



Resource Transfers for Nutrition

Review of Recent Experience and Evidence



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 development.

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Acronyms

BHA	Bureau for Humanitarian Assistance
EAG	Emergency Application Guidelines
EMFSP	Emergency Food Security Program
FFP	Food for Peace
IP	Implementing Partner
IYCF	infant and young child feeding
MDT	Modality Decision Tool
MIYCN	maternal, infant, and young child nutrition
SBC	social and behavior change
SNA	Supplemental Nutrition Assistance
USAID	U. S. Agency for International Development
WFP	World Food Programme

Introduction

The Bureau for Humanitarian Assistance (BHA) implementing partners (IPs) use U. S. Agency for International Development (USAID) guidance, existing tools, and technical and programmatic considerations to make activity design decisions and select between cash, voucher, and in-kind modalities to support activities. In preparation for the development of a [Modality Decision Tool \(MDT\) Nutrition Addendum](#), USAID Advancing Nutrition explored the experience of IPs in selecting between these programming modalities and reviewed a selection of evidence from a variety of sources to derive insights of relevance to development, rapid-onset, and protracted emergency settings. This provided the context for developing the *MDT Nutrition Addendum*, and helped identify particular areas of concern or emphasis. Through a review of IP reports, better practice documentation, and academic reviews of evidence, a list of relevant findings and recommendations for program design was developed.

Implementing Partner Experience

Background

This section outlines implementing partner programming decisions by international nongovernmental organizations that implement cash, voucher, and in-kind resource transfers, with a focus on modality choice for food security and nutrition purposes. It briefly summarizes USAID's Bureau for Humanitarian Assistance program guidance, describes BHA's Modality Decision Tool and other resources, and outlines the factors that IPs consider when making modality decisions.

The BHA IPs use USAID guidance, existing tools, and technical and programmatic considerations to make their activity design decisions and select food assistance modalities to support their activities. In preparation for the development of a MDT Nutrition Supplement, USAID Advancing Nutrition explored partners' decision-making in development, rapid-onset, and protracted emergency settings. This allowed us to understand the factors IPs consider when selecting the modality type (in-kind, cash, vouchers, or mixed), and the related activity and/or intervention design (for example, types of commodities, ration size, cash/voucher value, conditionality, and seasonality). We gathered information through (a) discussions with BHA staff, IPs, and other thought leaders and (b) a review of IP reports, better practice documentation, and academic reviews of evidence. We also spoke with close to 20 partners and expert groups to understand how IPs make decisions on food-assistance modalities; whether and how they factor in nutrition considerations; and how they use the MDT, and other guidance and tools, to support their decisions.

Key Findings

External influences, donor factors, organizational capacity, and factors such as food availability played a greater role in modality **type**, especially in emergency programs where partners' responses are coordinated with the clusters and/or working group members.

Program considerations played a greater role in the modality **design**. These include conditionality and complementary interventions, such as social and behavior change (SBC) approaches, especially in protracted emergencies and development contexts.

Implementing partners' experience highlighted that complementary feeding, nutrient-dense food supplementation (including protein), and poverty reduction activities are necessary for sustained nutritional impact. While market availability of different types of foods is a factor, it appeared that other factors such as security, seasonality, gender, and targeting must be considered to determine which food assistance choices and structures best influence access and intra-household food allocation.

The most consistent finding across all studies reviewed is that multiple food security and nutrition interventions are essential. Programs can support better nutrition outcomes by actively complementing existing food sources and enhancing dietary adequacy and quality, not just calories. The latest BHA guidance supports this approach.

USAID Guidance and Program Design Evolution

The BHA program guidance provides the framework for designing development and emergency programs. Partners reported that the guidance was a starting point for designing their programs and selecting modalities. IPs use cash, voucher, and in-kind program modalities in multiple emergency and development programming approaches. The expansion of cash for programming as a complement to in-kind food distribution has enabled a broadened use of cash and vouchers to support a range of more flexible, context-specific approaches. The widening evidence base for these interventions, established over the past decade, has enhanced the use of cash and voucher programs. Meanwhile, BHA continues to fund in-kind approaches with Title II resources, which can include general distribution, supplementary feeding, and use of specialized nutritious foods.

