim to actively contribute to better nutrition rather than at simply preventing a worse situation.

Source: FAO, 2016b.

1.2. Background

The nutrition situation worldwide remains alarming, with more than 50 million children under five wasted, 38 million overweight and more than 150 million suffering from stunting (Development Initiatives, 2018). The situation is worse in countries in protracted crisis: the number of children and women in need of nutritional support increased between 2016 and 2017 in 51 countries particularly affected by protracted crises (FSIN, 2018).

Cash transfers are a key component of development work as well as humanitarian assistance. There is consensus that, where context allows, **cash transfers are efficient and effective in covering basic needs and can also play a key role in improving nutrition by reducing poverty, increasing food security and improving care and health** (de Groot *et al.*, 2015). Poverty reduction efforts directly improve nutrition, which is a key indicator of the overall well-being of populations. **Direct determinants of nutrition are often addressed through nutrition-specific interventions**, such as iodizing salt, providing vitamin A supplementation to pregnant women or conducting community management of acute malnutrition. **Indirect determinants of malnutrition**, often thought of as nutrition-sensitive, encompass all the factors that underlie nutritional status such as poverty, access to safe and nutritious foods (quantity and quality/diversity), adequate care and a healthy and hygienic environment. For information about the Food and Agriculture Organization of the United Nations (FAO) commitment to nutrition-sensitive programming, see Box 2.

In the proclamation of the Decade of Action on Nutrition, United Nations Member States **committed to address all forms of malnutrition**. The proclamation dictates ten years of sustained and coherent implementation of policies and programmes based on the recommendations and commitments of the Framework for Action (FFA) arising from the Second International Conference on Nutrition (ICN2) (FAO and WHO, 2014) and the 2030 Agenda for Sustainable Development. These highlight the **need to leverage social-protection policies and programmes for coordinated, coherent and cross-cutting action to combat the complex nature of malnutrition**. In particular, the FFA encourages countries to “Use cash and food transfers, including school feeding programmes and other forms of social protection for vulnerable populations to improve diets through better access to food” (FAO and WHO, 2014, Recommendation 23) and

to “Increase income for the most vulnerable populations” (FAO and WHO, 2014, Recommendation 24). These commitments are in line with FAO Strategic Objectives 1 (eliminate hunger, food insecurity and malnutrition), 3 (reduce rural poverty) and 5 (increase resilience). Achieving these outcomes require that social protection, particularly CBIs, are designed to be nutrition-sensitive.

☑ **Box 2. Adopting a nutrition lens: FAO’s approach to nutrition-sensitive programming**

“Nutrition sensitive programming is not just a fleeting development agenda but rather a renewed call to address the crux of people’s food and livelihood needs by placing individuals at the centre of the food system” (FAO, 2016c)

FAO promotes nutrition-sensitive agriculture and food systems as part of its mandate. It actively applies a nutrition lens to agriculture, social protection and resilience programming, even if nutrition outcomes are secondary or tertiary objectives of such programmes. FAO endeavours to include actions explicitly designed to prevent and address all forms of malnutrition in all its programmes.

For more resources, including technical guidance and training modules for nutrition-sensitive policies and programmes, visit www.fao.org/nutrition/policies-programmes/toolkit/en.

1.3. How are nutrition, resilience and social protection related?

Nutrition is both an input to and an outcome of strengthened resilience (FAO, 2014). Social protection, which is usually implemented through a policy or series of policies, can help to bolster nutritional status as well as prevent deterioration of nutritional status during crises. In the absence of or as an accompaniment to social-protection programmes, nutrition-based responses to crises can help a population recover from deterioration of nutritional status or, even better, prevent worsening nutritional status and thus support resilience. CBIs are a delivery mechanism through which to implement both social-protection policies and humanitarian response.

Applying a nutrition lens to CBIs in humanitarian response and social protection can promote nutrition outcomes in short-term interventions and longer-term development strategies, as reducing the various forms of malnutrition requires both short- and long-term strategies. It also may support the inclusion of groups that otherwise might be left out of routine

programming. Malnutrition cannot be tackled by one sector alone and needs multisectoral and multistakeholder solutions. It is thus necessary to build on synergies between those working on food security, nutrition and resilience for an integrated response.

While humanitarian response efforts can be made in short-term crises with little or no linkage to long-term resilience structures where necessary, CBIs can be nutrition-sensitive regardless of their duration or linkages to other programmes. However, nutrition outcomes will be the best when short- and long-term strategies are co-located and planned along the nutrition life cycle.

Social protection can enhance the economic and productive capacity of even the poorest and most marginalized communities, and thus is a key aspect of general poverty-alleviation efforts. Social protection can strengthen resilience by enhancing the capacity of poor households to withstand and recover from natural and human-induced crises (Roelen, Longhurst and Sabates-Wheeler, 2018). This approach to crisis management has shown that **access to predictable and sizeable social-protection benefits, for example cash transfers, can protect poor households from the impacts of shocks including erosion of productive assets and negative coping practices** (Roelen, Longhurst and Sabates-Wheeler, 2018). At a structural level, social protection can help to build capacity, smooth volatility and allow for investments that contribute to building people's resilience and overall health (Sircar and Friedman, 2018).

Agriculture is also intrinsically related to social protection. Three-quarters of chronically undernourished people rely predominantly on natural resources and agriculture for their livelihoods (FAO, 2017). All kinds of shocks – from unrest to climate change to economic crises – leave this already-fragile group particularly vulnerable and exposed. Improved access to infrastructure, irrigation, extension, input technology and microcredit can lead to improvements in household consumption and food security as well as the accumulation of durable assets (FAO, 2013). Just as nutritional status is both a determinant of and an outcome of a household's resilience, engagement in agriculture and the food system are enhanced by social-protection schemes.

Linking food and agriculture interventions to social-protection measures has great potential to improve nutrition and strengthen resilience simultaneously. Social-protection programmes can ensure that families do not have to choose between basic food provision and other essential goods and

services, whether it be through increased capacity to produce (in homestead gardens for instance) or through increased income from cash transfers. Social-protection schemes can be linked to agriculture and nutrition directly by improving production, promoting value-added practices (high-value crops, crop transformation such as drying, smoking or pickling) and enhancing on-farm resilience (through better planning for the lean season, flood-prevention measures, etc.). They can also be linked to agriculture indirectly, such as by diversifying livelihoods within the household or by providing off-setting funds or vouchers in lean times for expenditures on higher-quality and more-diverse diets or health care. During lean times, children are particularly vulnerable to poor dietary diversity and adequacy and women of reproductive age are more likely to go without or with less food to shield their families. Both are yet more vulnerable when essential health care is lacking, either because they cannot afford to access it or because services are not available. Social-protection schemes can ensure that their nutritional status is protected by providing funds to enable access to food and services, by investing in agricultural inputs or through increased assistance to agricultural households (FAO, 2016d). The challenge still remains on how to make full use of cash interventions to achieve greater nutrition outcomes.

1.4. What are cash-based interventions?

1.4.1. Purpose of cash-based interventions

CBIs are a mechanism through which cash or vouchers are distributed systematically to a population, usually those who are poor, vulnerable or affected by emergencies.

