RESEARCH ON FOOD ASSISTANCE FOR NUTRITIONAL IMPACT

Humanitarian Evidence – 4th Evidence Aid International Conference

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Cash Transfers Programs (CTPs) in Emergencies

- Using cash in humanitarian crises has been increasingly recognized as an effective form of aid, when appropriate
  - However, only comprises 6% of total humanitarian aid
- Seen as a way to provide assistance while:
  - Preserving dignity
  - Increasing access to immediate needs – food, water, etc
  - Protecting livelihoods
  - Supporting local economies and markets
- Effective and efficient method to deliver aid, overcoming:
  - Security constraints, corruption
  - Logistical issues
Gaps in CTP Evidence

Timing
- When to start transfer?

Duration
- How long to keep transfer?

Frequency
- How often to transfer?

Amount
- How much to transfer?

Modality
- Cash vs. vouchers? Unconditional vs. conditional?

Markets
- Capacity? Cash transfers appropriate?

REFANI Literature Review available: http://www.REFANI.org
CTPs & Nutrition

More evidence is needed to:

- Understand the impact pathways of CTPs on nutrition status
  - Complex and context-specific behaviors and decision-making
  - Influenced by other sectors - food security, water, shelter, agriculture, health
- Medium, long-term effects of CTPs on nutrition outcomes
  - Impact evidence focuses on short-term often
  - Larger debates around wasting and stunting impacts
REFANI Overview

**Intended Impact:**
To ensure more effective humanitarian interventions by strengthening the evidence base on the impact of cash and voucher-based food assistance to prevent undernutrition in emergencies.

**Intended Outcomes:**
1. The creation of high-quality, relevant research that fills gaps in the evidence base;
2. The accessibility of results and evidence to both technical and non-technical audiences; and,
3. The successful uptake of REFANI research by key stakeholders in policy and practice.
REFANI Consortium

Partners:
- Action Against Hunger
- Concern Worldwide (CWW)
- Emergency Nutrition Network (ENN)
- University College of London (UCL)

Funding:
- UK aid from the UK Government
- Humanitarian aid from the European Commission

Duration: March 2014 – May 2017
REFANI Research Questions

PRIMARY QUESTION
Can CTPs protect nutritional status in children (aged 6-59 months) in a range of crisis contexts?

SECONDARY QUESTIONS
1. Complementarity: How do complementary health, WASH, BCC, or nutrition interventions modify the effectiveness of CTP for reducing the risk of acute malnutrition in children (6-59 months)?
2. Design: How do the design features of CTPs modify their effectiveness for reducing the risk of acute malnutrition in a range of crisis contexts?
3. Behaviours: Which behaviours and processes are important in modifying the impact of cash transfers on the risk of acute malnutrition and intermediate outcomes?
4. Sustainability: Do cash transfers interventions sustain a long-term, post-crisis protective effect on the risk of acute malnutrition? (e.g. household assets, productivity, health seeking behaviour)
5. Process: What factors influence policy and practice when designing and implementing CTP in a range of crisis contexts, and what are their implications for future programme optimisation?
6. Cost-effectiveness: What are the costs of CTP for delivering nutritional support when measured as total programme costs, cost per activity, cost per beneficiary, cost-transfer ratio, and cost per case averted, and what are the main drivers of cost in different contexts?
# REFANI Studies at a Glance

<table>
<thead>
<tr>
<th>Country</th>
<th>Collaboration</th>
<th>Study Design</th>
<th>Comparison</th>
<th>Cost-Effectiveness Analysis</th>
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<tr>
<td>Pakistan</td>
<td>Collaboration between Action Against Hunger &amp; ENN</td>
<td>Cluster Randomized Controlled Trial (cRCT)</td>
<td>Compares the nutritional impact of standard UCT, ‘double’ UCT and fresh food voucher to control group</td>
<td>Contains a cost-effectiveness analysis (CEA)</td>
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<tr>
<td>Niger</td>
<td>Collaboration between CWW &amp; UCL</td>
<td>Cluster Randomized Controlled Trial (cRCT)</td>
<td>Compares the nutritional impact of earlier/extended UCT to standard UCT intervention</td>
<td>Contains a cost-effectiveness analysis (CEA)</td>
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<tr>
<td>Somalia</td>
<td>Collaboration between CWW &amp; UCL</td>
<td>Non-randomized Cluster Controlled Trial</td>
<td>Compares nutritional impact of UCT to those not receiving the UCT; community surveillance system tracking incidence of GAM</td>
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Study Aims:

1. Compare the nutrition status of children receiving an unconditional cash transfer (UCT) or a food voucher (FFV) with those receiving ‘standard’ care only, after 6 months and at 1 year.
2. Assess the costs and cost-effectiveness of the different interventions.
3. Understand the factors that determine the ways in which households use the different transfers.
4. Explore the role of the different processes involved in the study outcomes and how they interact with the context.
Anticipated REFANI Contributions

1. Final country study reports
   - Pakistan
   - Niger
   - Somalia
   - CEA (Pakistan and Niger)
2. Synthesis report
3. Summary report
4. 6 additional open access, peer review publications (min)
Key Challenges in Creating Evidence

- Funding restrictions – research vs. intervention
- Limited evidence on prevention of undernutrition – high expectations
- No evidence on cost effectiveness of prevention of undernutrition – what expectations?
For more information, please refer to www.refani.org, or email REFANI@actionagainsthunger.org