During the time of the review, for emergency programs, IPs responded to non-competitive guidelines or Annual Program Statements (APS) from the Office of Foreign Disaster Assistance and/or APS from the Office of Food for Peace (FFP). For development programs IPs responded to Development Food Security Activity Requests for Applications from FFP. In fiscal year 2020, BHA published interim Emergency Application Guidelines (EAG) to govern IP activity funding applications. The guidelines note that “BHA is dedicated to a context-driven approach that starts from a modality-neutral position. BHA recognizes that flexibility and complementarity are key, as a combination of humanitarian response options is often best suited to meeting programming objectives and people’s needs.” The new [MDT Nutrition Addendum](#) is intended to be used alongside the MDT when planning for the development of interventions for the Supplemental Nutrition Assistance (SNA) sub-sector as described in [Annex A of the BHA Emergency Application Guidelines](#). It will also be applicable to certain development activities that provide a resource transfer to nutritionally vulnerable populations.

Tools Used for Modality Decision-Making

USAID encourages IPs to use the [MDT](#) in their decision-making on which of the modalities to use and under which circumstances. IPs use a variety of tools to help them make modality decisions, and typically refer to the MDT to ensure that they have covered the necessary points for their funding proposals.

Figure I. Modality Decision Tool

Question 1	Appropriateness	Is the modality appropriate for the sector given the market conditions?
Question 2	Feasibility	Does the proposed modality and delivery mechanism have a reasonable chance of success considering the context, infrastructure, and programming risks?
Question 3	Objective	Is the modality best suited to meet programming and sector objectives?
Question 4	Cost	Is the modality cost-efficient and/or cost-effective relative to others?

The MDT provides harmonized guidance for selecting among modalities. It is modality-neutral, recommending that IPs select the modalities based on market analysis (see box). The MDT provides a series of questions to clarify whether markets can meet food assistance needs, leveraged by cash or vouchers, or whether in-kind food assistance is required. The tool begins with questions on the **appropriateness** of the modality, given market conditions. Contextual **feasibility** is the second level of analysis, followed by consideration of whether the activity design will meet programming and sectoral **objectives**, such as contributing to improved nutrition. Finally, **cost** factors are considered. The tool incorporates nutrition considerations with questions on consumption patterns and how modality choice can support them.

Modality Decision Tool Use—Brief Analysis

What it does: The Modality Decision Tool (MDT) describes four criteria for decision-making: appropriateness, feasibility, objective, and cost. It outlines a series of practical questions to clarify whether markets can meet food assistance needs leveraged by either cash or vouchers, or whether in-kind food assistance is required. It then considers contextual feasibility and whether the food assistance design will meet sectoral objectives (such as nutrition). Finally, it suggests cost factors for consideration.

Steps IPs apply when using a “nutrition lens: Using a nutrition lens, program designers reported that they typically first consider the nutrient needs of a target group; determine what percentage of individual or household needs should be supported or supplemented; and finally consider the suitability, feasibility, and cost of various modalities. Cost and coverage tradeoffs are typically significant, and affect the anticipated degree of nutritional impact on individuals and the success of an intervention; and must be balanced with other objectives of the project as a whole.

Market analysis: Emergency Food Security Program (EFSP) partners reported that there is very little time to gauge markets, or they do not have networks/capacity to obtain extensive data, so modality decisions are often made based on secondary data, typically from FEWS NET. Thus, partners have limited opportunity to reflect on the market impacts of various types of transfers, and may choose their modality based on whatever they can distribute to the recipients most rapidly, in line with United Nations Cluster guidance. In fact, pre-market understanding is critical to designing an appropriate emergency response. During multi-year responses, IPs can be more deliberate and inclusive in their designs, planning, implementation, and monitoring and evaluation because the timeframe is longer and they have more time to adaptively manage. They can pursue more resilient and sustainable outcomes when there is broader buy-in to the local systems, and related actors are involved in the programming. Clusters have an important role in determining in-kind or cash levels but IPs can have an important role in more nuanced understanding of market influences and related response design.

Future considerations: IPs reported primarily focusing on staple and cereal crops in modality decision-making. While IPs may use a variety of market assessment and monitoring guidance and tools, more could be done to consider and include nutrient-dense foods (fruits and vegetables, fortified and blended foods) in modality selection and design. It was unclear how partners might use market surveillance, if at all, to integrate the implications for program adaptation as a result of seasonal supply/demand changes, cross-border trade, and year-to-year productivity/price changes in local food markets. Impacts, opportunities, and options related to fruit/vegetable consumption may be limited or undocumented, and projects do not necessarily track market factors that can have significant impacts on household food access and related behaviors.