CBIs are used in a range of settings, from humanitarian, fragile and protracted crises contexts to long-term resilience and poverty-alleviation initiatives and in existing social-protection policies. The purpose of CBIs can be related to basic needs or sector-specific needs. The design of the intervention will depend on the particular objectives of the programme and the context in which it is implemented, including the security situation, the gender analysis, the underlying health status of the population, exposure to shocks, sociocultural context, geographic characteristics, seasonality and market access, among others. The size of the transfer, its frequency and duration and the distribution mechanism used should be based on a needs assessment, the context and the available budget.

CBIs are not necessarily designed to achieve nutrition objectives. However, FAO seeks to build linkages to agriculture, food security, nutrition, natural resource management, rural employment and resilience overall, and specifically seeks to make social-protection programming, including CBIs, nutrition-sensitive whenever possible.

Box 3. FAO's approach to cash-based interventions: purpose and comparative advantage

FAO supports the use of CBIs as tools to increase income and protect assets of vulnerable populations before, during and after a crisis or shock (FAO, 2016e). Cash-based transfers support FAO's goal to simultaneously reduce hunger and poverty. FAO supports the application of CBIs in its core programmatic areas:

- to mitigate risks before a crisis strikes;
- as an instrument in humanitarian action;
- to promote post-crisis recovery; and
- to deliver support in the framework of social-protection systems.

1.4.2. Types of cash-based interventions

The delivery and structure of CBIs can be modified to best meet the needs of vulnerable households. This document addresses the use of CBIs in any context, although they are most effective when integrated with other humanitarian response efforts or as part of risk-informed social-protection platforms. Regular transfers to the poor can provide liquidity, smooth consumption and allow for strategic investments in different household needs. As humanitarian aid in emergencies and during shocks, CBIs can ensure basic needs of households are met and prevent negative coping strategies. Many CBIs are now combined with other agricultural, economic, social or health activities designed to maximize the benefits of the cash. These interventions are often referred to as Cash 'plus' (Cash+).

Table 1 summarizes the different types of CBIs.

☑ **Table 1. Types of cash-based interventions**

Type of CBI	Description
Unconditional cash transfers	<ul style="list-style-type: none"> • Cash is given to recipients, who do not have to do anything in return for receiving the assistance.
Conditional cash transfers	<ul style="list-style-type: none"> • Cash is given to recipients, who have to comply with certain requirements such as attending nutrition and health-care training, adopting good agricultural practices or ensuring that children attend school. • The condition often aims at promoting behavioural changes in programme participants.
Cash for work (CFW)/Vouchers for work (VFW) (public works)	<ul style="list-style-type: none"> • Cash or vouchers are given to recipients in exchange for temporary, unskilled employment. CFW/VFW schemes are usually related to public or community work programmes, e.g. building or rehabilitating community infrastructures such as roads or irrigation systems, retainer walls and water catchments, or for activities such as reforestation and soil and water conservation. They can also include work done at the home of the recipient. • Payments are commonly made in exchange for a set number of hours of work, usually at a rate of payment below the market daily labour rate. • In social-protection literature, the most commonly used term is “public works,” which covers CFW, VFW and food for work.
Voucher schemes	<ul style="list-style-type: none"> • Beneficiaries receive paper vouchers or electronic cards that can be exchanged for goods and services at preselected shops. • Vouchers can be cash vouchers or commodity vouchers for specific goods and/or services. • Cash vouchers have a set monetary value that can be used to buy commodities or services; commodity vouchers are exchanged for a fixed quantity of specific commodities or services from traders participating in the project.
Input trade fairs	<ul style="list-style-type: none"> • Input trade fairs are a specific type of cash or commodity voucher scheme where temporary one-day markets are organized to give farmers, pastoralists and displaced people who do not otherwise have access to markets the opportunity to buy agriculture-related inputs and services using vouchers.
Cash plus (Cash+)	<ul style="list-style-type: none"> • Cash+ refers to complementary programming whereby cash transfers are combined with other forms of support and activities such as provision of productive assets, inputs and/or technical training and extension services to enhance the livelihoods and productive capacities of poor and vulnerable households. • The cash assistance component allows beneficiaries to address their immediate basic needs while protecting the “plus” component (productive goods and services) to be used as intended for productive purpose, thus encouraging economic empowerment and increased asset ownership.

Source: FAO (2018a).

2. CONCEPTUAL FRAMEWORK AND EVIDENCE: HOW DO CASH-BASED INTERVENTIONS IMPACT NUTRITION?

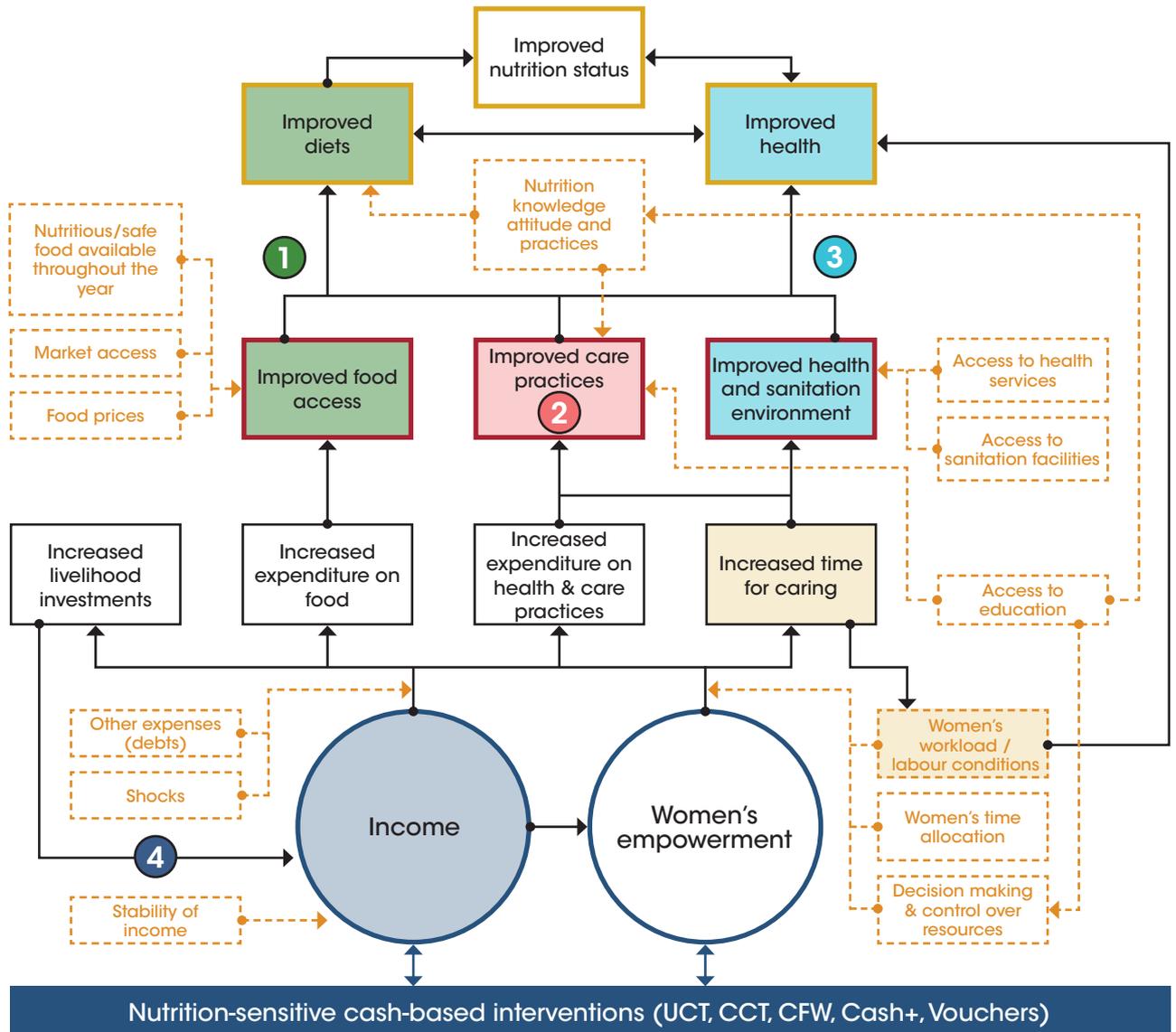
2.1. Conceptual framework: impact pathways for nutrition-sensitive cash-based interventions

