GUIDANCE BRIEF

HOW TO INCORPORATE CASH AND VOUCHER ASSISTANCE INTO NUTRITION RESPONSE

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INTRODUCTION

There is a growing recognition that Cash and Voucher Assistance (CVA), i.e. the provision of cash transfers[1] and vouchers[2] to targeted beneficiaries, can contribute to improving maternal and child nutrition by impacting on the underlying determinants of adequate nutrition.

The main purpose of this Guidance Brief is to provide the nutrition sector generic guidance to more routinely consider and, if appropriate, use cash and voucher modalities when responding to emergencies, ultimately enabling the sector to better address the nutritional needs of vulnerable populations.

The target audience of this document are nutrition practitioners, be they nutrition cluster/sector coordination teams or nutrition programme staff.

The document provides step-by-step guidance throughout the humanitarian programme cycle on how to incorporate CVA into a nutrition response. It provides references to additional resources on how to operationalize the guidance into practice. It focuses on CVA-specific considerations in nutrition responses. It concludes with recommendations to the nutrition cluster/sector coordination teams and nutrition practitioners. This document is a summary of the more detailed Evidence and Guidance Note on the use of CVA for nutrition outcomes[3] in emergencies.

[1] Cash transfers include the provision of money (physical currency or electronic cash) to targeted recipients (individuals, households or communities).

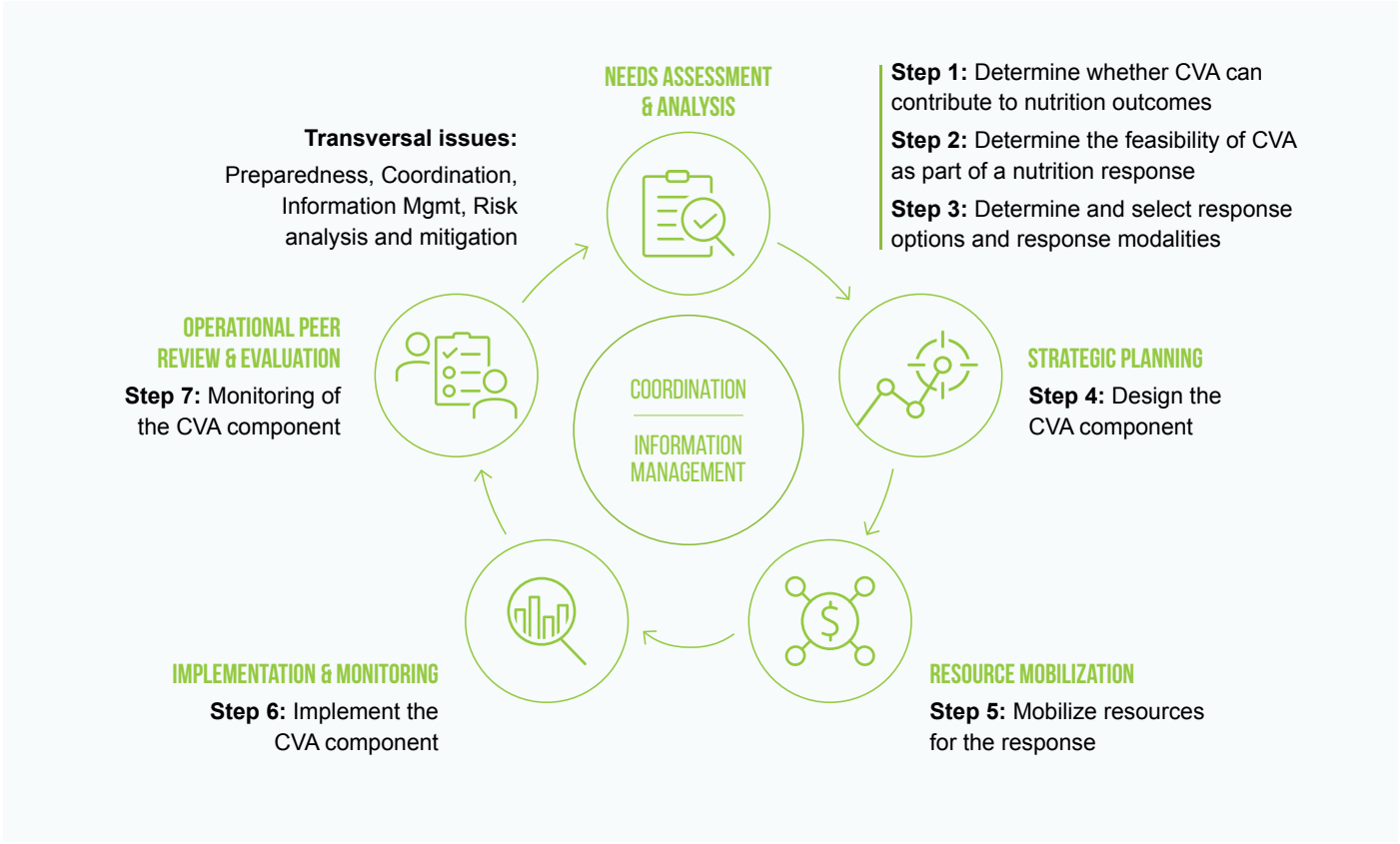
[2] Vouchers can be provided in paper or electronically and can be exchanged for a set quantity or value of goods or services, denominated either as value voucher (e.g. US$ 15), commodity voucher (e.g. one cooking set)