Partners also use additional market analysis and design tools, such as decision trees or ratings, to address the questions outlined in the MDT. For example, BHA’s application guidance encourages partners to use enhanced market analysis to inform modality decision making for development activities. The analysis includes assessing the feasibility and potential impacts of food assistance programs (emergency and development) on a country’s local economy. IPs reported using the emergency market mapping and analysis toolkit ([EMMA](#)) and [FEWS NET’s Enhanced Market Analysis](#).

IPs also use other tools, publications, and resources from individual agencies and initiatives when selecting and designing modalities, such as the [Cash Learning Partnership](#), the [Food Security and Nutrition Network](#), and the [Food Aid Quality Review](#). One example of an IP-developed tool is Mercy Corp’s [Cash Transfer Programming Toolkit](#), which guides users in emergency response and early recovery settings through analyses (e.g., needs assessment, market assessment, security analysis, and governance and social dynamics analysis) to determine if cash transfers are a viable option and, if yes, how to design the cash transfer programming. The World Food Program (WFP) also produced detailed transfer modality guidance that incorporates four pillars, largely mirroring the MDT (context, feasibility, cost-efficiency, and program objectives/effectiveness) and includes a comprehensive decision-tree process. Finally, in

2020, the Global Nutrition Cluster released the [Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies](#), which provides supporting evidence and useful operational guidance, and focuses especially on household level transfers.

Factors Influencing Modality Decision-Making

In addition to BHA’s application guidance, partners’ decisions on modality type and design are influenced by external, internal/organizational, and contextual factors, which are summarized below.

External Influences. A primary difference between development and emergency contexts is the role of national-level coordination bodies, such as UN Clusters or working groups.¹ In development contexts, partners generally participate in national and sub-national coordination systems, but also report a fair amount of independence in deciding the modality or modality mix of their programs. In emergency contexts—because of the intensity of the situation, and, oftentimes, the dramatic increase in the number of humanitarian assistance providers on the scene—there is a much greater emphasis on coordinating strategies across all the assistance actors to maximize reach, avoid duplication, and do no harm. To this end, it is common that UN Clusters and/or relevant working group members develop certain “standards” (e.g., minimum expenditure basket calculations) and recommendations (e.g., assistance transfer values and targeting) for actors providing assistance within the specific emergency response technical sector (e.g., food security and nutrition). While there is a great deal of coordination among actors in both development and emergency contexts, there is, generally speaking, greater pressure among emergency response actors to be well aligned with Cluster/working group standards and recommendations. It is important to note that partners also mentioned government policies and recommendations as having an important influence on their modality choices in both development and emergency contexts.²

Key Finding

On the whole, external influences, donor factors, organizational capacity, and factors—such as food availability played a greater role in modality type, especially in emergency programs where partners’ responses are coordinated with the clusters and/or working group members. Program considerations played a greater role in the modality design, such as conditionality and complementary interventions—such as SBC approaches—especially in protracted emergencies and development contexts.

Development Food Security Activity Adaptations

A few partners switched or tried innovative modalities. Of the seven DFSAs we explored, only one (Amashiga in Burundi) followed the PM2A ration outlined in the Technical Reference Materials for the life of the project. The others modified the PM2A food rations, for example only providing in-kind food assistance during the lean season (Ubale and Njira in Malawi); dropping the household ration (Fiovana in Madagascar and Ubale in Malawi); and switching to food vouchers (Segamil in Guatemala). Amashiga in Burundi followed the PM2A approach, but switched from imported, Title II corn-soya blend to procuring it from a mill in Kenya. The DRC Budikadidi project used animal transfers as a replacement for a cash or voucher program to support food security and nutrition purposes.

Donor and funding parameters. IPs expressed their perceptions of USAID’s preferences as pro-commodity in the former Development Food Security Activity (DFSA) programming and pro-voucher in

¹ Though Clusters are generally established in response to a specific emergency, they often evolve into technical working groups and/or sectoral coordination bodies after the emergency subsides. The “Cluster System,” itself, is an evolving one, however; and though the term connotes a specific set of objectives, protocols, structure, etc., it is now generally used by the humanitarian assistance community to infer a coordination body at the national (and often sub-national) levels.