Whether as part of a short-term programme or embedded in a broader social-protection system, there are multiple ways in which CBIs can impact nutrition. FAO has identified four nutrition-related outcomes that can result from social-protection policies and programmes:

1. improved dietary diversity and/or food consumption of all household members;
2. improved care and feeding practices of nutritionally vulnerable groups (infants, young children);
3. improved utilization of health services by nutritionally vulnerable groups; and
4. sustained food and income sources of households throughout the year and consequently minimized negative coping mechanisms.

These pathways are shown in Figure 1.

✓ **Figure 1. Potential impact pathways from nutrition-sensitive cash-based interventions to nutrition**



Examples of factors which can influence the pathways to nutrition

UCT – unconditional cash transfer; CCT – conditional cash transfer; CFW – cash for work

Source: adapted from Bailey and Hedlund (2012), Herforth and Harris (2014) and SPRING (2014).

A number of underlying factors, such as debt, income stability, women's ability to make decisions or access to education, can influence how a CBI is received and used. Cash inputs can act on these underlying factors in two ways: (i) cash is considered a source of income or (ii) cash is a source of women's empowerment. These two mechanisms interact with one another and can be complementary. In the best circumstances, CBIs can contribute to increased expenditures and time allocation, particularly on livelihoods, food, health and care practices. These investments, in both time and money, can contribute to better diets and food access, improved care and feeding of young children, additional health-care seeking and more stable and sizeable income.

Cash as a source of income

In theory, additional income can result in improved household diet and health, both through food expenditures (e.g. more-nutritious foods) and through non-food expenditures (e.g. health-care services, sanitation facilities). This impact pathway depends on several factors; these include the following:

- the amount and stability of income (e.g. low wages, seasonal employment, shocks);
- the way income is used. Expenditures on food and health services compete with other household expenditures (e.g. debts, schooling fees, farm expenditures, non-nutritious foods, durable items);
- household access to services, including markets in general, the availability and affordability of nutritious foods in the market and of health-care and sanitation services; and
- the level of nutrition knowledge, attitude and practices, so that access to diverse and nutritious food effectively translates into improved diet.

Cash as a source of women's empowerment

Achieving nutrition outcomes through the income pathway is often contingent on women's control over income. Cash itself can be a source of women's empowerment, especially if women have the power to decide how to use it. Cash can give the household more purchasing power and may help the household allocate resources and prioritize expenditures more effectively. It can also contribute to changes in time use by reducing pressure on women to work for wages or on the farm; this can result in women devoting more energy to caring for themselves and their family, preparing food, etc. Distributing cash to women can result in positive nutrition outcomes, women being more likely to use income for household nutrition, care and health (Bastagli *et al.*, 2016).

This impact pathway also depends on several factors, such as:

- the level of women's empowerment: even if cash is distributed to women, social pressure may result in women having to give the cash to men to avoid disagreements and increased intrahousehold violence;
- the time and energy expenditure of engaging in CBIs: the opportunity costs of engaging in CBIs could potentially translate into less time for childcare and excessive physical activity which could negatively impact women's health status; and
- the level of nutrition education, knowledge, attitudes and practices (e.g. use of time, knowledge about the importance of self-care, healthy young-child feeding practices, etc.).

Theory versus reality

Of course, what happens in reality does not always match the initial theory. Several studies have shown a correlation between increased average income or gross domestic product at a national level and reductions in stunting, although the magnitude of effects vary (e.g. Ruel, Alderman and the Maternal and Child Nutrition Study Group, 2013; Volmer *et al.*, 2014; O'Connell and Smith, 2016; Mary, 2018). Studies have also shown similar or even greater increases in overweight and obesity prevalence corresponding to increases in national income measures (Hruby and Hu, 2015). Extra income may not necessarily be spent on nutritious foods but rather on snacks and processed and sugary foods. Cash may also be spent on non-food items or non-productive goods entirely. When designing cash-based programmes, it is important to consider all these possibilities, investigate the conditions that might influence the outcomes of the transfers and monitor the programme for unintended consequences. A theory of change is a good place to start (De Silva *et al.*, 2014). In practice, it is essential to be realistic rather than assuming that positive outcomes are inevitable.

Complementary interventions and conditions for cash

Complementary programmes and multiple components within CBIs are ways to address complex underlying causes of undernutrition (Fenn, 2018; Ruel, Quisumbing and Balagamwala, 2017). When researchers first started studying pathways between agriculture and nutrition, it was assumed that increased availability of nutritious foods, particularly those grown on the farm or homestead, would translate independently into increased consumption of those foods. However, as these pathways were investigated it became apparent that without training, education and other behaviour-change components, availability did not necessarily lead to increased consumption,

and more complex agriculture–nutrition programming became the norm (Berti, Krasevec and FitzGerald, 2004). In much the same way, the complementary messages and programme components delivered through CBIs are often important in translating cash inputs into nutrition outcomes. The “+” in Cash+ programmes, such as education, training or additional assets and access to services, can bolster the effective application of cash inputs in households and reduce barriers to improved nutrition. For example, vouchers for fresh food can encourage households to acquire and consume healthier foods rather than processed or packaged foods. Cash+ combined with provision of processing or transformation equipment can help reduce women’s workloads and may increase their income. These inputs can allow more time and income for activities such as caring for children and other family members, structural investments such as water and hygiene systems, and for food procurement and preparation.

2.2. Evidence: cash-based interventions and nutrition outcomes

There is a growing body of literature on the impact of CBIs on nutritional outcomes. Currently, much of this evidence is from development settings, which are easier to study than humanitarian settings as they are often less volatile and more predictable. There is, however, an increasing number of studies examining the effects of different types of cash transfer in humanitarian settings, and these are highlighted in the following sections. Many researchers have applied more rigorous methods (controlled groups and randomization for instance) to answer the question of whether CBIs impact nutritional status. Less work has been done to tease out the mechanisms through which they work best (or fail).

2.2.1. Child outcomes: anthropometry, micronutrient status and child diets

There is growing evidence that, in some circumstances, CBIs can contribute to reductions in acute malnutrition, or wasting, measured through weight-for-height z-scores (Pega *et al.*, 2015; Bastagli *et al.*, 2016; Grellety *et al.*, 2017; Bliss *et al.*, 2018). However, some studies showed no effects on wasting (Grijalva-Eternod *et al.*, 2018).

