



# Cash Transfers for Nutrition

Knowledge for Nutrition (K4N) | 23 March 2022



# Recap: Cash Transfers (CT) and Nutrition

## Cash Transfers (CT):

- important instrument of social protection systems;
- direct transfers of cash to individuals and households;
- often used to counteract sudden shocks and crises impacting food and nutrition security.

## Nutrition-sensitive CT need to:

- consider nutrition **at the beginning** of programme planning;
- explicitly include feasible **nutrition outcomes** in the programme's objectives;
- address the **nutritionally vulnerable** as primary beneficiaries.

# Impact pathways from nutrition-sensitive CT to nutrition

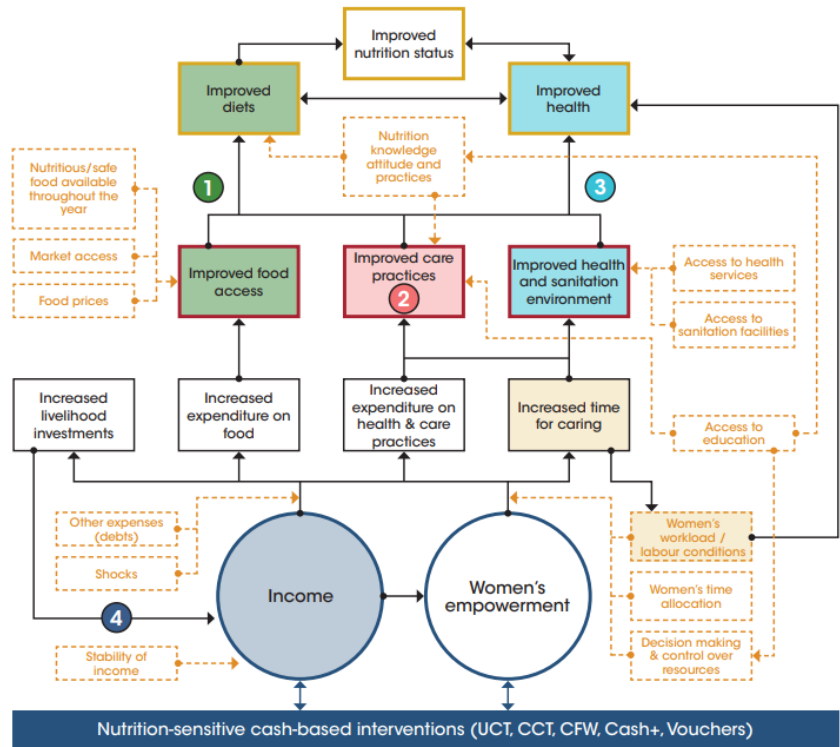
CT can address **underlying determinants of malnutrition** (see Unicef framework of malnutrition):

1. **Increasing access to sufficient and quality food**, especially among nutritionally vulnerable groups

2. **Improved care and feeding practices of infants and young children**

3. **Improved absorption of nutrients** due to the increased use of preventive health and nutrition services

4. **Stability** of household's food and income sources, minimise negative coping mechanisms, support local markets



Examples of factors which can influence the pathways to nutrition

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

Source: Potential impact pathways from nutrition-sensitive CT to nutrition (FAO 2020)



# Effects of CT on nutrition

- The impact of CT on nutrition is highest if they are **reliable, regular, of sufficient value and long-term**. They ideally are part of a comprehensive social protection system.
- **Complementary interventions (Cash+)** significantly increase the impact of CT on nutrition: e.g. social behaviour change (SBC) interventions to improve dietary/health/hygiene behaviours, but also to address supply-side barriers (food production, infrastructure, etc). Choice and mix of depend on the context.
- Nutrition impacts are greatest if CT target **women and children in the critical 1,000-day window** in low-income households. **Women** are more likely than men to invest in health, nutrition, and education of their children. Increased intra-household bargaining power and time for caregiving.
- Mixed evidence regarding **conditional vs unconditional CT**:
  - Conditions of attending health services in development settings led to a **higher number of visits**. However, nutrition outcomes **depend on the availability and quality of services** offered.
  - The monitoring and reporting of conditionalities requires **additional spending** (8-15%) and administrative infrastructure.
  - Emerging evidence that **unconditional CT** achieved better results to improve food security and stunting.

## Further reading:

- FAO (2020) [Nutrition and cash-based interventions – Technical guidance to improve nutrition through cash-based interventions](#)
- Global Nutrition Cluster (2020) [Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies](#)
- Technical Assistance to Strengthen Capabilities (TASC) Project (2021): [How to promote better nutrition through social assistance - A guidance note](#)

## Evidence Brief Nutrition-sensitive Cash Transfers (CT)

### Cash Transfers (CT) and Nutrition

- CT are **direct transfers of cash** to individuals and households which form an important part of national social protection systems.
- CT are increasingly being used in **humanitarian, fragile and protracted crises** contexts to strengthen crises management capacities, to avoid negative coping strategies and to protect basic needs of the most vulnerable population groups.
- CT are suitable to counteract **sudden shocks and crises impacting food and nutrition security**, since they are significantly quicker, logistically simpler and economically cheaper to implement compared to alternative interventions (e.g. the delivery of goods and services).
- In response to the **COVID-19 pandemic**, 186 countries have implemented 734 cash-based social protection measures (as of May 2021, [Gentilini et al.](#)).
- **Nutrition-sensitive CT** need to consider nutrition at the beginning of programme planning: (i) explicitly include feasible nutrition outcomes in the programme's objectives; (ii) address the **nutritionally vulnerable** as primary beneficiaries; (iii) and adhere to the principle of **"do no harm"** ([FAO 2020](#)).

### How do nutrition-sensitive CT work?

CT can contribute to better nutrition outcomes by addressing the underlying determinants of adequate nutrition (see fig. 1, [FAO 2020](#)):

1. **Increased access to sufficient and quality food**, particularly at the household level ([Quaran et al 2020](#), [Bastaqil et al 2016](#), [GNC 2020](#));
2. **Incentivised consumption of healthy food** among nutritionally vulnerable groups and **improved care and feeding practices of infants and young children**;
3. **Improved absorption of nutrients** due to the **increased use of preventive health and nutrition services** ([Bastaqil et al 2016](#), [de Groot et al 2015](#)); and
4. **Stability of household's food and income sources** and thereby minimised negative coping mechanisms as well as strengthened local demand and support to the development of markets.

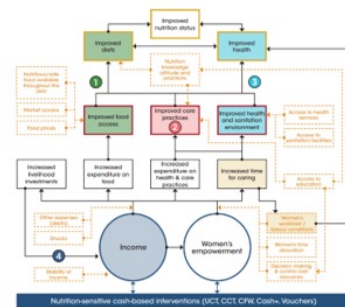


Figure 1: Potential impact pathways from nutrition-sensitive CT to nutrition (FAO 2020)

Thank you