² For example, for the Malawi Ubale DFSA, the government decided that the lean-season ration of fortified corn/soy blended flour and oil should be provided as blanket feeding rather than targeted based upon food security status. In Colombia, the value of the cash transfers was influenced by the existing social safety net program for Colombian nationals.

emergencies, but with greater flexibility. USAID’s Development/Resilience Food Security Activity Guidance also heavily influenced modality choices. Food for Peace (FFP) emergency partners said that the shorter duration of Emergency Food Security Activities influenced modality choices, since the shorter projects provided limited opportunities to adapt to changing contexts. Further, the 80/20 Rule³ was created to allow FFP partners to provide complementary services to emergency food security interventions, where funding from other sources was unavailable. This resulted in partners choosing to limit some of these activities. However, this “Rule” has been eliminated from the latest version of BHA’s Emergency Application Guidelines, allowing IPs greater flexibility.

Organizational capacity. Partners’ technical and logistics capacity in nutrition considerably influenced the degree to which they incorporated nutrition into program design and modality decisions. This is true for all organizations, but is notable in humanitarian settings, where programs are designed rapidly and rely on immediately available expertise. Partners with large logistics capacity were comfortable choosing in-kind programming, whereas those with cash and voucher assistance capacities were typically more comfortable with those modalities.

Program design. Partners reported that differences in their understanding of the DFSA and EFSP objectives influenced the degree to which they incorporate nutrition in food assistance. The EFSP partners viewed funding primarily as household food security, while DFSA partners agreed that the primary goal was to address malnutrition in the first 1,000 days, so their modality decisions were geared toward the best ways to fill the gaps for that target group. Several partners noted that nutrition outcomes are better achieved when food assistance, no matter which modality, is linked with effective social and behavior change SBC strategies.⁴

Other contextual factors. Food availability and seasonality played a significant role in IPs’ decisions on modality type and design, as did adaptations to changing contexts. Some IPs said that they would like to change the food assistance modality based upon seasonal consumption and production trends, but that such a change is not always planned or feasible.

Key Finding

Implementing partner experience highlighted that, in both emergency and development programming (but more so with development), complementary feeding, **nutrient-dense food supplementation (including protein), and poverty reduction activities are necessary for sustained nutritional impact.** While market availability of different types of foods is a factor, it appeared that other **factors—such as security, seasonality, gender, and targeting—must be considered to determine which food assistance choices and structures best influence access and intra-household food allocation.**

³ The 80/20 “rule” stipulated that 80 percent of FFP’s funding should be related to resource transfers and that 20 percent be used for complementary services, such as nutrition. Legacy FFP staff noted that this is more of a perceived barrier; however, it was applied to the overall portfolio, rather than “per award.” In fact, legacy FFP staff estimate that the overall percentage for complementary services was lower than 20 percent (e.g., in 2019 between 2 percent and 6 percent). Staff also noted that the 80/20 rule does not imply less emphasis on non-food activities; rather, it reflects the fact that the legacy Office of Foreign Disaster Assistance had the primary mandate to intervene in those sectors.

⁴ The new BHA interim guidelines, for now, require any applicants who propose nutrition activities to include the sub-sector MIYCN in emergencies, which encompasses IYCF and other SBC activities.

Evidence on Cash, Voucher, and In-kind Programming

This section shares findings from the evidence base on factors for consideration when designing programs using cash, voucher, and in-kind resource transfers, with a focus on modality choice for food security and nutrition purposes.

Background

The project consulted a selection of literature and evidence, first emphasizing literature reviews and surveys, and then exploring other issues relevant to modality selection, related intervention design and implementation, and impact or influence on nutrition or food security outcomes. Research experts reminded us that research studies struggle to disentangle the influence of the modality type and intervention design from the vagaries of implementation. This contributes to the difficulty in identifying certain hard conclusions.

The initial purpose in consulting the evidence base was to identify key issues influencing decision-making when an organization was deciding among different modalities. Over the course of the review, this focus evolved. To develop evidence-based recommendations, the project sought to identify where research experts determined that evidence on modality type and design was strong and relevant to factors that influence nutrition and food security outcomes. Where this was the case, summarized examples that complement what was also heard from practitioners and that, when combined, can serve as the basis for guidance.

The project consulted a range of literature and evidence sources, focusing first on literature reviews and surveys, and then explored other issues relevant to modality selection, intervention design, and implementation, and their impact or influence on nutrition or food security outcomes. Issues raised in IP and BHA staff consultations continued to be a guide. The project sought to reflect a gendered lens throughout the analysis and identification of supplemental guidance questions for consideration, although a detailed gender analysis of the studies reviewed was not conducted.

