Cash transfers refer to sums of money provided to beneficiaries. The sum of money provided is linked to the objective of the transfer. When intended to provide access to food (i.e. for food assistance), the amount of cash is generally equal to the local market value of food transfers. Cash transfers can be also provided for non-food purposes (e.g. for shelter or to meet other basic needs), hence entailing different amounts of money to beneficiaries.

Cash-for-work programs include the payment of cash wages in return for labor-intensive work programs designed to create or rehabilitate community or public assets (called community or public works, respectively).

Chronic food insecurity is the state in which food insecurity is prolonged over time due to structural and self-reinforcing factors.

Conditional cash transfers, see conditional transfers.

Conditional transfers feature the provision of transfers in exchange of certain actions by beneficiaries, such as sending children to school or attending health clinics. Transfers include food, cash (i.e. ‘conditional cash transfers’) or vouchers. Examples include school feeding programs and national flagship initiatives such as PROGRESA-Oportunidades in Mexico or Bolsa Familia in Brazil.

Coping strategies are means which people use to obtain food, income and/or services when their normal means of livelihood have been disrupted.

Cost-efficiency, see efficiency.

Coupons, see vouchers.
**Demand elasticity** refers to the responsiveness of the quantity demanded of a good relative to the change in the income of the people demanding that good (income elasticity) or in its price (price elasticity).

**Domestic financing** refers the funding of programs with national resources raised through tax revenues, budget reallocation of existing resources or commercial/market lending.

**Effectiveness** measures the extent to which a program reaches its intended objectives (e.g. in terms of impacts, outcomes or outputs).

**Efficiency** refers to the ability of a program in reaching its intended objectives (e.g. in terms of impacts, outcomes or outputs) at the minimum cost possible.

**Emergency** reflects a situation that causes widespread human, material, economic or environmental damage, threatening human lives and/or livelihoods and exceeding the coping capacities of the affected communities and/or government.

**Experimental evaluations** quantify the difference in program impact between beneficiaries (treatment) and non-beneficiaries (control group), where the intervention is randomly assigned to eligible people.

**Extra-marginal transfers** are in-kind transfers to beneficiaries for an amount that exceeds the amount normally purchased (e.g. a daily transfer of 3kg of wheat to a household that normally purchases 2 kg).

**Food aid**, see food transfers.

**Food assistance** refers to the set of interventions designed to provide access to food to vulnerable and food insecure populations. Generally included are instruments like food transfers, vouchers and cash transfers to ensure access to food of a given quantity, quality or value.

**Food consumption score** is a composite indicator that scores the dietary diversity, food frequency and relative nutritional importance of the different food groups consumed. The higher the value, the more likely dietary diversity will be and the more likely that a household will achieve nutrient adequacy.
**Food security** exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

**Food transfers** refer to in-kind rations of food, which can be sourced locally, regionally or internationally. The terms food transfers and food aid are here used interchangeably.

**Food-for-work programs** include the payment of food wages in return for labor-intensive work programs designed to create or rehabilitate community or public assets (called community or public works, respectively).

**Fortification** is the practice of deliberately increasing the content of an essential micronutrient, i.e. vitamins and minerals (including trace elements) in a food, so as to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health.

**Hunger** is physiological phenomenon including painful sensation caused by deprivation from nutrients.

**Infra-marginal transfers** are in-kind transfers to beneficiaries for an amount less than normally purchased (e.g. a daily transfer of 2kg of wheat to a household that normally purchases 3 kg).

**In-kind food**, see food transfers.

**Innovations** include the creation of new products and processes, the application of new products in other domains, or the enhancement of the routines and procedures associated with these applications.

**Insurance** is contractual agreement whereby one party (insurer) has the obligation – in exchange for a predefined premium – to provide compensation to the other party (insured) in case a predetermined event occurs in the future.

**Livelihoods** represent the capabilities, assets, and activities required for a means of living to survival and wellbeing.

**Macronutrients** consist of carbohydrate, protein and fat. These nutrients form the bulk of the diet and supply all the energy needed by the body.
Malnutrition results from the insufficient, excessive or imbalanced consumption of macro- and micro-nutrients and includes undernutrition, overnutrition, and micronutrient malnutrition, the latter often being referred to as 'hidden hunger'.

Micronutrient powders include a small amount of powder, usually 1 gram, which can be added to food ready for consumption and containing the full daily requirement of vitamins and minerals of the target beneficiary. It is particularly useful for young children who cannot satisfy their relatively high micronutrient requirements from foods fortified for the general population, and who cannot swallow tablets or capsules.

Micronutrients include all vitamins and minerals. Vitamins are either water-soluble, such as the B complex vitamins and vitamin C and generally not stored by the body for future needs, or fat-soluble (e.g., vitamins A and D), which can be stored by the body.

Monetization refers to the sale of commodities provided as food aid on local markets. Those sales are operated by governments or implementing partners in order to obtain currency for other expenses. WFP is generally not engaged in monetization activities.

Near cash transfers, see vouchers.

Non-contributory transfers don’t require beneficiaries to pay premiums or other contributions in order to receive transfers (e.g. insurance schemes).

Non-experimental evaluations quantify the difference in program impact between beneficiaries and non-beneficiaries using multivariate statistical methods.

Persistent food insecurity, see chronic food insecurity.

