

### 3.4 Typology of food assistance responses and their appropriateness to different contexts

Problem	Response option	Conditions under which response may be appropriate
<b>Inadequate food access and/or availability</b>	Unconditional Food Transfers (where a basket of food commodities constituting a specific calorific value is distributed for free to households, either on a blanket basis (General Food Distributions GFD), or targeted according to specific criteria / locations.	When a significant proportion of households lack access to food, and there is a lack of food available in local markets, & many target households are not able to participate in a labour-based projects, either due to their socio-economic characteristics (eg. elderly) or they are fully employed in their usual livelihood activities.
	Unconditional ( or “unlinked”) cash transfers <sup>64</sup> - as above, but using cash as an alternative to food commodities.	Where food is available in local markets but households lack means to purchase without depleting essential assets, and the costs of procuring and transporting food to affected area are high, and mobilising food aid would take a long time, and risk of inflation due to an injection of cash is low.
	Conditional (or “linked”) food transfers (eg. Food For Work (FFW), Food for Training (FFT), Food for Assets (FFA)):- where a certain basket of food commodities is given in exchange for a beneficiary’s time or labour, often used towards the creation of productive skills or community assets, either on a blanket basis, or targeted, or self-targeted.	Households lack access to food, and food availability in the area is limited in quantity and/ or variety, and; there is surplus labour and available time in target households, and the necessary non-food inputs (materials, equipment and technical supervision) can be assured, and assets created will be properly maintained after project completion, or following a disaster when there is need for clean-up ops and the population has capacity to work without technical supervision.
	Conditional (or “linked”) cash transfers <sup>65</sup> (eg Cash for Work (CFW)):- as above, but using cash as an alternative to food commodities.	As for FFW but; food is available in the area, and the risk of inflationary pressure is low.
	Unconditional / conditional vouchers (commodity-based or value-based):- as above, but using vouchers redeemable against a specific set of commodities or services.	In a situation similar to cash transfer programmes but where; it is important to restrict the use of the resource transfer, and local retailers are willing to cooperate in the scheme and receive vouchers against subsequent reimbursement.
	Emergency livelihood support:- where agricultural/ pastoral inputs such as seeds, fertiliser, and tools, or agricultural services such as training or irrigation, or other income-generating activities, or pastoral services such as veterinary care , provision of fodder and water , or emergency destocking or restocking, are provided to boost or protect the short-term production, or productive asset base, of crisis-affected populations.	Where targeted households have access to natural resources and productive capacity, and there is a lack of availability of productive inputs of the right quality, and this is limiting production. Where there is sufficient time to accrue the benefits of production, and there are other means of ensuring adequate food consumption until such benefits accrue.

64 - Please see the DG ECHO guidance note on the use of cash and vouchers for further details on the conditions that apply.