This section summarizes the most relevant evidence points. The reference list at the end of this document provides the sources consulted.

Insights from Evidence

The most important and consistent finding across all studies is that joint food security and nutrition interventions are essential to achieve sustained impacts on nutrition. Nutrition and food security pathways are known to be complex and have many determinants. The Cochrane review on community-based supplementary feeding concluded, “An integrated approach seems crucial...ultimately it remains unrealistic to expect that a single intervention will be the ultimate solution.” (Visser et al. 2018) The variety of food security and nutrition conceptual frameworks and pathways for impact attest to this fact. IPs’ experience also showed that other interventions are important: SBC approaches for complementary feeding, and nutrient-dense food supplementation—such as proteins—are important in all contexts. Further, achieving sustained nutritional impact requires the support of related interventions, such as livelihoods or food security support in emergencies and poverty reduction activities in long-term programming. Though market availability of different types of foods is an important factor, research suggested that other factors, such as security, seasonality, gender, and targeting also need consideration to determine which food assistance choices and structures best influence access and intra-household food allocation.

It is also important that women's empowerment (e.g., women's decision-making or control over resources) affects nutritional status and is influenced by a variety of factors, including underlying societal values (WFP 2019). Further, wider program experience shows that gendered social factors, roles, and responsibility are important generally, but evidence with respect to some modalities is limited and/or inconsistent. Included in this brief are findings that pertain specifically to gender and modality choice and design for food security and nutrition outcomes, where such studies were identified.

A second broad finding is that conditionality may exclude intended beneficiaries because of an inability to join, pay, or otherwise access activities, **and thus compromise the intended impact** (Heinrich and Knowles 2020; Manley, Gitter, and Slavchevska 2012). However, conditions, such as requiring full participation in programming sessions or trainings, attendance at school, or regular health clinic visits and vaccination services can support nutrition outcomes (Pega et al. 2017). Though evidence is mixed, it is more often found that unconditional transfers are just as effective and do not unintentionally exclude intended beneficiaries (Gentilini 2016). Such programs may use other means to promote participation. The potential for exclusion can occur in assistance via all three modalities. Reviews noted that most studies that mention conditionality relate to development settings, although conditionality is a frequent aspect of cash, voucher, and in-kind emergency food assistance design.

The most important findings from this review are in relation to each modality section below. However, **the evidence is mixed beyond the strong conclusion that complementary programming is essential for nutrition outcomes.**

Cash and Nutrition Linkages

Cash programming has received a thorough study by advocates and implementing agencies. A relatively recent review analyzed literature on nutrition outcomes, determinants, program design, and implementation features (ACF and WFP 2017a). Their findings are noted in addition to those from other studies. The most important findings are summarized below.

- **Impact:** Relatively strong evidence links cash programming to improvements in household-level food security and nutrition measures, such as food consumption scores, household food expenditures, and dietary diversity—but not in child-level dietary diversity (de Groot et al. 2017; Bastaglia et al. 2016).
- **Targeting:** Cash transfers can have the greatest nutritional impact by targeting young children, at-risk populations, and pregnant and lactating women (de Groot et al. 2017).
- **Variability of results:** The relative impact of cash versus food transfers on food consumption may vary by household income level, and may thus vary significantly by country and context. Cash may have more impact on dietary diversity in better-off households/countries (Hoddinott, Sandström, and Upton 2018).
- **Contextual analysis and intervention design:** Cash transfers can have an impact on nutritional status (including child dietary intake, stunting, and wasting) but evidence does not provide definitive conclusions for all situations; outcomes depend more on the programming design and context than simply the modality choice (ACF and WFP 2017a; Gentilini 2016; and Mphahlele 2008).

Key Finding

All forms of food assistance (cash, vouchers, or in-kind) can influence dietary intake and nutrition outcomes. However, to reach nutrition-related objectives, it is critical to integrate these approaches with joint interventions.

Key Finding

Conditionality may exclude the intended beneficiaries because of an inability to join, pay, or otherwise access activities, thus compromising the intended impact. Unconditional transfers may be just as effective, especially where programs use other means to promote participation.

Additionally, the Global Nutrition Cluster's [Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies](#) identifies five main approaches to integrate cash and voucher assistance in nutrition responses, noting its effectiveness in addressing economic barriers to adequate nutrition, considering both financial and opportunity costs.