[3] Nutrition outcomes shall be defined as improvement of the nutritional status as well as improvement in the dietary intake of women and children.

HOW TO INCORPORATE CASH AND VOUCHER ASSISTANCE INTO NUTRITION RESPONSE

Figure 1 provides an overview of the humanitarian programme cycle and its main elements. It incorporates the seven steps that are required to consider and use CVA in a nutrition response as well as transversal issues to consider throughout the response, such as preparedness, coordination, information management and risks.

Figure 1. Steps and transversal issues throughout the humanitarian programme cycle



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STEP 1:
DETERMINE WHETHER CVA CAN CONTRIBUTE TO NUTRITION OUTCOMES

Practitioners collect and analyse representative data to make nutrition assessments and establish the prevalence of acute malnutrition, infant and young child feeding, and other care practices.[4]

The main way for CVA to contribute to nutrition outcomes is by addressing the economic barrier[5] to adequate nutrition. Therefore, the most straightforward way to assess the potential for CVA in contributing to nutrition outcomes is to understand the economic barriers that vulnerable people face and how significant these are. In other words, to what extent is the lack of purchasing power impacting households' abilities to access and prepare nutritious foods, access health services, safe water, improve hygiene conditions? At the same time, to effectively respond to malnutrition, it is important to have a comprehensive understanding of the different demand and supply barriers to adequate nutrition.

While commonly used nutrition assessment tools are not necessarily geared towards understanding economic barriers, some of them offer relevant insights for assessing the potential role of CVA in nutrition responses. Nutrition assessments are typically complemented with indicators and/or assessments on food security, livelihood, health, WASH and protection. Please consult the Evidence and Guidance Note for a detailed overview on how different assessment tools can help to identify economic barriers and thereby help to determine the potential contribution of CVA to nutrition outcomes.

Nutrition practitioners need to closely collaborate with other sectors to obtain a comprehensive understanding of the economic barriers to adequate nutrition across the underlying determinants.

STEP 2:
DETERMINE THE FEASIBILITY OF USING CVA AS PART OF A NUTRITION RESPONSE

Feasibility (i.e. the ability of an organization to deliver CVA safely and for recipients to use CVA to access intended goods and services), needs to be verified before considering these modalities as part of a nutrition response. When determining the feasibility of using CVA modalities it is critical to understand the capacity and functioning of nutrition relevant markets for goods and services. These include the markets for nutritious foods, commercially available fortified foods and nutrition supplements, water, hygiene and cooking items, as well as health, nutrition and transportation services. In addition to markets for goods and services, a number of other factors need to be assessed and verified. These include: CVA delivery mechanisms, the buy-in from communities and authorities, organizational capacity to use CVA, timeliness, risks and costs.

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[4] For more information on nutrition in emergency assessments, please consult the Nutrition Humanitarian Needs Analysis Guidance

[5] Economic barriers include financial barriers related to the lack of purchasing power at the household level to access goods and services, as well as opportunity costs of care giving behaviours.

Key questions to consider when assessing the feasibility of a CVA component include:

01
- **Market capacity and functionality:** Can a nutritious diet[6] be achieved using locally available foods? Are goods required for adequate WASH and cooking items available?

02
- **Health and transportation services:** Are relevant health and nutrition services for the prevention and treatment of malnutrition available and of acceptable quality? Are transportation services available to access health and nutrition services?