Poverty lines are thresholds used to measure poverty. Lines can be national (calculated based on income necessary to meet basic needs at local prices) or international (e.g. standard US$ 1.25 or US$2/day); they can be absolute (anchored in some absolute standard of living) or relative (e.g. defined in relation to countries’ mean income or consumption); or they can be monetary (e.g. income or expenditure) or non-monetary (e.g. food consumption or literacy).
Price subsidies are full or partial reductions in prices of certain commodities or services. They are normally operated and compensated by governments.

Protection includes all activities aimed at ensuring full respect for the rights of individuals in accordance with the letter and the spirit of the relevant bodies of law, i.e., human rights law, international humanitarian law and refugee law.

Qualitative data include observations that are other rather than numerical; they often involve attitudes, perceptions and intentions.

Quantitative data reflect observations that are numerical.

Quasi-experimental evaluations quantify the difference in program impact between beneficiaries (treatment) and non-beneficiaries (comparison group), where the latter is constructed using methods such as propensity-score matching, regression discontinuity, and double-difference.

Randomized evaluations, see experimental evaluations.

Ready-to-Use Foods are foods that need no preparation before consumption. They range from different types of biscuits or bars used in school feeding or in emergencies (for consumption by all age groups), to products that serve a specific nutritional purpose. Examples of the latter category include lipid-based (e.g. oil and fat), micronutrient and energy dense pastes that are used to prevent or treat malnutrition. These are precooked, and aseptically packed, requiring no refrigeration, and allowing consumption straight from the package. A further distinction may be made between Ready-to-Use Supplementary Foods (RUSFs), generally designed for prevention and treatment of moderate acute malnutrition, and Ready-to-Use Therapeutic Foods (RUTFs), which are generally used for treatment of severe acute malnutrition.

Risk is the probability of an event or hazard from occurring, and thus materializing into a shock.
Safety nets are a sub-set of broader social protection systems. Safety nets mostly include non-contributory transfers, such as in-kind food, cash or vouchers; they can be provided conditionally or unconditionally, and can be targeted or universal in coverage. Safety nets may also include other interventions to improve access to food and basic essentials, such as price subsidies. The terms safety nets, social safety nets, social transfers and social assistance are here used interchangeably.

School feeding includes two distinct and complementary components: school meals and take-home ration programs. See the respective definitions for more details.

School meal programs include the provision of meals or snacks for children at school to encourage enrolment or attendance, improve nutritional status and increase attention in class. They are often complemented by take-home ration programs, with which they form ‘school feeding’ programs.

Shock is the realization of a given risk, and can be covariate (affecting large number of people) or idiosyncratic (impacting more specific households or individuals).

Social assistance, see safety nets.

Social protection refers to comprehensive systems including safety nets, labour market policies, insurance options (e.g. contributory pensions, health insurance), and basic social services (e.g. in education, health and nutrition).

Social safety nets, see safety nets.

Social transfers, see safety nets.

Stamps, see vouchers.

Stunting is an anthropometric indicator of undernutrition and refers to low height-for-age in children under-five years of age as compared to international standards.

Supplementation is a way to address micronutrient deficiencies. It involves providing supplements of micronutrients to populations identified as deficient or at risk.
Sustainability refers to the ability of an intervention to be economically self-sustained over time.

Take-home ration programs include the provision of food to households to incentivize child school enrolment or attendance. They often complement school meal programs, with which they form ‘school feeding’ programs.

Targeting refers to the processes and tools aimed at identifying eligible program beneficiaries. Key targeting methods include means-testing (e.g. based on verified income), proxy-mean tests (e.g. based on information on observable characteristics like dwelling, asset ownership or demographic structure), geographic, community-based participatory approaches, and self-targeting.

Therapeutic feeding is the rehabilitation of severely malnourished children by providing special foods that meet their entire nutritional requirements combined with medical treatment.

Transitory food insecurity is the state in which food insecurity affects people for a limited time due to temporary shocks or other factors. Seasonal food insecurity is one form of transitory food insecurity.

Unconditional transfers don’t require reciprocal actions by beneficiaries (such as sending children to school) in order to access program transfers. An example is represented by general relief food distribution.

Undernourishment is the condition of people whose dietary energy consumption is continuously below a minimum requirement for fully productive, active and healthy lives (which vary by country, gender and age).

Undernutrition is a form of malnutrition that results from serious deficiencies in one or a number of nutrients and/or morbidity. These deficiencies impair a person from maintaining adequate bodily processes, such as growth, pregnancy, lactation, physical work, cognitive function and resisting and recovering from disease.

Underweight is an anthropometric indicator of undernutrition and refers to low weight-for-age in children under-five years of age as compared to international standards.
**Vouchers** are used to provide access to a range of goods or services, at recognized retail outlets or service centers. When used for food (i.e. for food assistance), they provide access to commodities for a predefined value or quantity. The terms vouchers, stamps, coupons or ‘near cash transfers’ are here used interchangeably.

**Vulnerability** includes both exposure to risks and the ability of people or countries to manage those risks. Such ability includes measures to prevent and mitigate risks ex-ante (i.e. before risks materialize into shocks), as well as ex-post coping with shocks as they realize.

**Wasting** is an anthropometric indicator of undernutrition and refers to low weight-for-height in children under-five years of age as compared to international standards.
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