Evidence of positive effects from CBIs on height-for-age z-score largely comes from development settings, especially CBIs delivered as part of large social-protection programmes in Latin American countries (Segura-Perez,

Grajeda and Perez-Escamilla, 2016). Evidence on cash interventions and stunting in emergency settings is sparse because it takes years to measure a child's linear growth and instituting rigorous methods of inquiry during humanitarian emergencies may not be realistic, feasible or ethical.

Underweight and micronutrient status have also been occasionally measured as outcomes of CBIs, and there is some evidence of improvement in these indicators where effects are seen (Rivera *et al.*, 2004; Fenn *et al.*, 2015b; de Groot *et al.*, 2015; Bastagli *et al.*, 2016). Although most evidence available on dietary diversity has been measured at the household level, some studies have shown improvements in child dietary diversity associated with participation in CBIs (Mishra, 2017; Bliss *et al.*, 2018). There is very little evidence on how CBIs might affect child health, particularly treatment of child illness, especially because the underlying causal pathways are unclear and increased availability of cash to the household may reduce illness through various mechanisms (Pega *et al.*, 2015).

Some of the strongest evidence on nutrition outcomes of CBIs has been measured through food consumption, dietary diversity, food insecurity and household and food expenditures (de Groot *et al.*, 2015; Pega *et al.*, 2015; Bastagli *et al.*, 2016; Doocy and Tappis, 2016; Grellety *et al.*, 2017; Tonguet-Papucci *et al.*, 2017a). These outcomes are clearly linked with cash inputs at the household level, and cash interventions are shown to be more effective than food baskets or in-kind supplies. There is no strong evidence as to whether unconditional cash transfers (UCTs) may be better at addressing nutrition outcomes than conditional cash transfers (CCTs). However, UCTs may be preferable in emergency settings because they are faster and easier to implement in times of disruption and stress, while in development settings CCTs might encourage complementary health behaviours (Gertler, 2004; Hoddinott and Skoufias, 2004; Schady and Paxson, 2007). Little evidence exists on the effects of CBIs on water, sanitation and hygiene behaviours or outcomes, health practices, coping strategies and other intermediate outcomes.

2.2.2. Mechanisms of CBIs: programme design and implementation

A recent pragmatic review summarized the evidence on both health outcomes and the mechanisms of CBIs (Fenn, 2018). The most evidence relating to design and implementation of CBIs concerns the effect of transferring cash with or without conditions and the modalities of CBIs (cash type, commodity vouchers, e-vouchers, etc.). There is no measured difference between UCTs and CCTs

overall in terms of anthropometric outcomes for children, although one recent study suggests that CCTs are more effective even in humanitarian settings (Bliss *et al.*, 2018). Many studies have shown that cash and vouchers generally give better health outcomes and are more cost-efficient and cost-effective than in-kind transfers of food items or food baskets (Doocy and Tappis, 2016; World Bank, 2016; Hougbe *et al.*, 2017; Tonguet-Papucci *et al.*, 2017b; Grijalva-Eternod *et al.*, 2018). There is also consistent evidence that there is a threshold for the size of the transfer as a percentage of a household's income to achieve nutrition-related outcomes, for instance on child anthropometry. In general, transfers that are greater than 15 percent of household income (and up to 30 percent) will be able to translate into meaningful health outcomes (Fenn *et al.*, 2015a; Fenn *et al.*, 2015b; Bastagli *et al.*, 2016).

Some evidence shows that in development settings, and even in fragile contexts, mobile or electronic distribution systems may have several advantages over paper-based systems, including improving health outcomes (e.g. improving dietary diversity and number of meals), and that these are attributable to the time saved in collection of the cash (Aker *et al.*, 2016). Evidence about who should receive the transfer is limited, although services, assets and cash are often distributed to women as some studies show that distribution to men does not translate to health outcomes (Bastagli *et al.*, 2016). There is very little published evidence about targeting, duration, timing, frequency, supply issues, communication, perceptions and behaviour change, sustainability or unintended effects, just to name some of the mechanistic concerns of how CBIs relate to nutrition (Fenn, 2018).

2.2.3. Other considerations of the evidence and conclusions

Publication bias (positive results are more likely to be published than negative or null results) is certain to affect this body of literature. Nutrition outcomes are hard to achieve even in programmes where nutrition is the main focus due to the complexity of underlying factors. Cash-based transfers are even more upstream than other types of interventions, and therefore observing direct impacts on nutrition may be unlikely, even if the theory is sound. Naturally, CBIs are employed in complex situations for the most marginalized people, which makes it even more difficult to achieve impact. Also, negative outcomes and unintended outcomes are often unmeasured or underreported in such studies. For instance, the prevalence of overweight and obesity is rarely included as an outcome, nor general change in dietary or expenditure patterns that may work against health promotion.

☑ **Box 4. Summary of evidence for impacts of cash on nutrition outcomes**

- The provision of cash alone falls short in achieving long-term second-order impacts such as those related to nutrition, learning outcomes and morbidity (Bastagli *et al.*, 2016).
- There is growing evidence that **cash is more effective than vouchers** for achieving nutrition outcomes (including cost-effectiveness). In particular, unconditional cash transfers (UCTs) and vouchers are better than food transfers at increasing dietary diversity. However, this depends on the context.
- Regarding the **conditionality of transfer**, no differences have been found between conditional cash transfers and UCTs in terms of anthropometry.
- **Cash+ programmes are gaining considerable traction** because of their potential to complement cash with additional inputs, service components or linkages to external services; in combination, these may be more effective in achieving the desired impacts than cash alone (Roelen *et al.*, 2017).

Source: adapted from Fenn (2018).

Although evidence on the links between CBIs and nutrition outcomes is limited in some aspects, it is both sufficiently empirical and logical to promote nutrition-sensitivity in cash-transfer programmes where possible. With proper consideration and planning, building these additional elements into CBIs can make these programmes more impactful for participants and has the potential to strengthen programme planning and implementation.

☑ **Box 5. Recent examples of evidence of links between CBIs and nutrition outcomes**

Cash for nutrition awareness, Mali, 2013

Mothers received cash and a ready-to-use nutritional supplement for their young children, conditional upon visits to a health centre. Preliminary results of the impact evaluation of the cash-for-nutrition-awareness component of the Community Nutrition and Health Program in Kayes (SNACK) indicate that distributing cash did not increase attendance at the health centre when compared with SNACK alone.

Source: ISRCTN Registry (2019).

FAO Cash+ approach, Burkina Faso, 2016

A pilot programme reaching 2 000 very poor households in the province of Sanmatenga, Burkina Faso, tested different interventions based on small-scale livestock rearing (income alone, combined income and assets, assets alone). Productive social safety nets were provided in order to boost these households' sustainable livelihood and stability. Findings so far include the following:

- Combined income and assets were more effective than inputs or cash alone.
- The project reduced negative coping strategies.
- There was a significant improvement in household dietary diversity.

Source: FAO (2016f).

Cash- and voucher-based approaches, Pakistan, 2017

The study in Pakistan measured the nutritional impact and cost-effectiveness of unconditional cash transfer (UCT), double UCT (double the cash value) and a fresh food voucher food-assistance programmes among poor or very poor households during the lean season.

Preliminary findings indicate that:

- there were reduced odds of wasting among those receiving double cash UCT after six months, but no effect after the intervention stopped; and
- both UCT interventions increased household and individual dietary diversity but double UCT increased them by a greater amount.