03
- **Delivery mechanisms:** Is there a safe and reliable way to deliver cash or vouchers to targeted recipients?

04
- **Community considerations:** How would the targeted group like to be assisted? What delivery mechanism is best suited for the targeted group? Are there protection and safety concerns in relation to providing cash or vouchers? Can they access nutrition-relevant goods and services with additional purchasing power?

05
- **National and local authorities:** Do authorities allow or support the delivery of CVA to affected populations? Do local programmes provide social assistance or safety nets to support vulnerable populations? To what extent do these programmes apply a nutrition lens to targeting, complementary programming, programme objectives?

06
- **Additional considerations:** Does the organization and its partners have sufficient capacity to plan and implement the CVA component? How long does it take to set up the CVA component? What is the estimated cost of the CVA component?

A good starting point to assessing the feasibility of a CVA component is to review relevant secondary information and to consult with the Cash Working Group (CWG) as well as organizations that are already implementing these modalities. If the available information is insufficient, additional assessment and analysis needs to be conducted.

[6] A healthy or nutritious diet describes a diet that is diversified and contains fruits and vegetables, whole grains, fibres, nuts and seeds; and during the complementary feeding phase, animal source foods (milk and dairy products, meat, fish, and eggs). It should meet requirements for macro and micro-nutrients, including protein, vitamins and minerals, but does not exceed an individual's energy and fat requirement.

STEP 3:
DETERMINE AND SELECT RESPONSE OPTIONS AND RESPONSE MODALITIES

Response options analysis (ROA) refers to the analytical process by which the objectives and modalities (and associated delivery mechanisms) of programme response options in an emergency are determined, and potentially harmful impacts are minimised.[7] It should lead to the selection of the most appropriate response option and response modalities.

CVA does not change the way nutrition practitioners define objectives and select nutrition response options (e.g. treatment through community-based management of acute malnutrition, infant and young child feeding, supplementary feeding, micronutrient supplementation, etc.) in order to address identified nutritional needs.[8] ROA can help to identify the timing of potential response and the choices available in terms of responding to a number of concurrent nutritional needs in a given context. CVA does add additional modalities for the implementation of these response options. In contexts where communities face economic barriers to the underlying determinants, feasible CVA modalities and approaches should be considered as part of response options analysis. The five main approaches[9] for using CVA in nutrition response are:

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[7] Maxwell, D., Stobaugh, H., Parker, J., and McGlinchy, M., 'Response analysis and response choice in food security crises: a roadmap,' HPN paper number 73, 2013.

[8] For example, the MAM decision tool for emergencies provides guidance on response options for the prevention and treatment of MAM.

[9] More detailed information on these five approaches can be found in the Evidence and Guidance Note.

Prevention

1. Using cash or vouchers for household assistance[10] and/or individual feeding assistance.
2. Combine household cash transfer or vouchers with Social and Behavioural Change (SBC) interventions.
3. Provide conditional cash transfers to incentivize attendance to priority health services.

Treatment

4. Provide cash or vouchers to facilitate access to treatment for malnutrition.
5. Provide household CVA as part of treatment of severe acute malnutrition (SAM).

In situations where CVA modalities are considered an alternative to in-kind food assistance at household or individual level for the prevention of malnutrition, feasible response options (cash, vouchers, in-kind and their respective delivery mechanisms) can be compared based on certain criteria. These include: effectiveness, beneficiary preference, costs, markets, risks, timeliness, organizational capacity, etc. Please consult the full list of possible criteria for comparison for additional information.

In situations where CVA can potentially complement a treatment response, the anticipated positive outcomes and added value of a CVA component needs to be weighed against the additional costs. For example, when considering whether to complement SAM treatment with household cash transfers provided to caregivers, the anticipated benefits in terms of nutrition outcomes, such as faster recovery and reduced relapse, need to be weighed against the estimated cost of adding the cash component.

STEP 4:
DESIGN THE CASH AND VOUCHER ASSISTANCE COMPONENT

The design quality of the CVA component is a major contributor to its potential impact on maternal and child nutrition. There are a range of design decisions that need to be taken to develop the CVA component. These decisions include targeting, conditionality, transfer amount, frequency, timing and duration, as well as sustainability.

