nutritioncluster.net

Global NUTRITION CLUSTER

ANNUAL MEETING 2022

GNC Our Future

Side Event: **Cash and Voucher Assistance for Nutrition**

Objective of the session:

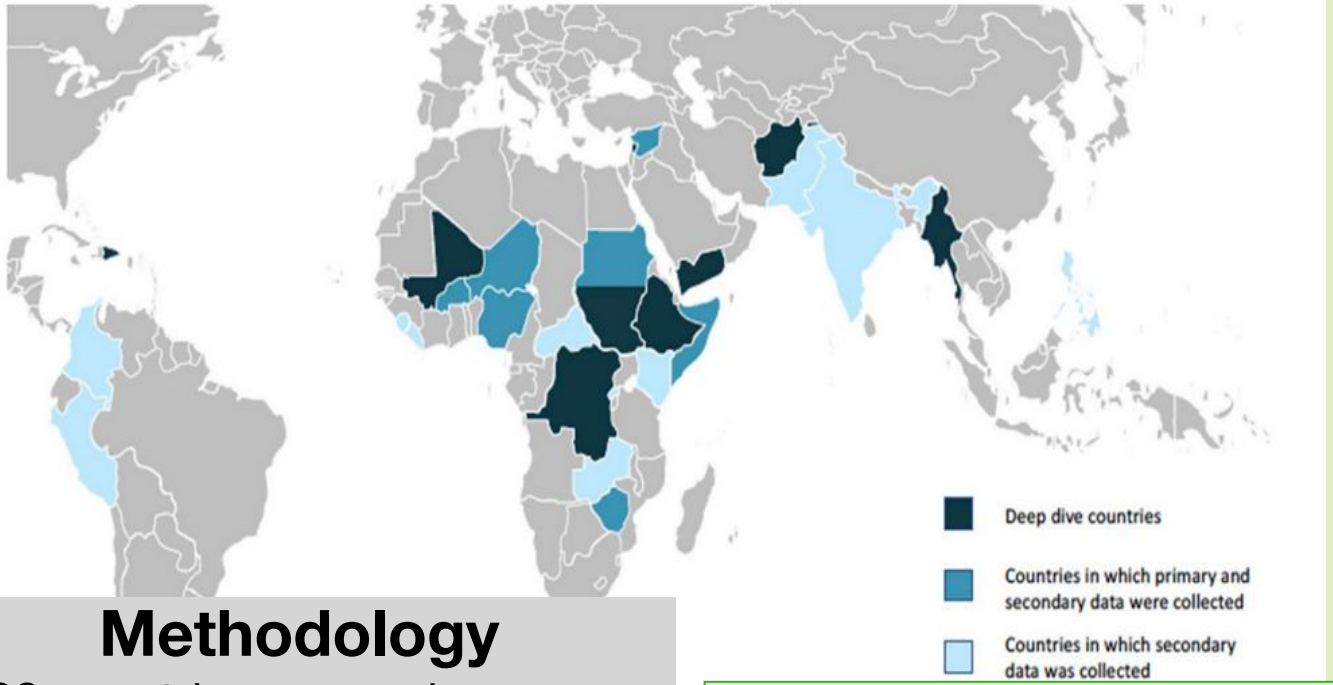
To present and discuss challenges, promising practices, and initiatives in using CVA for nutrition outcomes in emergencies

Agenda

- Key take-aways from *Cash and Voucher Assistance for Nutrition in emergencies: a review of programmatic challenges and promising practices (Diane)*
- Overview of *Cash and Voucher Assistance for Nutrition Outcomes —Nigeria CVA Operational Guideline (Dr. John Ala)*
- Question and Answer session
- Conclusion

Cash & voucher assistance for nutrition in emergencies:

A review of operational challenges & promising practices



Methodology

- 20 countries covered
- Desk Review (81 documents)
- Key informant interviews and consultations (125 people—country/ global)
- Survey to prioritise lessons learned (63 people)

10 Deep dive countries: *Afghanistan, Democratic Republic of Congo, Haiti, Ethiopia, Lebanon, Mali, Myanmar, South Sudan, and Yemen*

KEY AID CONSULTING

General challenges

Roles and responsibilities are vague between CVA and nutrition practitioners: limits effective oversight of implementation and monitoring of outcomes

- **Limited examples of intentional funding strategy towards using CVA for nutrition outcomes:** CVA for nutrition outcomes perceived as not effective, expensive, humanitarian actors nesting CVA for nutrition under multi-purpose cash assistance (MPCA), choice of modality aligned to donor preference

1. Needs assessment & situation analysis

Challenges

- Relevant information to assess is too broad to analyse efficiently: includes factors related to the environment, economic barriers to nutrition, causes of relapse...

- Limited resources and expertise to:

❖ Determine if CVA can impact nutrition outcomes (cash and nutrition)

❖ Feasibility of CVA (Nutrition)

Promising Practices

- Maximize use of secondary data and focus on: *If/ how cash could improve access food, resources, services needed for good nutrition?*

- Coordinate and do joint assessments with skilled stakeholders: clusters (nutrition, health, food systems), Cash Working Group is key; engage global & country level experts

2. Strategic Planning & Design

Challenges

- Who should be targeted? One-off or permanent registration? Can we use nutrition status without negative effects (encouraging malnutrition)?
- Cash, voucher or in-kind? What's the best approach? Contradictions and lack of expertise of nutrition practitioners. Fresh food (FF) vouchers complex.
- How to estimate the appropriate transfer amount? Current tools not adapted to nutrition outcomes. How to go beyond basic food basket?