Vouchers and Nutrition Linkages

The details of voucher design, value, and commodities for which the voucher can be redeemed vary widely. Cash or value-based food vouchers, which can be exchanged for specific foods at designated vendors, may provide a wider choice to beneficiaries than commodity-based food vouchers that can be exchanged for a predetermined basket of foods. IPs typically design voucher programs to target nutrient gaps, and include foods that have a beneficial impact on nutrient intake. These restrictions are only beneficial if those foods are available and if vendors stock them. The most important findings appear below.

Nutrition impacts: Available studies have not found significant differences in the nutrition impacts (as measured by mid-upper arm circumference and acute malnutrition) or the food security impacts (as measured by dietary diversity and food consumption) of vouchers versus cash (Doocy et al. 2020; ACF and WFP 2017; Aker 2017). Vouchers, particularly those for fresh foods, appear to improve dietary diversity more than direct transfers, although not necessarily in all contexts (Hidrobo et al. 2014; Hoddinott et al. 2020).

- **Emergency versus development purposes:** Some limited evidence suggests that cash may be more effective than vouchers in meeting various objectives in emergencies, but that vouchers could work better in development contexts. However, the evidence is very mixed.⁵ The analysis suggests that vouchers are more complex and time-consuming to set up, which can be challenging in emergencies, given the time constraints; but, if executed correctly, vouchers can be tailored to meet specific objectives (ACF and WFP 2017). For example, in a development context in Niger, food voucher programs were significantly better at increasing dietary diversity than cash (Hidrobo et al. 2014). However, in a humanitarian context, fresh food vouchers had minimal impact on dietary diversity, and participants were found to have significantly increased anemia. The authors hypothesized that this was because the vouchers were too restrictive, and limited access to the correct foods, in the correct amounts—which indicates the complexity of voucher program design (Fenn et al. 2017).
- **Vendor availability:** Research indicates that regular availability of nutrient-dense foods from vendors is key to voucher program design for nutrition outcomes, particularly where promoting

⁵ Complementing the evidence, annex I notes that IPs reported that in multi-year responses, IPs can be more deliberate and inclusive in their designs, planning, implementation, and monitoring and evaluation because the timeframe is longer and they have more time to adaptively manage. They can pursue more resilient and sustainable outcomes when there is broader buy-in to the local systems and related actors are involved in the programming. Clusters have an important role in determining in-kind or cash levels, but IPs can have an important role in more nuanced understanding of market influences and related response design.

Key Findings

- Cash may have more impact than food transfers on dietary diversity in better-off households and/or countries, but context matters.
- Cash transfers can have an impact on nutritional status, but evidence does not provide definitive conclusions for all situations and outcomes depend more on the programing design and context than simply the modality choice.

Key Findings

- Vouchers, particularly those for fresh foods, appear to improve dietary diversity more than in-kind transfers (although not in all contexts).
- Regular availability of nutrient dense foods from vendors is key for designing voucher programs for nutrition outcomes. Seasonality is an important factor.

dietary adequacy and/or fresh and animal source foods (Fenn et al. 2017; Seal, Dolan, and Trenouth 2017). One report noted that beneficiary preferences may vary by season for cash, voucher, or in-kind because of price fluctuations.

- **Complementary purposes:** Research indicates the importance of combining vouchers with complementary programming. For example, in a recent study in Ethiopia, a combination of behavior change communication and vouchers reduced stunting, whereas food vouchers alone did not (Park, Han, and Hyuncheol 2019). Complementary programming could include maternal, infant, and young child nutrition (MIYCN)/infant and young child feeding (IYCF), including in emergencies; integrated/community management of acute malnutrition; health programming; water, sanitation, and hygiene; early childhood development; agriculture/livelihoods strategies; market support; empowerment; and other areas.
- **Cost efficiency and conditionality:** Limited evidence suggests that conditional vouchers can be more cost efficient to deliver than in-kind food transfers. However, vouchers may be less efficient than cash because they require greater vendor coordination, and conditional programs require more administrative resources to monitor and ensure compliance with program conditions (Gentilini 2016). Cost efficiency affects both the reach and scale of programs, and thus, by extension, affects nutritional impact.
- **Burden on women and conditionality:** Although gender-specific evidence is limited, some findings suggest that *conditionality* may not be beneficial in emergency contexts, and may place an undue burden on women to meet requirements. This may be applicable across modalities (WFP 2019).
- **Women's empowerment:** Combining vouchers with awareness-raising messaging and complementary activities on intimate partner violence and joint decision-making may enhance women's empowerment outcomes. IPs reported experience in Guinea showing that vouchers were seen as "less valuable" than cash, so sometimes women preferred vouchers to retain authority over their use and reduce conflict over obtaining food.