Targeting

Considerations for targeting CVA components involve defining the eligibility criteria, finding people that fulfil these criteria and the decision on who should physically or electronically receive CVA. The targeting criteria are largely determined by the programme objectives and type of response rather than the assistance modality. Interventions aimed at preventing malnutrition usually target households and individuals that are most at-risk to malnutrition. Interventions aimed at treating malnutrition focus on the nutritional status of certain vulnerable groups, i.e. malnourished children 6 to 59 months of age, malnourished pregnant and lactating women (PLW) and malnourished people living with chronic illness.[11]

As to the question who should physically or electronically receive CVA, it is important to keep in mind that assistance for nutrition outcomes is often targeted towards the individual (mainly children) but the assistance is provided to an adult household member. Individual CVA should, in principle, be given to the targeted individual or, in the case of children, to the child's caregiver. Where CVA is used to address household needs, the evidence generally suggests that giving cash to women, rather than men, will often lead to a greater improvement in children's well-being by increasing women's control of household resources and subsequently increasing spending that will benefit children's health, nutrition and education.[12] The decision on who within the household receives CVA should be informed by gender analysis[13] and requires buy-in from the affected community. CVA that does not consider household dynamics and ignores community acceptance risks unintended consequences and doing harm.

[10] Household assistance shall be defined as assistance that is provided at the household level in the form of in-kind, cash, or vouchers based on average household requirements for food/nutrition and sometimes (but not necessarily) other basic needs. Household cash transfers can be based on household food/nutrition requirements alone, or on needs across different sectors, i.e. multi-purpose cash.

[11] The MAM decision tool for emergencies provides more details and additional considerations on targeting for nutrition prevention interventions.

[12] Fenn, B., 'REFANI Literature Review', 2015.

[13] For more information on how to conduct gender analysis, please consult the Gender Analysis Tool

Conditionality[14]

Project examples provided in the Evidence and Guidance Note illustrate the different ways conditionality can be designed and enforced. For example, the conditionality on accessing preventive health services can be in relation to the initial registration at a health clinic or to each anticipated visit.

Conditionality can be considered when it is expected to improve participation in SBC interventions and the uptake of priority preventive health services that are of sufficient quality and provided for free. These expected benefits of introducing the conditionality need to be weighed against estimated costs, resource requirements and other factors, e.g. risks related to implementing the conditionality and technical feasibility of conditionality.

The monitoring of conditionality can be a complex and costly task that requires substantial data, administrative and human capacity, and coordination within and external to the programme.[15] Therefore, introducing conditionality may be more suitable in protracted situations and less suitable in sudden onset emergencies. Also, a 'hard' conditionality, where beneficiaries are not assisted if they do not comply with the conditionality, can exclude beneficiaries that are unable to fulfil the required activity. 'Soft' conditionality, which is less strict about enforcing the compliance with the conditionality, has proved a viable alternative to 'hard' conditionality in some humanitarian contexts. The main advantage being that the administrative and monitoring costs can be reduced, and beneficiaries are not excluded from the assistance if they fail to comply.

Mali, October 2019
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Expenditure basket and transfer amount

In principle, the amount for cash transfers and value vouchers should reflect what recipients are expected to be able to purchase and access in local markets. The tool used to quantify what recipients are expected to be able to purchase is the expenditure basket. Commonly used expenditure baskets in humanitarian responses include the Minimum Expenditure Basket (MEB) and the Minimum Food Basket (MFB).[16]
The content of the expenditure basket thus depends on the objective of the CVA component:

- If a CVA components aims to provide households or individuals access to a nutritious diet, the expenditure basket should be designed to meet the macro and micronutrient needs of households or individuals. In addition to staple foods, the MFB should also contain locally appropriate fruits, vegetables and animal source products.[17] It can further consider the household composition and specific nutritional needs of vulnerable household members.
- If a CVA component aims to promote access to free preventive health services, or the treatment of malnutrition, the basket should contain estimated expenditures in relation to transportation, accommodation and the food of caregivers (for in-patient care).
- If the CVA component aims to address needs across different sectors (e.g. multi-purpose cash), it should contain a nutritious diet as well as other nutrition-relevant expenditures on health, hygiene, sanitation, water and transportation.

The cost of the expenditure basket and the transfer amount are closely related but not necessarily the same. The transfer amount should only address the gap in relation to basic needs or nutritional requirements. For example, in the calculation of the transfer amount for multi-purpose cash, the estimated average households' contribution to the MEB (income, remittances, savings, other humanitarian assistance, etc.) is subtracted from the cost of the MEB. The same logic can be applied to the transfer amount based on a Minimum Food Basket.