The authors concluded that CBIs would have to be complemented by other nutrition-specific and nutrition-sensitive interventions to achieve impact.

Source: Fenn *et al.* (2017).

3. OPERATIONAL RECOMMENDATIONS: DESIGN AND IMPLEMENTATION OF NUTRITION-SENSITIVE CASH-BASED INTERVENTIONS

3.1. General considerations for design of cash-based-intervention programmes

FAO is promoting a nutrition-sensitive approach to programme design across its initiatives. This includes both design and implementation techniques that maximize positive impacts on human nutrition.

The general programming principles, adapted from FAO (2015a) are as follows:

1. **Address the nutritionally vulnerable:** CBIs tend to be based on socio-economic criteria such as poverty and asset ownership that are applied at the household level. While poorer households might be the most nutritionally vulnerable, there may be groups that are at increased risk of poor nutrition other than those in poverty (e.g. children under five years, pregnant and lactating women, those unable to exercise free choice, the elderly and remote, isolated populations). Considering these groups in CBIs will help the intervention be more nutrition-sensitive.
2. **Incorporate explicit nutrition objectives and indicators:** CBIs have a better chance of improving nutrition when the various pathways through which CBIs impact nutrition are clearly stated and built into programme plans. Nutrition-related indicators (such as dietary diversity) should be included in the monitoring and evaluation system.
3. **Identify potential negative impacts on nutrition and do no harm:** CBIs may have harmful effects on nutrition, such as by distorting markets, increasing prices (especially of nutritious food), initiating unsustainable or unhealthy intake, encouraging debt by promoting unstable access to inputs or new consumption patterns, or by increasing demands on women's time (Filmer *et al.*, 2018). Monitoring and evaluation systems should be sensitive to these risks, and plans should be in place to mitigate any harm if it is detected.
4. **Incorporate aspects of gender sensitivity and empowerment and, where appropriate, make women the recipients and gatekeepers of cash-transfer benefits:** cash transfers, either within social-protection policies or in stand-alone CBIs, can address systemic and intrahousehold inequity. Helping women to become decision makers and govern important

resources can change the health and educational status of the entire household, which may contribute to breaking the intergenerational cycle of malnutrition. That said, it is important to carefully consider women's workloads and time constraints, especially when women get involved in cash-for-work (CFW) programmes or other time-demanding activities related to CBLs. Applying a gender lens to CBLs does not necessarily mean engaging only women. In fact, engaging men can increase household accountability and cooperation/planning and equalize task-sharing, caring and intrahousehold food allocation. It can also sensitize men and women of every age to the factors that are important to nutrition outcomes, such as rest and healthier diets for pregnant and lactating women and hygiene in feeding young children.

5. **Promote strategies that enable households to diversify their diets and livelihoods:** CBLs, and social-protection policies in general, should actively promote access to and consumption of a diverse and safe diet, including micronutrient supplements where appropriate. Diversifying livelihoods can act both directly and indirectly in this manner, improving resilience by encouraging consumption of home-grown foods, increasing income and improving availability of nutrient-dense foods in low seasons.
6. **Strengthen linkages to water, sanitation, hygiene and health services:** poor water, sanitation and hygiene conditions are associated with reductions in growth in small children and lead not only to disease but also to increased stress and time expenditures of women. Care-seeking and preventative health actions, such as antenatal care, also contribute to improved nutrition. Where appropriate, social-protection activities may provide a natural delivery platform for resources, education and mobilization on these issues.
7. **Integrate nutrition education and promotion:** increasing income or food availability at the household level does not automatically translate into improved nutrition outcomes. For example, greater food availability is unlikely to improve nutrition if caregivers lack knowledge on which foods to choose and how to prepare them for a healthy diet or are unable to purchase or grow foods or allocate them equitably within their household. Nutrition education is therefore often the key element for ensuring that social-protection interventions effectively improve nutrition. However, it is important not to overload already complex programmes and overburdened implementation staff; rather, it is better to co-locate programmes through a convergence approach where appropriate.

8. **Scale up safety nets in times of crises:** the acute and long-term negative effects of shocks can be reduced if social-protection systems already in place can be expanded and adapted in a timely manner.

3.2. Steps for designing a nutrition-sensitive cash-based intervention

In general, good practice for instituting CBIs follows a basic course of assessment, planning and design, implementation, monitoring and evaluation (UNHCR, 2015; Mercy Corps, 2017). Within this course, the following steps will assist in making any CBI more nutrition-sensitive.

3.2.1. Including nutrition in situation analyses and needs assessments

The standard design and implementation approach to CBIs is to first conduct assessments and analysis to (i) determine population's needs; and (ii) assess the feasibility of using CBI modalities to respond to these needs, including establishing an understanding of market capacity and the overall operational context. Beginning planning for CBIs in the assessment phase of a programme will lead to an effective and well-informed programme design and can also be the first entry point to mainstream nutrition issues and ensure that CBIs are nutrition-sensitive (FAO, 2015b).

Where possible, assess the **main nutrition challenges and determinants of malnutrition** in the particular area using primary or secondary data sources suggested in Box 6. Assess what other initiatives that serve the population include nutrition, whether they are direct or indirect nutrition actions, and whether they are reaching their intended populations. This will highlight particular, unaddressed nutrition problems that may be appropriate for inclusion in the CBI. Ideally, this analysis should be conducted according to livelihood groups (see Box A5 in Annex 2 for additional resources). Ascertaining local viewpoints and concerns about nutrition, diets and food production will complement quantitative information about the local nutrition situation. This could include asking about beliefs about the causes of malnutrition, how the population characterizes their own nutrition situation, how they view their diets and what they would like to see change. Other aspects of life, such as income, sociocultural issues, food safety, environment issues, caring practices, gender dynamics and resilience strategies might also intersect with nutritional needs.

☑ **Box 6. Data sources for programme design, implementation and evaluation**

Primary data sources

- Rapid appraisal surveys
- Full baseline survey
- Interviews with health professionals familiar with local health burdens, at-risk groups and challenges to care
- Key informant interviews with local leaders or officials
- Focus groups with community stakeholders or individual key informant interviews

Secondary data sources

- Demographic and health survey data
- Recent surveys from other organizations
- Nutritional surveillance systems
- Published studies on a similar or same population
- Health-centre data

3.2.2. Including nutrition objectives as part of the programme design

To be considered nutrition-sensitive, a CBI should include explicit nutrition outcomes. This means that it would need to make direct links between the intended interventions and the desired nutrition outcome, as described in Figure 1. This is especially key for interventions that are intended to improve household income, as there is much evidence to suggest that increases in household income do not necessarily translate into improved diets (FAO, 2013). Use the nutrition components of the needs assessment to determine which nutritional needs and priorities could be effectively incorporated into the planned CBI, and which actions could have the most impact (see Box 7). Concretely, this means **looking at the different pathways through which CBIs could address determinants of malnutrition and therefore influence nutrition outcomes** (see 2.1 Conceptual framework: Impact pathways for nutrition-sensitive cash-based interventions). It also means planning nutrition components that can be incorporated into the CBI without overburdening staff, having too many expectations of field facilitators covering multiple topics or making the programme so complex that it cannot be evaluated.

The identification of which nutrition outcome(s) the CBI can address should be based on the theoretical framework and existing evidence base and results of the initial assessment.

