

Cash transfers – a tool to address acute malnutrition in emergency and transitional contexts?

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There are multiple causes for malnutrition in emergency and transitional contexts. Hence understanding the pre-emergency and emergency-specific causes of malnutrition is essential to plan a sensible intervention. In its Conceptual Framework on causes of malnutrition, UNICEF distinguishes between *immediate causes of malnutrition*, such as inadequate food intake and disease, and *underlying causes of malnutrition*, including household food security, maternal and child care, and the health environment. Humanitarian response has in the past focused predominantly on food security as one possible cause for malnutrition. However, acute malnutrition is not simply a result of lack of access to food, but caring and feeding practices, disease and access to health services are equally important.

Humanitarian agencies are increasingly using cash transfers to address acute malnutrition. But what does the evidence say? Is the provision of money or vouchers to families a valid tool to address acute malnutrition? And what are some of the advantages and limitations of the approach?

Impact of Cash Transfers

Cash transfers can have a direct and indirect impact on immediate or underlying causes of malnutrition. A cash transfer increases the income of a household. That alone can increase household expenditure on food items, health care and hygiene products. It can further prevent negative coping strategies to food insecurity, such as eating less or skipping meals. Cash can also be spent on seeds to grow more food or livestock to provide milk, thereby contributing to food security through more sustainable livelihoods. On maternal and child care, cash transfers can reduce the need for mothers to pursue income-generating activities or to move to search for work, thus freeing up time for care.

Cash Transfer Programming provides choice to beneficiaries

As Cash Transfer Programming provides choice to beneficiaries, it can be accompanied by nutritional education and behavioral change measures. This can happen either as a conditionality, i.e. selected households have to attend the nutrition training to receive the cash (cash for training), or as a complementary information on good nutrition practices. In the case of *cash for training* the cash transfer has two functions: it serves as an incentive to attend health and nutrition information sessions and to enable carers to act on the newly-acquired knowledge and buy nutritious food. Restricted cash transfers in the form of vouchers can be used to direct expenditure of households towards food in general or certain food products, e.g. fresh food.



Improved household dietary diversity

Evidence on the impact of cash transfers on malnutrition seems to support these links. Several studies and evaluations found that all types of cash programmes (cash transfers, vouchers, with or without conditions) improved household dietary diversity. Cash transfer recipients consistently consume diets of a better quality and greater diversity specifically increasing the amount of fresh foods, animal proteins and fats. Fresh food voucher allowing beneficiaries to buy vegetables, fruit, eggs, meat, milk and fish, proved to be an effective tool to improve dietary diversity in different contexts. A recently conducted comprehensive study comparing the effectiveness of different preventive strategies on

malnutrition found that strategies that combined the distribution of supplementary food and a cash transfer prevented both severe and moderate acute malnutrition more effectively than strategies that relied on cash transfer or supplementary food distribution alone (Langedorf et al., 2014).

Conclusion

Cash Transfer Programming has proven that it can be an effective tool in preventing acute malnutrition and a complement to the treatment of moderate and severe acute malnutrition. Understanding whether cash transfers are likely to achieve improvements in nutrition, and whether cash is the most appropriate tool to achieve nutrition objectives, requires a causal analysis of malnutrition and a response analysis determining the most appropriate intervention and their likely impacts. Where malnutrition is likely to be caused by inadequate diet or ill-health through loss or lack of income, there may be strong justification for using CTP, particularly when it is complemented by supplementary food or nutrition information sessions.

Background Information

Cash transfer programming (CTP), i.e. the provision of money or vouchers to individuals or households as emergency relief to address basic needs or as recovery support to protect/re-establish economic productive activities, is today widely accepted as a tool/modality to meet a variety of needs of people affected by disasters or armed conflict in a way that maintains their dignity and choice. Cash transfers in emergency contexts has been predominantly used to promote food security and livelihoods, but is also progressively used in other sectors such as shelter, WASH, health and nutrition.

Link to websites and resources:

Bailey and Hedlund (2012). [*The impact of cash transfers on nutrition in emergency and transitional contexts – a review of evidence.*](#)

Bailey (2013). [*The impact of cash transfers on food consumption in humanitarian settings – a review of evidence.*](#)

Langedorf, Roederer, de Pee, Brown, Doyon, Mamaty, Touré, Manzo, Grais (2014).

[*Preventing acute malnutrition among young children in crisis: a prospective intervention study in Niger.*](#)

SDC CTP Homepage: www.shareweb.ch/site/Cash-Transfer-Programming/Pages/default.aspx

Cash Learning Partnership: www.cashlearning.org

About the author

André Dürr studied International Affairs at the University of St. Gallen and has been engaged as Swiss Humanitarian Aid Unit member in different assignments with UN Agencies and the ICRC on cash transfer programming and programme support. He currently works for the SDC Humanitarian Aid as Cash Transfer Programme Officer.