[14] Conditionality refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance. The most common conditionalities in nutrition programming are related to participation in social and behavioural change (SBC) interventions or attendance to health services.

[15] UNICEF, 'Conditionality in cash transfers: UNICEF's approach', 2016.

[16] The MEB is a tool that helps to identify and quantify basic needs items and services at the household level that are accessible through local markets. MEBs are usually calculated based on average household composition and usually do not factor in the specific needs of household members in relation to age, sex or health status. The MFB can be a standalone expenditure basket or considered as the food component of an MEB. For more information and guidance on MEB, please consult MEB decision making tool (CaLP) or the MEB Interim Guidance (WFP).

[17] The Cost of the diet and NutVal tools can inform the composition of a nutritious MFB.

South Sudan, April 2020
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Harmonized MEBs, MFBs and transfer amounts for household cash transfers exist in most humanitarian settings. Nutrition practitioners should work with existing MEBs and MFBs as well as transfer amounts and adjust these as required to meet programme objectives. If necessary, practitioners should advocate for adjustments to these tools to reflect a stronger focus on nutrition. If there is an ongoing process to develop or revise an MEB or MFB, the nutrition sector should participate to make sure that nutrition considerations are adequately reflected.

Timing, duration and frequency

Despite relatively weak evidence on the impact of programme duration on nutrition outcomes, there is a strong logic that a longer duration of assistance (and especially if it is tied to higher cumulative transfer amounts) could be associated with improved nutrition outcomes.[18] Furthermore, since the 2008 Lancet series, there is a broad consensus within the nutrition community that good nutrition within the first 1,000 days (i.e. the period of time from a child's conception through to her second birthday) has lasting benefits on the cognitive and physical development of children.

Duration and timing of assistance to prevent acute malnutrition, irrespective of the modality, should be based on the scale and severity of the emergency, the GAM prevalence and other factors such as food security, seasonality of food security and/or epidemic patterns of infectious diseases.[19] CVA targeting households or individuals that aim to achieve nutrition outcomes by providing a safety net during the first 1,000 days can be provided throughout that period. Irrespective of the specific objective, CVA targeting household or individuals for nutrition outcomes should not be provided for less than three months. Timeframes that are too short are unlikely to have any impact on nutrition outcomes. As for the frequency of transfers, regular (e.g. monthly) transfers are recommended if CVA aims to provide access to a diverse and nutritious diet.

Sustainability

Programmes with CVA components for the prevention and treatment of malnutrition are usually not sustainable if they fail to properly address the underlying causes of malnutrition related to the lack of income and sustainable livelihoods. The positive impact of CVA on the nutrition and health of households often does not extend beyond the duration of assistance.

Longer timeframes and a strong SBC component might be contributing factors for more sustainable maternal and child nutrition outcomes. Another approach to strengthen the sustainability of nutrition outcomes is to promote more sustainable livelihoods for at-risk households. FAO's cash plus approach combines household cash transfers with productive inputs, asset transfers and technical training. Other organizations (e.g. World Vision International, Concern, Save the Children) utilize a graduation approach that contains a similar package and can be geared towards nutrition outcomes.[20] Lastly, more sustainable nutrition outcomes of nutrition interventions with a CVA component can also be achieved by strengthening linkages between humanitarian CVA and existing government social safety nets where such programmes exist.[21]

[18] Fenn, B., 'R4Act – Impacts of CASH on NUTRITION outcomes,' 2017.

[19] Global Nutrition Cluster – MAM task force, 'Moderate acute malnutrition: a decision tool for emergencies,' 2017.

[20] For more information on maximizing nutrition outcomes of graduation approaches, please consult Save the Children's child sensitive graduation programme design.

[21] For more information on how to strengthen linkages between humanitarian CVA and social protection and social safety nets, please consult the World Bank's and WFP' Lessons on Better Connecting Humanitarian Assistance and Social Protection.

STEP 5:
MOBILISE RESOURCES FOR THE RESPONSE

The mobilization of resources for a CVA component is in principle no different to resource mobilization for traditional nutrition responses. When mobilizing resources for a response with a CVA component, it is important to stress context specific advantages in comparison with other modalities and to highlight the potential positive secondary impacts of CVA on markets and the local economy. Joint resource mobilization activities should be considered with other clusters/sectors as a coordinated approach can increase fundraising success. The nutrition cluster should highlight the potential impacts of CVA on nutrition as these may not be well known to other humanitarian practitioners and donors.