☑ **Box 7. How to choose which nutrition issues can be addressed through cash-based interventions. An example from a nutrition-sensitive design workshop in Somalia**

During a design workshop for nutrition-sensitive CBIs in Somalia, participants from local non-governmental organizations identified the main causes of malnutrition in different livelihood groups in Somalia. All groups mentioned unbalanced diet, limited access to foods in markets, market disruptions, disease outbreaks (cholera), lack of access to quality health services, lack of knowledge of nutritious food content, taboos/cultural practices, cooking habits, importation of unhealthy food products, climate change and effects of drought and seasonality. Additionally, specific livelihoods groups mentioned unique concerns.

For agropastoralists, the causes of malnutrition included low production of green vegetables and fruits; monotonous and non-diverse diets (consumption of only one variety of grain, usually sorghum or maize); poor hygiene and sanitation practices; lack of sophisticated and/or appropriate farming skills and technologies; and not using the right variety of seeds or having no access to climate-resilient varieties.

For pastoralists, the causes of malnutrition included shortage of pasture; too few water points; food insecurity, particularly shortages of milk or meat; loss of market value for their animals; loss of livestock due to disease, particularly drought-related disease; and not knowing how to use mineral blocks.

For fishermen, the causes of malnutrition included lack of knowledge of the nutritional value of fish, dislike of fish (smelly, looks unhealthy) and selling fish rather than eating them.

Based on this initial analysis of the nutrition situation, participants identified priority nutrition issues that should be addressed through CBIs, including:

- improving dietary diversity
- improving nutrition education
- assisting with high prices of nutritious food, in particular fruits and vegetables
- improving access to safe water
- improving sanitation and hygiene, especially addressing open defecation
- helping families spend their income on things that improve nutrition in the household.

3.2.3. Including the nutritionally vulnerable among primary beneficiaries

Applying a nutrition lens to population selection for CBIs offers an opportunity to **include nutritionally vulnerable groups** – particularly young children, adolescent girls, women of reproductive age, pregnant and lactating women, the elderly and populations affected by diseases – **within broader approaches to reach those relying on rural livelihoods**, including smallholders, the landless and the unemployed.

This means not only identifying who in those general groups is likely to be nutritionally vulnerable, but explicitly aligning CBIs to specifically include and benefit them, directly or indirectly. One challenge when trying to include marginalized groups is that, by definition, they are less accessible or more insulated from factors that have helped the non-vulnerable. Keep in mind that both quantitative or qualitative data sources may be biased, and vulnerability is often intrinsically linked to power dynamics. One strategy to ensure inclusion is to triangulate information across several data sources. Although it may be beyond the scope of the needs assessment to collect primary data on nutrition indicators such as anthropometry, biomarkers or even diets, several different sources of information might exist that can be used (see Box 6).

Identifying particular nutritionally vulnerable groups (see Box 8) within communities and households requires considering the needs of not just the household as a whole but the individuals who reside in the household. **Individual nutritional needs** can be greatly affected by contextual factors and seasonality. For instance, age, gender, religion, ethnicity, household structure or position or other cultural factors might increase the vulnerability of specific individuals. Understanding that nutritional needs change throughout a lifetime and that insults at particular times within that lifetime have long-lasting consequences is called the life-cycle approach (Darnton-Hill, Nishida and James, 2004; Prentice *et al.*, 2013).

In particular, malnutrition experienced during the first 1 000 days of life (between conception and a child's second birthday) has the greatest adverse long-term effects on the individual's health, educational achievement and earning potential. Thus, interventions during the first 1 000 days (i.e. those aimed at pregnant and lactating women and children under two years of age) have great potential to reduce stunting. In addition, a growing body of evidence points to the need to pay more attention to adolescent girls' nutritional needs (Aguayo and Paintal, 2017; Krebs *et al.*, 2017). Thus, adopting a life-cycle approach to nutrition is helpful.

Within CBIs, creating different levels or packages of interventions based on nutritional vulnerability, income levels and livelihood characteristics could prove to be more effective and promote better nutrition outcomes than blanket approaches. However, these types of programmes might introduce a level of complexity that is difficult to administer or culturally unacceptable. Therefore, careful consideration in the intervention and delivery mechanisms is required.

☑ **Box 8. Who is vulnerable to or affected by malnutrition?**

There are different vulnerabilities to malnutrition, including physiological and socio-economic vulnerabilities.

Physiological vulnerability

- Pregnant and lactating women
- Children under five years of age
- Adolescent girls
- Elderly
- People living with HIV/AIDS
- Sick people
- Disabled or infirm

Socio-economic vulnerability

- Female-headed households
- Poor and very poor
- Landless
- Homeless
- Displaced populations
- People belonging to ethnic or religious minorities

Source: FAO (2018b).

3.2.4. Identifying recipients of cash-based interventions

There are several ways to identify the population to be targeted by a CBI: geographical; categorical based on external criteria; and community-based targeting and self-targeting (Slater and Farrington, 2009). Nutrition-sensitivity considerations can be incorporated in each of them.

- **Geographical targeting:** ensure that areas where prevalence of malnutrition is high are included.
- **Categorical, based on external criteria:** explore the possibility of including nutrition-related criteria, such as pregnant and lactating women, elderly, disabled, sick people (chronic diseases, mental diseases), children/women headed households, households with more than three children under five, etc., in the selection criteria.
- **Community-based targeting and self-targeting:** explore the possibility of including nutrition-related criteria, as above. A session of sensitization on nutrition issues can also facilitate the inclusion of these criteria.

3.2.5. Examining additional consideration for a nutrition-sensitive cash-based intervention strategy

- There is some consensus that **targeting younger children from the poorest households**, especially those with less access to services, will have positive impact on their nutrition status (Fenn, 2018).
- Even though nutritionally vulnerable individuals are not necessarily directly targeted through CBIs, they could **benefit indirectly from the transfer**. This could be accounted for through the sensitization of transfer recipients or the consideration of imposing specific conditions.
- If nutrition criteria are effectively included in the strategy, **consultations with other nutrition partners** (e.g. from therapeutic feeding centres, health centres, other nutrition-specific interventions related to care and infant and young-child feeding) will be critical to inform who and where the malnourished are.

3.2.6. Selecting the modalities and delivery mechanisms to maximize nutrition outcomes

There are many different aspects of implementation that can contribute to the nutrition-sensitivity of a CBI, including the type or combination of types of CBI, the transfer recipient, size and timing of transfers, delivery mechanism and messaging to accompany the transfer. In particular, consider the following aspects:

- **Purpose:** is the cash transfer intended for general use or a specific use? Is the intended use related to nutrition?
- **Complementarity:** how does the CBI work with, against or in parallel to other assistance or health programmes reaching the CBI's intended user? How is this CBI embedded in a broader social-protection agenda?
- **Acceptance:** what cultural or behavioural tendencies will inhibit or enhance the impact of the CBI and particularly the nutrition-sensitive aspects of the programme?
- **Modality:** does conditional or unconditional transfer of cash and assets or services make the most sense in the setting? Would cash for work be complementary or competitive with other factors? Is access to services and markets easy, making vouchers more feasible? Have markets been so disrupted or access so limited that a food and asset basket might be necessary? Would open vouchers (for any vendor or service), service vouchers (entitling beneficiaries to services rather than goods) or e-vouchers be best? If transfers are conditional, are the conditions reasonable, available and acceptable to users?
- **Delivery mechanism:** should transfers be made directly to bank accounts, as electronic cards, through an agent or through mobile phones? What kind of enrolment and verification procedures are necessary and available?
- **Recipient:** who is the appropriate recipient in the specified setting? (In social-protection CBIs, the traditional recipient is the woman of the household, whereas in emergency settings this is not necessarily the case.) Are there reasons to believe that delivery to the husband, mother, father, in-law, other relative or any other member of the household would be more appropriate than delivery to the woman of the household? In the particular case of CFW, specific consideration must be given to not increasing women's workloads.