Direct Food Distribution and Nutrition Linkages

The project found a preference in the literature for direct food distribution in settings where markets, infrastructure, and prices are disrupted. Also, in some instances, direct food distribution may be most appropriate in periods of price inflation following from such shocks as seasonal drought, when cash transfers do not provide beneficiaries with additional choice or purchasing power. These conditions are most often found in emergency situations, but may also be evident in fragile humanitarian contexts. Depending on the product, direct distribution can be the best way of ensuring that a targeted population receives life-saving assistance and/or a type of nutritional support that may not be available or accessible in other forms. For example, an intended activity may require specialized nutritious foods that can only be purchased through specified suppliers. Local purchase programs can be a bridge to a sustainable local safety net program. However, evidence on the relative cost effectiveness of in-kind interventions is limited because programs and researchers rarely examine the full costs of program implementation (Shen et al. 2020).

The top-line findings on direct food distribution follow in the list below.

- **Impact:** Across a range of vulnerable populations, supplementary feeding programs sometimes show modest benefit in nutritional outcomes. This overarching conclusion came from an overview of eight systematic reviews, which included a wide variety of supplementary feeding outcomes and target populations (Visser et al. 2018).

- **Integrated packages of interventions:** Integrated approaches that include complementary services such as IYCF, and other SBC support, are seen as more effective overall. The best combination of approaches for achieving desired nutrition outcomes depends on strong contextual analysis and program design, while comparative conclusions on specific products and practices are not possible based on current studies (Brück et al. 2019, cited in Visser et al. 2018).
- **Targeting:** Researchers found that supplementary feeding programs had the most benefit in children under 2 years of age and those who were poor or less well-nourished. For example, for children with moderate acute malnutrition, the provision of specially formulated food improved their weight, weight-for-height z scores, and other key outcomes, such as recovery rate (by 29 percent), as well as reducing the number of participants dropping out (by 70 percent) (Visser et al. 2018).
- **Sharing:** A review of home rations programs determined that redistribution of food within the family was a significant problem. In one study, children only received an average of 36 percent of the extra calories provided in a take-home feeding program, which limited the program’s impact. Another study compared the nutrition impacts of full family, reduced family, and family rations, finding that only full family rations reduced stunting in children. The authors speculated that because full rations deter intra-household sharing of mother-child rations, full rations may be more effective at improving child dietary intake and nutritional status (Kristjansson 2015; cited in Visser et al. 2018).
- **Duration:** A randomized controlled trial found that longer program durations were more effective at improving linear growth in children (Leroy et al. 2018).
- **Cost effectiveness:** Direct transfers may be most appropriate in periods of price inflation as a result of shocks, such as seasonal drought, when cash transfers (or vouchers) do not provide beneficiaries with additional choice or purchasing power. Some evidence showed them to be more cost effective than cash-based interventions in specific contexts. For example, agencies using in-kind (direct) transfers may be able to capitalize on economies of scale by purchasing large quantities of commodities (Cabot Venton, Bailey, and Pongracz; cited in Gentilini 2016).

Key Findings

- Starting food supplementation earlier in a child’s life and targeting poor and vulnerable populations likely increases the impact of programs.
- Key factors in nutrition outcomes include such elements as non-compliance, dietary substitution, sharing, the amount of energy and specific nutrients provided and the timing of their distribution—and provision of additional micronutrients.

Key Findings

- Mixed modalities can provide more flexibility for beneficiaries and can be more effective in specific contexts.
- Organizing separate teams to implement cash- and food-based programming can increase coordination challenges; working as a single team can be more effective.
- Operating multiple pipelines may not be the least expensive option in the short term.

Mixed Modalities and Nutrition Linkages

No single modality is “best” in all circumstances. However, IPs may be able to achieve the respective benefits of different modality choices by designing programs that blend multiple modalities in an adaptive, responsive manner. The diversity of contexts and modalities, along with the evidence gaps, means that there are no hard rules. The most important findings are summarized below.