STEP 6:
IMPLEMENTATION OF A CASH AND VOUCHER ASSISTANCE COMPONENT

The implementation of CVA for nutrition outcomes is no different than the implementation of CVA for other objectives and should follow existing organizational guidelines and procedures. Successful implementation requires a close collaboration between programme, procurement, logistics, finance and other units/departments within an organization. For more information, guidance and tools on implementation, please consult Mercy Corps Cash Transfer Implementation Guide or CaLP's Programme Quality Toolbox. For more information on how to adapt CVA programming and how to use CVA safely and effectively in COVID-19 contexts, please consult CaLP's guidance on this topic.

STEP 7:
MONITORING OF A CASH AND VOUCHER ASSISTANCE COMPONENT

Proper monitoring of a CVA component and its contribution to nutrition outcomes is essential if the evidence base for using this approach in addressing nutrition issues is to be expanded.

The definition of indicators to monitor outcomes largely depends on the programme objective and is as such not tied to the assistance modality. Nutrition outcomes are usually assessed by looking at the prevalence of acute or chronic malnutrition within communities, the nutrition status of targeted individuals, indicators related to food consumption and dietary diversity at the population level or targeted individuals and access to health services.

To understand the impact of household CVA on maternal and child nutrition, it is important to move beyond the household level indicators such as the Household Dietary Diversity Score or the Food Consumption Score. These fail to capture the nuances of the intra-household distribution of food. Indicators such as Minimum Dietary Diversity for Women (MDD-W), Minimum Acceptable Diet (MAD), Minimum Dietary Diversity (MDD) for children 6-23 months and Minimum Meal Frequency for children 6-23 months can help to capture intra-household differences in food consumption habits. They can also highlight consumption patterns that are deficient in micronutrient-rich foods.

How households and individuals use CVA can be considered as an intermediate outcome and should be closely monitored when using CVA as part of a nutrition response. Specifically, expenditure on food, the composition of purchased food, expenditure on accessing health services and expenditure related to water and sanitation should be collected at sub-category level (e.g. What kind of food was purchased? What kind of expenditure to access health services occurred?).

The definition of indicators to monitor process and outputs is very much linked to the assistance modality. Typical indicators for CVA include: the number of households or individuals (disaggregated by gender) that have received CVA per distribution; the number of vouchers redeemed per distribution; the total amount transferred per distribution; the percentage of payments made according to schedule, etc.

Market monitoring is required to have up-to-date information on the value of the transfer in terms of what it can buy. In volatile contexts, the transfer amount may need to be adjusted in line with market prices or there is a risk of compromising the intended nutrition outcome. In many humanitarian contexts, systems to assess and monitor markets for food and non-food items are already in place. As such, the nutrition sector does not necessarily have to collect additional market information.

Democratic Republic of the Congo, July 2019
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TRANSVERSAL ISSUES

Preparedness

Preparedness is a continuous process to create and maintain an environment inducive to quick, appropriate and effective nutrition in emergency response. Preparedness is particularly relevant in contexts with relatively predictable slow or rapid onset shocks (e.g. related to seasonality). Preparedness actions should be extended to include CVA in contexts where cash and/or vouchers are likely to be feasible and adequate response options to nutrition issues in emergencies. They are based on identified crisis scenarios and are identical to the seven key steps covered in this guidance note.

For more information on preparedness for CVA, please consult the CaLP' Programme Quality Toolbox. For more information on preparedness for Nutrition in Emergency coordination, please consult the Preparedness Guidelines for NiE Coordination.

Coordination

In most contexts where CVA is part of a humanitarian response, a CWG is likely in place. While the practical arrangements can vary depending on the context, the CWG is formally a sub-group of the Inter-Cluster Coordination Group (ICCG). The CWG and ICCG are responsible for multi-sectoral or multi-purpose cash.[22] The nutrition cluster/sector coordination team is responsible for the overall coordination of the assessment, planning, reporting, implementation and monitoring of the CVA components of a nutrition response. The actions that are required to fulfil this role are included in the recommendations (see chapter 3 of this Guidance Brief).