Promising Practices

- **Targeting criteria based on nutrition status still unclear—**include a balance of criteria, monitor closely…
- **Build flexibility into modality(ies) used** adapt to fluctuations in cost of a nutritious diet
- **FF vouchers require careful assessment of appropriateness, feasibility and vendor capacity.** May be hard in emergencies
- **More actors are trying to set transfer value considering nutrition needs**

3. Implementation

Challenges

- Behaviour change communication (BCC) is a must…but not easy to implement in crisis setting (time & money)
- Deciding when conditionality is appropriate
- Services essential for improved nutrition (health, water, sanitation) are often not there.

Promising Practices

- Build on existing BCC, keep it simple, consider mobile transfer tech to deliver simple nutrition messages.
- Time and place matter prioritise cash distributions:
  - *When* malnutrition risk is highest
  - *Where* health services BCC are
- Before adding conditions, assess availability of/ access to services
- Combine CVA with complementary activities to strengthen key services

4. Monitoring, Evaluation, and Learning

Challenges

- **Nutrition outcome indicators for short term interventions in crisis settings difficult to define**
- **Lack of capacity and resources to collect and measure certain indicators**

Promising Practices

- **Align the indicators with the project objectives:** including nutrition team with MPC monitoring

THANK YOU

Nigeria:
CVA for Nutrition Outcomes Operational Guideline

North-East Nigeria Nutrition Sector

Dr. John Ala

BACKGROUND

- CVA as a modality to improve maternal and child nutrition outcomes has significantly increased in Nigeria.

- The 2022 North-East Nigeria Humanitarian Response Plan included CVA as one of the key nutrition response interventions, targeting 37,000 beneficiaries.

OBJECTIVE

- Need to have a context-specific operational guideline on CVA for nutrition to address operational challenges of—Siloed CVA for nutrition use cases
  - Lack of a harmonized approach: targeting, modality, conditionality, transfer value, frequency of transfer, duration, etc.
  - Constraints in mapping capacity strengthening needs
  - Lack of proper monitoring and evaluation—indicators, reporting, contribution to evidence.
- Respond to the need of evidence generation on CVA for Nutrition outcomes
- A three-day consultative workshop to develop an operational guideline for implementers in Nigeria.

GUIDELINE SECTIONS

Nigeria and the **state of CVA for Nutrition**

Feasibility of CVA: Market capacity and functionality, Health and transportation services, etc.

Response analysis: Effectiveness, beneficiary preference, costs, markets, risks, timelines, organizational capacity

CVA design: targeting, conditionality, transfer value, transfer frequency, duration, gender, supporting interventions

CVA USE CASE 1

Approach	Target Groups	Primary Objective
Individual supplemental nutrition assistance to improve dietary adequacy	6–23 months	Top-up CVA to improve nutrient adequacy of complementary diets (e.g., micro- and macro-nutrients food vouchers)
	Pregnant and lactating women (PLW)	Top-up CVA improve nutrient adequacy (e.g., micro and macro-nutrients food vouchers)
	6–59 months	Top-up CVA to prevent relapse (e.g., discharges from outpatient therapeutic feeding program, targeted supplementary feeding program and stabilization center [SC])

CVA USE CASE 2

Approach	Target Groups	Primary Objective
Incentivizing attendance to Maternal, Newborn and Child Health (MNCH) programs.	0-23 mo; PLW	Transportation reimbursement to access MNCH

CVA USE CASE 3

Approach	Target Groups	Primary Objective
CVA to facilitate access to treatment of wasting (moderate acute malnutrition [MAM]) using locally available nutrient-dense foods	Tom Brown support group (lead mothers)	Lead mothers to access water, sanitation, and hygiene and cooking utensils for hygienic Tom Brown production in their respective groups.
	Tom Brown support group (lead mothers)	Lead mothers to access grains for weekly Tom Brown production.
	Tom Brown support group (lead mothers)	Cash support for lead mothers to procure cooking fuel, water and transportation.

CVA USE CASE 4

Approach	Target Groups	Primary Objective
CVA to caregivers of severe acute malnutrition [SAM] children with medical complications to facilitate access to treatment	Caretaker of complicated SAM 0–59 months	CVA to access SC (e.g., transportation support/reimbursement)
	Caretaker of complicated SAM 0–59 months	CVA to access Meals during stay at SC
	Caretaker of complicated SAM 0–59 months	CVA for out-of-pocket expenditures (e.g., airtime)
		CVA for SAM caregivers' admission hygiene kit.

NUTRITION BASKET (SUPPLEMENTARY NUTRITION ASSISTANCE) FOR NORTH-EAST NIGERIA

Item	Unit	Price	Freq.	Per Person	Per household (x 6)	Value (NGN)
Flesh foods (Meat or Chicken)	kgs	2,500	Monthly	0.15	0.90	2,250
Vitamin-A rich fruits (Mango or Orange)	kgs	638	Monthly	0.24	1.44	918
Vitamin-A rich vegetables (Carrot)	kgs	1,163	Monthly	0.15	0.90	1,046
Vitamin-A rich vegetables (Spinach)	kgs	588	Monthly	0.30	1.80	1,058
Other vegetables (Tomatoes)	kegs	1,250	Monthly	0.30	1.80	2,250
Total						7,522

STEPS TO DEVELOP THE GUIDELINE

Set up Task Team to complete the first draft of the guideline

First draft to be subjected to both external and internal reviews

Task Team to consolidate all reviews and come up with final draft

Finalized version to be validated by the Ministry of Health

Dissemination of final guideline and orientation of implementers

THANK YOU

QUESTIONS?

THANK YOU