- **Size or amount of transfer:** the value of the transfer in multipurpose cash-transfer programmes is usually based on a locally calculated minimum expenditure basket (what a household requires in order to meet basic needs regularly and its average cost over time). To make a CBI nutrition-sensitive, “basic needs” should include access to health and sanitation services and not just the minimum nutritious food basket. It should also include other factors specific to the context. As discussed in section 2.2.2, CBIs need to be equivalent to between 15 percent and 30 percent of a family’s income to translate into nutrition outcomes (Bastagli *et al.*, 2016).
- **Timing and frequency:** how often should the cash transfer be distributed? In general, smaller, regular payments are used to meet basic needs, while larger one-off payments are used for productive assets. Seasonality will most likely play a role in when to make transfers to overcome barriers of access (i.e. access to diverse and nutritious food, access to water, access to health services).
- **Duration:** for how long will you give the cash transfer? Even if income from outside the CBI stabilizes and it may seem appropriate to discontinue a CBI, continuing transfers for a longer period may help to achieve nutrition outcomes and improve access to health care (Fenn, 2018).
- **Accompanying messages:** what information accompanies the CBI? Are the recipients informed of the intended use of the funds? How are messages designed and delivered to be complementary rather than antagonistic? Ultimately, different types of message can be developed. The best modalities to transmit these messages also have to be explored (Hoddinott, Ahmed and Roy, 2018).
- **Sustainability:** what are the ultimate desired outcomes of the CBI, and how lasting or sustainable are the interventions?
- **Feedback mechanisms:** is there a way for participants to give feedback or make complaints about the CBI? Building in user feedback will contribute to programmes being more people-centred.
- **Unintended effects:** how can the design and structure of the CBI reduce the likelihood of negative consequences for participants? What possible effects need to be considered in terms of gender, household dynamics, time allocation or household violence, for example? Could CBIs negatively affect market or barter prices? Will they contribute to local inflation? What will happen when programmes cease?

☑ **Box 9. Niger e-transfer intervention**

In countries with weak financial infrastructure, mobile money systems may offer an efficient and timely alternative to paper cash and vouchers given through CBIs. In a randomized intervention in Niger, households receiving e-transfers had higher dietary diversity and children in those households ate more meals per day than households who did not receive transfers. Electronic transfers may result in time-savings in travel and collection of the transfer.

Source: Aker et al. (2016).

3.2.7. Monitoring nutrition outcomes of cash-based interventions

Programme design for CBIs should include a monitoring framework that details a plan for what will be measured and when. The monitoring plan should be specific to the desired outcomes of the programme, as well as any information needed to assess programme fidelity and correct the course as the programme rolls out. It is also important to plan for the monetary cost, time and human resources needed for the monitoring effort. General CBI monitoring has specific components that reflect the fidelity (reach, timeliness, quality) and uptake of the programme. There are numerous nutrition-sensitive indicators that may be appropriate, depending on the type of CBI implemented, the context and desired impact of the programme. When considering the monitoring structure of a nutrition-sensitive CBI:

- ensure the monitoring system reflects the theory of change of the programme overall, or the theoretical framework as it relates to nutrition;
- choose indicators that help measure improved food access, diet and/or nutrition status, whether they directly measure the outcome or are important indirect indicators on the pathway to desired outcomes;
- measure the potential negative impacts or unexpected outcomes and external factors of the intervention on nutrition (do no harm); and
- make your chosen indicators more nutrition-sensitive, e.g. “increased food production” can be turned into “increased production of micronutrient-rich foods.”

The inclusion of at least one nutrition indicator is key to ensuring the nutrition-sensitive component of the CBI can be measured. For nutrition-sensitive programmes, monitoring can be based on FAO's *Compendium of indicators for nutrition-sensitive agriculture* (FAO, 2016b) and should go beyond household food access so as to understand the potential nutrition outcomes of the intervention. A full list of nutrition outcome indicators and process indicators (early uptake and intermediate outcomes) can be found in the additional nutrition resources in Annex 2.

The analysis of which indicators are most appropriate will be unique to each project or investment. However, there are several general considerations for choosing indicators:

- Diet quality should be measured at individual level and possibly complemented with a knowledge, access and practices survey to allow a better understanding of food consumption patterns and of the factors that influence food behaviours (e.g. diverse and nutritious foods may be available but target audiences may have inadequate knowledge on how to prepare healthy and nutritious meals for the whole family or have trouble adapting to certain members' preferences given limited preparation time).
- Stunting may not be the most appropriate indicator for a particular programme because it is difficult to observe and attribute to the intervention.
- Biochemical indicators of micronutrient deficiencies, which require blood samples, are often not possible to monitor. Alternatives to assess micronutrient deficiencies include simplified tools such as World Food Programme's *Fill the Nutrient Gap* (WFP, 2017) and others (e.g. Seal and Prudhon, 2007).
- Many interventions will affect women's empowerment, whether by design or not. Aspects such as women's income control and time/labour burden should be assessed quantitatively or qualitatively.
- It may be useful to measure whether income has increased at household level, but it is also important to understand whose income has increased and how this income is spent.
- Indicators of food environment, food access and dietary quality are often the most appropriate for a CBI and improvements can often be attributed to the intervention given appropriate evaluation design.
- The indicators chosen also have to reflect what is feasible and easy to collect. This is particularly true in emergency contexts, where access to vulnerable populations and time for in-depth assessment and monitoring can be limited. In these contexts, a pragmatic approach is needed in the selection of indicators.

3.3. Identify potential negative impacts on nutrition and practice “do no harm”

Risk identification and mitigation are part of good programme design and relate to context, modality and intended beneficiaries. Interventions involving cash transfers have their own set of additional risks related to the transfer. For nutrition-sensitive programming it is important undertake a risk analysis (even an expedited one) and identify a mitigation plan that will address any nutrition-related risks.

☑ **Box 10. FAO’s do-no-harm policy**

Nutrition-sensitive CBLs should not only seek to improve nutrition outcomes but also to do no harm to the nutritional status of the project stakeholders, including producers and consumers. For example:

- Give priority to the promotion of micronutrient-rich crops and purchase locally (where possible) to maintain cultural acceptance, promote equity, support local business and promote diverse, nutrient-rich diets.
- Ensure interventions targeting women accommodate childcare to promote optimal infant feeding rather than burdening women with programme activities.
- Limit the use of agrochemicals in complementary interventions that can have serious health consequences and undermine the sustainability of the natural resource base.

Source: FAO (2015b).