- **Impact:** Combinations of cash and vouchers—or in-kind food, cash, and vouchers—can improve food consumption and dietary diversity. Reviewed research found that “layering” a mix

of cash and vouchers for the same household was somewhat more effective at increasing dietary diversity and meal frequency than food vouchers alone (Audsley, Halme, and Balzer 2010).

- **Implementation capacity:** Organizations' commitment to specializing in a single area appears to be the primary barrier to using mixed modalities. Operational teams need a diverse skill set to shift among cash, vouchers, and in-kind programming; including knowledge of operating procedures, confidence in their ability to implement multiple approaches, and capacity to respond to changes in market performance and security (TOPS 2017).
- **Integrated approach.** Some IPs use an integrated program design and mix modalities to achieve goals, such as dietary diversity—for example, combining cash or vouchers for fresh foods—to complement in-kind staple commodities.
- **Layering versus sequencing:** Organizing separate teams to implement cash- and food-based programming can increase coordination challenges. Working as a single team can be more effective. Simultaneous programming appears to be more challenging than transitioning among different modalities. This may be because supporting three pipelines at the same time takes significant effort and human resources. Some practitioners note that sequencing modalities can be administratively simpler, allowing time to develop the different partners and processes necessary to administer the modalities (TOPS 2017).
- **Budget flexibility:** Donor priorities are understood to influence the extent to which multimodal models are used. For IPs to change modalities in response to a changing context, they will need sufficient budget management flexibility from donors. Operating multiple pipelines may not be the least expensive option in the short term (TOPS 2017).

Considerations for Design

As noted previously, the **design** of an intervention using cash, vouchers, or direct food distribution is as important as **which** modality is selected. To influence nutrition outcomes or impacts, the following factors can be important to consider at the contextual analysis, purpose clarification, and design stage for all modalities. Timelines and broader application guidance will dictate the degree to which analysis is appropriate or feasible, and in emergencies, UN Clusters may provide guidance. The [GNC cash and voucher guidance](#), mentioned previously, is a useful resource. The [Modality Decision Tool Nutrition Addendum](#) released by BHA helps implementing partners apply a nutrition lens to the selection of appropriate food assistance modalities (cash, vouchers, or in-kind) for the nutritionally vulnerable. This addendum is primarily oriented to USAID/BHA's "supplemental nutrition sub-sector" under their emergency activity guidance, but will also be applicable to some Resilience Food Security Activities that provide a resource transfer to nutritionally vulnerable populations.

The following considerations can be applied in the analysis, information gathering, and design process, as well as being relevant for modality selection, and ultimately, implementation.

Considerations include parameters and program type (emergency versus development), which provide the basis for identifying the programming options available. Programming sectors and approaches are outlined in BHA guidance (e.g., emergency application guidelines and Requests for Applications) that influence nutrition and nutrition-sensitive food security outcomes. The depth and complexity of potential nutrition or food security interventions that can be implemented within the **budget parameters and the timeframe** under consideration are also foundational factors.

Context includes a wide-ranging set of factors that ultimately determine what approaches are suitable to address nutrition and food security, and which modalities can be employed

creatively. Though development contexts allow for more robust analysis, the following factors are relevant in all situations.

- Understanding the *determinants and drivers of malnutrition* in the programming context, as well as *the immediate causes of inadequate food intake and disease* and how they affect the target population, are foundational to considering how program design will support those most affected. The severity of underlying conditions and seasonal changes is also important to modality choice and related intervention design.
- In considering complementary activities in emergencies or multi-sectoral approaches in development contexts, it is critical for program design to understand *what drives household food insecurity and inadequate maternal and child diets and care*. IPs must identify how complementary activities to a food or resource transfer will address these factors, and over what period.
- To understand the context in both emergency and development programs, it is essential to understand what *shocks and stresses* gave rise to and/or exist in the current operating environment that have been affected, or will further affect food access and availability and dietary quality over time; and will promote or inhibit feeding and hygiene practices and health-seeking behaviors.
- Finally, in both emergency and development contexts, it is important to understand how *food, agriculture, and market systems* operate and how they support or constrain dietary adequacy. It is equally important to understand how these factors will affect and be affected by a food or resource transfer intervention.⁶

⁶ A variety of models or frameworks can inform this decision, including USAID's Food Security Framework (Food Security [Strategy](#), p. 21); SPRING's causal [pathways](#); and an [adaptation](#) of UNICEF's nutrition framework to take shocks, stresses, and seasonality into account.

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