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	<p><b>Complementary activities</b>, such as provision of safe water, sanitation, hygiene education, health services, or public health interventions, nutrition education, awareness campaigns for improved child-care and feeding practices, and road/market infrastructures.</p> <p>Also, support to emergency food-security monitoring, assessment and early warning systems.</p>	<p>Where beneficiaries receiving assistance to improve access and availability of food do not benefit fully from the assistance provided due to ill-health, poor food consumption and feeding habits, poor distribution of food at household level, inability to access markets to buy available food or sell production accruing from emergency assistance;</p> <p>Or where identification of specific individuals or groups facing transient food-insecure, and prioritisation of geographic areas, is necessary (ie for targeted as opposed to blanket feeding interventions);</p> <p>And where all interventions are linked to improved food consumption / food utilisation / nutritional outcomes.</p>
<b>Poor food utilization</b>	Milling of cereals. Food preparation and food storage materials. Items required for preparing food, such as cooking sets, cooking fuel and water.	Where beneficiaries are displaced or refugees, or other situations where their means to prepare food is compromised.
	Training and awareness raising on nutrition, dietary management, and feeding practices.	Where malnutrition and hunger is related to poor hygiene, care practices and knowledge of nutrition;
	<p><b>Complementary activities</b>, such as provision of safe water, sanitation, hygiene education, health services, or public health interventions.</p>	<p>Where beneficiaries receiving assistance to improve utilisation of food do not benefit fully from the assistance provided due, for instance, to ill-health</p> <p>And where all interventions are linked to improved food consumption / food utilisation / nutritional outcomes.</p>
<b>Acute Malnutrition</b>	Providing in-patient care for acutely malnourished children/adults with medical complications through: Facility based Therapeutic Feeding Centre (TFC)/ Stabilization Centre (SC). Services being rendered at TFC or a SC in the hospital/ paediatric wards or through a MCH, or a health post with medical supervision.	Significant numbers or an evident increase in numbers of acutely malnourished individuals (children and/ or adults) with medical complications (often severely malnourished), and geographically concentrated case-loads warrant establishing TFCs or SCs, and trained health staff are available (or can be made available) to supervise TFCs / SCs
	Providing treatment with therapeutic feeding products (RUTF) and simple routine medical treatment for children/adults with <b>severe</b> acute malnutrition <b>without medical complications</b> through: Community based therapeutic programme or Outpatient Therapeutic Programme (OTP): OTP sites based in particular areas or villages with high malnutrition, or in targeted health posts. The community is empowered to facilitate identification and referral of the malnourished cases to the OTP or the SC, (if showing medical complications), for treatment with therapeutic feeding products.	Significant numbers of severely acutely malnourished individual (children and/or adults), or an evident increase in numbers of severely acutely malnourished individuals, and populations may be dispersed and/or difficult to access, and trained health staff are available (or can be made available) to for supervision of OTPs in health structures or in the community
	Providing dry take home rations and basic treatment for children/adults with <b>moderate</b> acute malnutrition <b>without medical complications</b> through: Supplementary feeding programme – moderate acute malnutrition cases identified in the community or referred from TFC/SC/OTP are managed here. Often the SFP is attached to a TFC/OTP/SC.	Significant numbers of moderately acutely malnourished individual (children and/or adults), or an evident increase in numbers of moderately acutely malnourished individuals; and it is possible to identify and target malnourished individuals, and Trained staff are available to supervise the SFP activities

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	<p>Blanket nutritional interventions (eg blanket Supplementary Feeding programmes (BSFP)):- where nutritional commodities are distributed to all individuals of a certain age, in a certain area deemed to be facing or at risk of a nutritional crisis. The main aim is to prevent widespread malnutrition and related mortality in nutritionally vulnerable groups.</p>	<p>When global acute malnutrition rates are very high and food availability and quality, through general food rations or other sources, are considered to be inadequate, and if access to an area is difficult and regular on-site supervision is not easy, and during the early stages of an acute crisis before a reliable pipeline can be established for an adequate general ration, and treatment of severe acute malnutrition through TFC/SC/OTP would still be required in addition to a blanket feeding.</p>
	<p>Provision of micronutrient supplementation (eg Vit A, Vit B, Vit C, Iron, Niacin) or fortification of general foods.</p>	<p>Where rates of micronutrient deficiency and associated diseases are very high; and access to / availability of local or relief food sources containing the requisite micronutrients is compromised; and products / approaches used are certified as safe and effective.</p>
	<p><b>Complementary activities</b>, such as provision of safe water, sanitation, nutrition and hygiene education, health services, or other public health interventions, within nutrition facilities, and at household / community level. Provision of healthcare for malnourished children is a basic requirement for the treatment of malnutrition. Also, nutritional screening, surveillance and surveys. Also, provision of protection / take home / family rations for families of malnourished individuals.</p>	<p>Where beneficiaries receiving nutritional care do not benefit fully from the assistance provided due to ill-health, which severely impacts on nutritional status. Or where poor food consumption and feeding habits and poor distribution of food, or sharing of the nutrition ration, at household level; Or where identification of specific malnourished / at-risk cases, and prioritisation of geographic areas, is necessary (ie for targeted as opposed to blanket nutritional interventions) And where all interventions are linked to improved food consumption / food utilisation / nutritional outcomes.</p>