☑ **Box 11. Example of unintended consequences from the Philippines**

The *Pantawid Pamilya Pilipino Program* distributes about USD11 to USD32 a month to 4.5 million households in the Philippines, conditional upon household investments in child education and health and use of maternal health services. An unintended consequence of the programme has been an increase in the price of protein-rich food of between 6 percent and 8 percent. It also led to a 12 percent increase in child stunting among the households in the intervention areas that were not eligible for or not participating in the transfer programme. Different types of modalities (in-kind food distribution) or making the transfer universal in poor areas could avoid these types of pitfalls.

Source: Filmer et al. (2018).

3.3.1. Tips for doing no harm when designing nutrition-sensitive programmes

- **Target groups** – many nutritionally vulnerable individuals are dependent on others to access adequate diets and will not be in direct control of the transfer.
 - Ensure adequate messaging and community consultation for the intervention to reach the intended beneficiaries and translate into nutrition outcomes.
- **Women** – additional workload of women involved in CFW activities can affect both their nutritional status and the time available for child care, with possible consequences for child nutrition.
 - Ensure gender sensitive CFW working conditions and hours and ensure presence of childcare services in the workplace; also consider distance to access interventions and services.
- **Access to markets for nutritious foods** – many interventions will require beneficiaries to search out more-nutritious foods. This may require travelling further, visiting places unfamiliar to the consumer, paying more for these foods or buying highly prized foods such as meat.
 - Consider making the transfer conditional on purchase of nutritious foods; consider reducing the transfer amount and increasing the regularity of the payment to ensure that increased income is regularly available for routine purchases and does not incentivize larger or more extravagant purchases that work against nutrition goals.
- **Market failure** – traders might supply low-quality products.
 - Ensure agreements with traders involved in voucher schemes have a quality clause. For other cash transfers, carry out continuous market monitoring to identify collusion or market failure early and plan response.
- **Competing household needs** – the transfer amount may be spent on a household emergency such as health-care costs, hosting unexpected visitors or school fees.
 - Determine the household level minimum expenditure basket during the programme design and identify additional expenditures that are likely to compete with nutritious foods (e.g. loans, health and education).

- **Livelihood investments** – the transfer may be invested in productive assets instead of being spent on food if the household identifies longer-lasting benefits of livelihood investment than immediate benefits of food consumption.
 - Ensure community consultation and consider use of vouchers for food. Consider that productive assets may in fact be more important for a household and might lead to a better nutrition outcome. Try to measure these trade-offs.

4. FINAL REMARKS

This Note provides structured, practical guidance on how to make CBIs more supportive of nutrition outcomes. It is based on existing theoretical frameworks and available evidence on programming and practice, which is rapidly evolving. Even where there are limitations in the evidence base, the underlying concepts of nutrition-sensitivity and new standards of sound cash-based programming give us insights into various considerations when undertaking these interventions. Aspects of vulnerability, equity, context and the particular situation at hand should be assessed to the degree possible and inform programme decisions. Furthermore, practitioners are well positioned to encourage and forge stronger links between theory and practice and to address the current gaps in knowledge and implementation strategies. Including nutrition-sensitive components and considerations at each step from assessment and design to monitoring and evaluation will enhance the planning and efficacy of the CBI as a whole, including for nutrition outcomes. Ultimately, nutrition lies at the heart of well-being, health, economy, resilience and productivity. Making all our initiatives nutrition-sensitive will have reverberating benefits in many sectors and across all populations.

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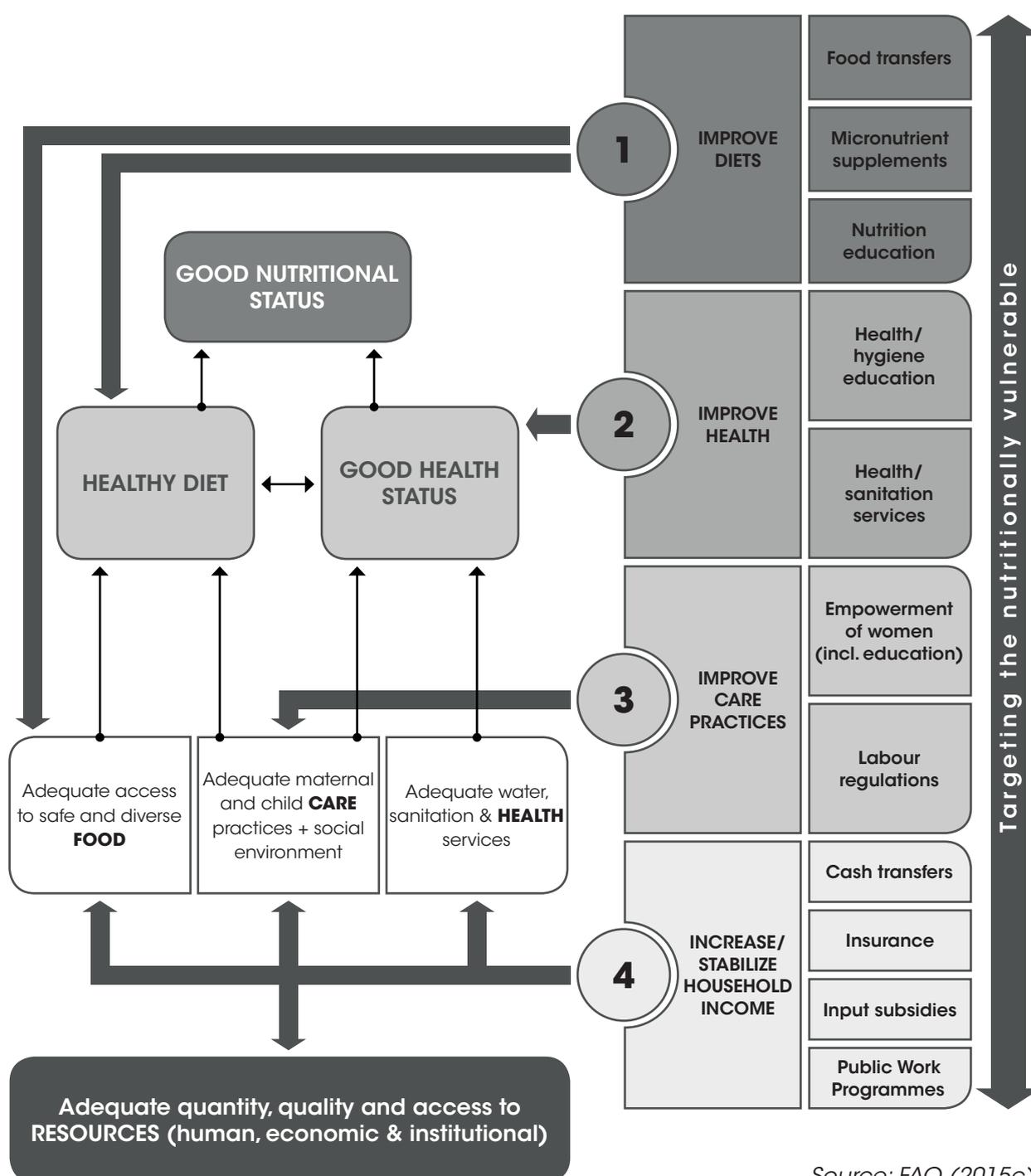
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6. ANNEXES

Annex 1. Conceptual framework for malnutrition and possible entry points for social protection interventions



Source: FAO (2015c).

Annex 2. Additional resources

☑ Key FAO cash and nutrition resources

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