Given that CVA touches upon the different underlying determinants for adequate nutrition, the nutrition sector needs to coordinate closely with the food security, WASH, health and protection sectors as well as the cash working group and relevant national actors on all aspects of the programme cycle. A lot of the information that is required to determine the feasibility and adequacy of CVA for nutrition outcomes is likely to sit with other sectors and actors.

Information management

CVA components of a nutrition response should be reported under the nutrition cluster/sector. Nutrition clusters are requested to report on sectoral CVA by integrating CVA related columns of this template into their reporting template.

Risk analysis and mitigation

Risks related to CVA are identified during the feasibility assessment; considered during response options analysis; mitigated through programme design and other measures; and monitored during implementation. Providing humanitarian assistance in emergency contexts involves a number of situation specific operational and institutional risks related to safety and dignity, access, data protection, social relations, household and community dynamics, fraud and diversion, and market impacts. Many of these risks are not specific to CVA and apply irrespective of the assistance modality being used.

When considering a CVA component as part of a nutrition response, all relevant risks need be identified and measures to mitigate these need to be put in place. Most risks associated with CVA can be mitigated through project design and a strong accountability framework. The Protection Risks and Benefits Analysis Tool outlines the key questions that practitioners should explore to identify protection risks and benefits of a given intervention. The CVA and GBV compendium helps to integrate risk mitigation related to gender-based violence into CVA interventions and to integrate its prevention into multi-sector programming. Identified risks related to CVA including protection risks as well as the effectiveness of mitigation measures need to be monitored throughout the response.

Mozambique, March 2020
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[22] For more information on CVA coordination, please consult CaLP's coordination tip sheet

RECOMMENDATIONS

The recommendations included below are directed towards the nutrition sector at the national level. They focus on actions that are required to more routinely consider and, if appropriate, use cash and voucher modalities and approaches to address nutrition issues in emergencies.

RECOMMENDATIONS TO NUTRITION CLUSTER/ SECTOR COORDINATION TEAMS:

- Closely collaborate with all relevant sectors including Food Security and Livelihoods (FSL), health, WASH and protection when assessing demand and supply side barriers to adequate nutrition, including economic barriers (factoring in seasonality).
- Make sure that economic barriers are considered in nutrition assessments and Humanitarian Needs Overviews whenever possible.
- Consult with the CWG at local and regional levels as well as cash practitioners on the feasibility of CVA.
- Ensure that nutrition assessments can contribute to understanding the feasibility of CVA and its potential as well as limitations for improving nutrition outcomes.
- Encourage and support partners to systematically consider cash and voucher modalities and approaches in nutrition response analysis. Ensure that adequate CVA responses are reflected in the nutrition component of the Humanitarian Response Plan.
- Based on an understanding of context, needs, and CVA feasibility, identify and promote adequate CVA responses and ensure that these are reflected in the Humanitarian Response Plan.
- Provide overall coordination of the planning, reporting, implementation and monitoring of CVA components of nutrition interventions.
- Closely collaborate with the CWG and other sectors (notably FSL, WASH and health) in the establishment of nutrition relevant components of the MEB and promote the inclusion of the cost of nutritious foods for different age groups.
- Advocate for the calculation of the MFB and MEB to include the cost of a nutritious diet that meets the macro and micronutrient requirements of all household members.
- Work with relevant sectors and market actors to make sure that market monitoring systems collect sufficient data on nutrition relevant goods and services including nutritious foods.
- Promote the documentation and dissemination of lessons learned on the use of CVA for nutrition outcomes.
- Promote CVA capacity and confidence building among local/national partners by raising awareness of the use of CVA and links to social protection and safety nets.

RECOMMENDATIONS TO NUTRITION PRACTITIONERS AND PARTNERS:

- Contribute to a common understanding of the barriers to adequate nutrition.
- Contribute to a common understanding of the feasibility and appropriateness of using CVA modalities and approaches for nutrition outcomes.
- Systematically consider cash and voucher modalities and approaches in the nutrition response analysis process.
- Use the recommendations on programmatic approaches and design (see Evidence and Guidance Note) to select CVA approaches and to design the CVA component of a nutrition response.
- Invest in monitoring and evidence generation of nutrition programmes with a CVA component.
- Proactively disseminate lessons learned in using CVA for nutrition outcomes.
- Seek opportunities to explore evidence gaps in operational contexts in collaboration with the scientific community.
- Build CVA capacities and confidence among nutrition practitioners by raising awareness about the use of the approach and its links to social protection and safety nets.

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