Food-based safety net programs provide food, either directly, or through instruments (such as food stamps or coupons) that may be used to purchase food. More generally, these programs serve a variety of purposes and are designed

- to ensure livelihoods (e.g., public-works employment paid with food),
- to increase purchasing power (e.g., the provision of food stamps or vouchers), or
- to relieve deprivation and improve nutritional status, perhaps through the direct provision of food.

**Design Issues**

**Targeting.** Food-based programs can be targeted based on a variety of indicators, such as nutritional status, income, wealth, or area of residence. They can also be designed to be self-targeting to the poor. Because food-linked coupons or stamps are restricted in use, they are less desirable than cash. If the use of coupons is limited to inferior, less-preferred foods, the self-targeting effect will be greater. Finally, direct provision of food may be self-targeting because of the limited choice of commodities, because the foods may be inferior in terms of consumption patterns (though not nutritionally inferior), and because there may be inconvenience associated with receiving bulky commodities.

**Cash-based versus food-based programs.** Where there are concerns about corruption associated with cash benefits or about nutrition, food may be preferred to cash. Also, providing cash or food stamps or coupons will only drive up prices in situations where the food supply is limited and unresponsive in the short run to increased demand.

**Political economy of food-related transfers.** Public provision of food is generally more politically acceptable than cash transfers, because food is a merit good. The broad public support they receive also means, however, that it can be very difficult to reform or abolish food-linked interventions.

**Examples of Food-Based Transfer Programs**

**Supplementary feeding programs** provide a direct transfer of food to target households or individuals. The most common forms are maternal and child feeding and school feeding. The food may be prepared and eaten on-site (e.g., in child feeding centers or school programs), or given as a ‘dry ration’ to take home. Even if targeted to an individual (child, pregnant or lactating mother), supplementary food is shared among household members. In the case of on-site feeding, the meal eaten on site may be substituted for a home-prepared meal. Supplementary feeding is often provided as an incentive for participation in public services such as primary health care (pre- and post-natal and well-baby care) and education. To achieve nutritional improvement, supplementary food needs to be provided in the context of a comprehensive program of healthcare and health and nutrition education. In school feeding programs, food provided on site may contribute to improved learning by alleviating short-term hunger, in addition to serving its roles as a nutritional supplement and an incentive to attend school.

Food-for-work programs provide wages for public works in the form of food. Because they provide a source of guaranteed employment, they constitute a true safety net, but only households with able-bodied members can benefit. Effective food-for-work programs can build infrastructure that contributes to long-term food security.

Food-stamp programs provide stamps or coupons for the purchase of food or particular foods. The stamps may be denominated in value terms or in terms of quantities of specific foods. Food stamps may be used in local stores, so they are more convenient than bulk commodities; they are less distorting than direct food distribution; and they can strengthen local retail establishments. Use of stamps requires a reliable system for printing and distribution, and a good banking system so retailers can redeem them. As with supplementary feeding, food stamps are often provided in conjunction with primary health care or schooling (as an incentive for participation) though there are also stand-alone programs.

Food-based transfers in emergency situations provide family rations, supplementary feeding of vulnerable groups such as infants, children, and pregnant or lactating women, and therapeutic feeding of acutely malnourished individuals in hospital-like settings. In many emergency situations, such as refugee or IDP camps, food transfers are the only source of food, and may constitute the only resources a household receives.

Deciding on Specific Interventions
The various types of food-based transfer programs address different needs and serve different groups of the population. While food stamps try to provide a minimum consumption guarantee to needy households, supplementary feeding programs attempt to address concerns about the nutritional status of specific vulnerable groups and perhaps promote their participation in social services. Supplementary feeding programs should be seen as additional to any basic social safety net. Consequently different types of food-linked safety net interventions should be viewed as complements to each other, rather than alternatives.

It is important to take the multiple objectives into account when trying to compare the cost-effectiveness of various food-based programs. The costs of food-based safety net programs vary widely depending on the size of the transfer, the size of the target group, and the logistical difficulty of distributing the benefit. Distribution costs tend to be higher for programs distributing actual food than they would be for cash or food stamps and vouchers. However, the benefits of food-based programs are different because they tend to serve more purposes than purely guaranteeing a minimum level of purchasing power. Given that cost-effectiveness depends on the specific objective(s) of a program, the multiple objectives served by most food-based programs make cost-effectiveness comparisons very difficult.